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## Letters...

Catholic Physicians' Guild

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# LETTERS...

## Letter from New Zealand

When Shannon Martin was born in National Women's Hospital, Auckland, in May, 1979, she was called "the miracle baby." What few people realized is that she at one stroke demolished the absurd theory of the Unwanted Child (a label which is believed infallibly to blight her future forever) and also exposed the hypocrisy of those physicians who turn to abortion as the sovereign remedy for all marital and child-bearing problems.

What made her so unusual was that she was born eight months after her mother's hysterectomy. Margaret and Gregory had three other girls but their marriage was under stress and for this she was given the usual modern obsessive surgical therapy — she was sterilized by hysterectomy. In retrospect, it was deduced that she must have been a few days pregnant at that time, the blastocyst being in the tube. It became implanted on the omentum as a secondary abdominal pregnancy.

For three months she had morning sickness (does anyone still hold that this is psychological in origin?) and at four months, movements. The correct diagnosis was not made until she was five months pregnant. Not surprisingly she asked for an abortion, which is now almost the standard management for failed sterilization as a sort of disappointment bonus and a protection against litigation. She is so humble and honest that she has stated these facts publicly and has thanked Pregnancy Help (similar to AAI) for helping her through.

It was explained to her that she could not get rid of the fetus *per vias naturales*. She could, of course, have gotten rid of it easily by the same type of abdominal operation which eventually delivered Shannon, but what obstetrician would waste such a golden opportunity merely to oblige an unhappy mother who didn't realize what a clinical gem she was?

At about 36 weeks she had a laparotomy and delivery of a perfect and beautiful child. Within three months Shannon had changed from being an Unwanted Child (a sterilization to make sure she never occurred and then a request for abortion to get rid of her) to being the most Wanted Child in the world. Congratulations flowed in from all corners of the globe.

Her father said: "It has made us realize how lucky we are. Shannon has helped the whole family to get back together again."

Apart from this happy story there is not much good news to report. Inflation has totaled over 60% in the past four years, the birth rate is down to 16.44%, the illegitimacy rate is up to 20.4% (a record, almost of Olympic quality) and the gross population declined by 0.5%, mainly because of the loss of 40,000 young people through emigration. Abortions have stabilized at about 4,000. Race suicide has finally arrived, generously supported by government funds.

There are still thousands of good people doing their best for God, their families and society, but what we really need is a visit from that amazing Polish Pope.

— H. P. Dunn, M.D.  
Auckland

## Medical Students' Needs

*The National Federation of Catholic Physicians' Guilds has held several discussions relative to Mr. McCarrick's suggestions in the following letter. We have also had several inquiries from medical schools attendant to the same point. The National Federation would like more input from the readers of our journal, especially house staff and*

*medical students, to help implement some of these ideas. Direct correspondence to The Editor, LINACRE QUARTERLY, 8430 W. Capitol Dr., Milwaukee, WI 53222.*

Dear Dr. Mullooly,

Thank you for your response to my letter, and for your interest in this project. Thank you also for your invitation to come to Chicago for the meeting on February 9. However, I felt it would be more practical at this time if I could make a written presentation for your consideration, and that is the purpose of this letter.

I send this letter with the ultimate hope that the National Federation of Catholic Physicians' Guilds could come up with a concrete, specific and challenging program which could be adapted by medical schools all over the country as an aid in the Catholic formation of medical students.

The decision to implement such a program at the medical school level is not haphazard. Entrance into medical school marks changes in our lifestyle, even in the way we think—changes that may remain with us throughout our lives. Obviously, it marks a break with the previous stability of family and school life which has been so important to our personal and spiritual growth. Also, during these years we learn to look with the critical, analytical eye of the scientist, and yet at the same time we are challenged to be men of faith. We find that time is at a premium, and there is a tendency to do only what is practical for our life and the preparation of a career.

There is no doubt that physicians have, in the past, and will continue, in the future, to command great respect in society. Obviously, the medical profession has a concomitant responsibility to live up to its role as a model in society. The medical students of today will be the doctors of tomorrow. Will the physicians of tomorrow be noted for their Christ-like manner and for their role as Catholic leaders?

Unless we can internalize the moral values of Catholicism we will never have the strength of conviction to stand as Catholic leaders.

Practically, medical school is the time to start this consolidation of our faith and profession. This is the only point in our career when we will be together for any length of time. Competent programs on the medical school level would be very efficient just in terms of covering the numbers. Medical students (especially first and second year) have more free time and are more amenable to organized activity than in later years. At this stage of their lives they also tend to have fewer family and career responsibilities. These factors make this period of their lives particularly suited to the needs of any organized program.

Such a program would have to be well conceived and well structured or it would do more harm than good. The experience of the National Federation, whose members understand the problems and issues, would therefore be an ideal structure within which a program like this could be created.

We would need physicians who have made sure that their own lives are guided by good moral principles, and have the courage to guide others in the same way. And we would need physicians who would be able to intelligently pass this information down.

These physicians would be local Guild members, who could make contact with a medical school, involve a priest who had background in this area and, together with the students, develop this program according to a pattern developed nationally by the National Federation.

This is the challenge of today. I hope to meet with you in accepting this challenge. I am aware of the organizational difficulties of a program of this scope and the length of time it would take to develop. In the meantime I will be working here at NYU to get some sort of program going. I will keep you posted of our progress.

— Thomas McCarrick