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Letters to the Editor. . .

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To the Editor:

This is in response to Fr. Thomas O'Donnell's article, "The Clinton Administration and Fetal Tissue Research," published in *The Medical-Moral Newsletter* (Vol. 31, No. 4).

Fr. O'Donnell argues that the use of fetal tissue for transplantation is morally acceptable when the fetal tissue is obtained from an induced abortion provided that two precautions are adhered to: the prohibition of taking tissue from living fetuses for the benefit of one other than the fetus itself and the prohibition of commercialism which might motivate abortion. He argues that it is his opinion that there is no moral problem due to the viewpoint of the moral object. In other words, his claim is that there is no intrinsic evil in the act itself — whether the deceased fetus resulted from spontaneous or induced abortion.

I find there to be serious problems regarding the position that obtaining fetal tissue for transplantation from induced abortion is morally acceptable. We have every reason to believe that it is highly probable that women contemplating abortion could be told that by donating the fetal tissue for transplantation, they would be helping others; in other words, they need not feel any guilt for doing something which we all know is intrinsically evil; murder of an innocent, unborn child. Secondly, Dr. Bernard Nathanson reminds us that it generally takes 8-12 fetuses to provide enough tissue to attempt transplantation for a disease such as Diabetes, Parkinson's, or Alzheimer's. There will be an enormous appeal not only for women to undergo abortion but to remunerate them in order that enough fetuses would be obtained. Dr, Nathanson points out that with the current number of abortions estimated at 1.5-2 million per year in the United States, we would experience a shortage of 12 million fetuses "to cure" diabetics alone. Where and how will we obtain these additional fetuses?

The use of fetal tissue for transplantation obtained by induced abortion is seriously immoral. As Dr. Nathanson points out, unless the tissue is obtained and utilized within 3-5 minutes after an induced abortion, it is worthless; therefore, it is obvious that there is complicity in deliberate abortion. This form of moral cooperation, therefore, gives rise to direct scandal which the Church recognizes to be seriously immoral. We are reminded that we may never do evil to bring about that which is good.

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To the Editor:

In his recent article ["Moral repugnance as a source in moral analysis", LQ Feb., 1994, pp. 53-65], Fr. Lisson draws an interesting analogy between Persistent Vegetative State (PVS) and being in a foreign land and culture. Applying the traditional moral teaching that one is not obliged to undertake a very repugnant journey to a foreign land, even if it were the only means to preserve one's life, he concludes that Artificial Hydration and Nutrition (AHN) is similarly non-obligatory for someone to whom being in a PVS would be particularly repugnant.

Ironically, this apt analogy — if applied consistently — really leads to quite the opposite conclusion. The PVS-parallel of the question about "traveling to a foreign land" is:

"If, in a given case, a life-saving procedure (e.g., CPR) carries a significant risk of leaving the patient in a morally repugnant condition (PVS), is it morally obligatory?" Virtually all would agree that it is not.

But this has nothing to do with the AHN question, to which the analogous question in the traveling domain would be: "Suppose someone ended up in an extremely repugnant foreign land and culture (e.g., through plane crash or shipwreck) with no way to return home. Is the person morally permitted to stop eating and drinking or to refuse some simple, nonburdensome life-sustaining treatment in order to procure death as a way of escape?" I believe that virtually all but Hemlock Society members would agree that the answer is "no".

In the ordinary/extraordinary (proportionate/disproportionate) calculus, the relevant moral repugnance is a repugnance toward the treatment or procedure under consideration (traditional examples being amputation, examination of a maiden by a male physician, and others reviewed by Fr. Lisson), *not* a repugnance toward one's present life circumstances. Since it is the *PVS,* not the tube feeding, that is so repugnant (proof: non-PVS patients who cannot swallow adapt perfectly well to gastrostomy tubes), *this* repugnance has little if any relevance to the moral calculus surrounding the tube feeding.

Despite all the theoretical philosophizing and theologizing about the AHN issue over the past decade, the reality is that, *in practice,* when AHN has been discontinued from PVS patients, it has been with the intention of directly procuring death for someone whose quality of life has been deemed worse than death. This was nowhere more clearly acknowledged than in a poster at the 1992 Child Neurology Society meeting, entitled "Discontinuation of artificial hydration and nutrition in hopelessly vegetative children" [Alfonson et al.], the first sentence of which candidly declared: "Discontinuing artificial hydration and nutritional support has recently been considered an option *to end the life* of hopeless vegetative pediatric patients." (emphasis added)

It is also of no little significance that throughout the past decade the promoters of active euthanasia expended great effort to create a climate of public sympathy for discontinuing AHN in the quintessential "hard case" of PVS. And for good reason. They well knew that once society at large, and the medical and legal professions in particular, have accepted and grown accustomed to the underlying implicit euthanasic intent (indeed, such discontinuation has come to be commonly referred to, approvingly, as a form of "passive euthanasia"), the battle was essentially won. Unfortunately, during all this time not a few moralists, with all the good intentions in the world, have unwittingly been passing gunpowder to the other side. The notion that depriving an incapacitated patient of food and water is an acceptable means, within Catholic tradition, to escape from the "foreign land" of PVS is a prime example.

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