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## Letters...

Catholic Physicians' Guild

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# Letters...

## Continuing Cahill Dialogue

### Editor:

May I be permitted to continue the dialogue I have joined with Lisa Cahill by responding to her latest defense of her position against the criticisms advanced by Colbert and me. I will make two brief replies. First, it seems to me wise that Ms. Cahill has distanced herself from a strict application of St. Thomas to the matter at hand. This for two reasons. She admits that the question of public policy with regard to euthanasia remains an open question. If it is concluded that the common good will be harmed from such a policy then I do not see how Aquinas's comments on the relation between right acts and general justice can be interpreted in any way consistent with the position she has taken. Secondly, the question of suicide seems to me definitive of the position Aquinas would take on these matters now. Take two patients. One, having had a double amputation at the hip, decides that life in this condition isn't worth it and proposes to kill himself. The other has Lou Gehrig's disease and though remaining lucid, sees a prolonged period as an invalid. He asks you to kill him since he cannot do the deed himself. It seems to me that there is no morally significant difference between these acts and as such, I think the answer from Thomas would be the same. It seems to me to just confuse matters to talk of an "absolute" value to life. The real question is what are the grounds on which this judgment is made and where the case would lead if fairly generalized. This is the issue that neither Ms. Cahill nor Father McCormick has ever answered satisfactorily; for, if one wishes to include incompetent patients in such a scheme, one automatically as a logical extension is faced with hundreds of thousands of retarded, chronically insane persons in situations that are no different than

the sorts of cases Ms. Cahill presented in her original article.

Finally, I regard it as very dubious, both philosophically and theologically that we should claim that it is possible to say that the person's life is worthless even though he as a person is not. This strikes me as far too dualistic. It seems to make little sense to define "person" independently of his or her physical existence. Physical existence is a necessary component of personhood (theologians can consult St. Paul on this). Grant this and the position taken by Cahill following McCormick seems confused at best. At the very least it seems to me that we are committed to claiming that whatever value the person has in virtue of other aspects of his existence, this value is outweighed by the worthlessness of his physical existence to such an extent that he as a person should cease to be. This seems to me to be the only way to avoid the nonsense of thinking that the physical existence of the person is something he can dispose of, like changing a worthless piece of clothing. I do agree with her that the distinction she is making lies behind the doctrine of "extraordinary means" and the tradition on this matter stemming from Pius XII's famous address. Perforce, therefore, I believe that this distinction will not withstand serious analysis.

I hope these comments have added to the discussion in a useful way.

Sincerely,  
Richard Sherlock

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## Letter from Ireland

### To the Editor:

In 1981 the important event in the medico-ethical scene concerns hospital consultant contracts. There are three different systems of hospital management and ownership in this country. The great number of hospitals are state-owned with consultants who

work there being paid on a whole-time basis. Second, there are a small number of private hospitals and nursing homes, mostly owned by religious orders. Then there are the voluntary hospitals, which are really a relic of an older system whereby charitable orders or public bodies maintained infirmaries for the poor. Specialists appointed to these hospitals received no remuneration, but had the use of the private beds, and consequently were called "Honoraries." In recent years, due to great increases in the cost of running hospitals, more and more government aid was sought to keep these institutions viable. Now under the present social welfare system about 80% of the population is entitled to free hospitalization. Thus for some time a small payment on an occupied bed per-day basis had been made to consultants in the voluntary hospitals, but the remuneration was meager by comparison with that of the state doctors.

In mid-1981, following protracted negotiations, a contract common to all consultants was negotiated with the Department of Health by the Irish Medical Association and the Irish Medical Union. This brought all remunerations into line and included such emoluments as pension and sick leave rights, etc., which prior to this had not been available to the doctors in the voluntary hospitals. Thus equity is achieved.

The next step was taken by the Catholic-owned hospitals, which introduced a code of medical ethics to be accepted with the contract by all members of the medical staff. One might just wonder why this was necessary, but when we read a letter in a national daily newspaper complaining that sterilizations were being performed in a Cork teaching hospital and that it was proposed to set up an ethical committee in the same hospital to choose patients for this operation, the situation becomes more understandable. This letter gave rise to much publicity and discussion, but a deci-

sion to allow this committee to go ahead was put off on a plea that sterilization was repugnant to the Constitution of the State. But like other countries we have extremely vocal women's liberation groups campaigning for free contraception, freedom to divorce, sterilization, abortion, etc., and we therefore enter the arena of political pressures, which are complex. These people are ably supported by those who want to show that one of the differences which is preventing union between North and South of Ireland is the lack of the above facilities. This attitude is given much support in the media, because the Irish National Union of Journalists is affiliated with the British Union of Journalists which has stated its support for such practices as above, which of course are acceptable in Great Britain.

Now when we consider that Ireland is the only country in the European Economic Community which does not permit abortion and that over 3,000 Irish women went to England for that operation last year, the scope of the problem becomes clearer. The number of live births in the South of Ireland per annum is presently around 50,000—54,000, and thus the 5% to 6% criminal abortion rate is a significant factor in our fertility.

I am pleased to say that the long-standing difference between the Irish Medical Association and the Irish Medical Union are now being solved. This divisive chapter in Irish medicine is 20 years old, and we hope very soon to have both parties working in unison for the progress of Irish medicine. Perhaps this coming together may also stimulate a renewal of interest in the Catholic Doctors' Guild which has been nearly dormant for some time. More than ever, Ireland must now declare for Christian principles. We are the last country in Europe in a position to do so.

— Robert F. O'Donoghue, M.B.,  
M.A.O., F.R.C.O.G.  
Cork

## Letter from New Zealand

The most encouraging news this year is that the number of seminarians has risen for the first time in a decade. And the rate of defections from the priesthood and religious life has slowed. "Lord, to whom shall we go?" Christ is the end of the line.

The newly-formed Waikato Diocese shut up shop for 10 days while Bishop Gaines gathered all his priests around him for a retreat and familiarization. On the unique priestless Sunday the laity came to the churches, joined in extemporaneous liturgies and received Holy Communion. It proved to be a successful venture for both priests and lay people.

Natural Family Planning now has over 70 centers in this small country (3 million people). But the medical profession virtually ignores this initiative. It can think of nothing but "the pill," IUDs and Depo-Provera injections. This latter drug is produced in the USA but the FDA considers it is too dangerous for US citizens. It is therefore exported to backward countries with advanced sexual problems.

The illegitimacy rate is up to 21.6 percent of total births. This observation confirms once again that increased contraception leads to increased conception via increased promiscuity. Abortions rose sharply last year to over 7,000, which represents a ratio of one abortion to seven births. Only 15 years ago the rate was less than 1:1,000, and all this in spite of a law that was designed to restrict abortion. The profession can defeat any law except one of complete prohibition.

There was a national tragedy when an Air NZ DC-10 on an Antarctic sight-seeing flight crashed into Mt. Erebus, killing all 257 souls on board.

Inflation continues at over 16 percent but there are some happy aspects to life. The Auckland Round-the-Bays run became the greatest jogging event in the world when 36,000 turned out. But last year there were 70,000! It is an amazing spectacle to see this great mass of bobbing heads as far as the eye

can see. Several groups of Americans now fly down each year for this fun-run. Observant anatomists at the event have concluded that, despite the claims of feminists, there is a fundamental difference between the sexes. Men jog, but women joggle.

The Whitbread Round-the-World yachts stopped in Auckland after their arduous run from Cape Town. When they sailed on the next leg to Argentina there were 2,000 small craft on the harbor to see them off. Fortunately it was a following wind and all set spinnakers immediately. The NZ boat *Ceramco* had hers up in 20 seconds and led the fleet for the first 10 miles. It was a beautiful sight.

The most traumatic national experience was the tour by the South African rugby football team which played (unsuccessfully) against our All Blacks. Opponents of apartheid organized marches, protests, riots, confrontations, sit-ins on freeways and football fields, tearing down fences and even dive-bombing during a match. Up to 2,000 police were needed at the major games. The local thugs and black power gangs got in on the action and expressed their hatred of the police.

The tour divided the nation and the Church. The bishops favored the protests; priests led marches and sisters joined in singing liberation songs. The silent half of the Church wondered how they could square intimidation of the young South African players with their presumed duty of hospitality to strangers. If Christ ate with sinners and tax collectors, would He have boycotted South Africans?

The bishops and anti-tour factions held that playing games with a foreign country implies approval of their form of government. Within a couple of months of the rugby debacle our sportsmen were playing in Romania, China and Russia, countries which have persecuted the Church and murdered its priests. Nobody protested. Talk about confusion!

— H. P. Dunn  
Auckland, New Zealand