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## Letters to the Editor ...

Catholic Physicians' Guild

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# Letters to the Editor . . .

## Letter from New Zealand

A major fuss erupted when two militant feminists attacked Prof. G. H. Green, of National Women's Hospital, Auckland, over his 20-year clinical experiment in the conservative management of ca. in situ of the cervix. Green, with the acquiescence of the hospital's Ethical Committee, had tried to prove his thesis that this condition did not invariably progress to invasive ca. and therefore it was not necessary to embark on radical treatment. In his view it was sufficient to keep the lesion under observation with cytology, colposcopy and biopsies, hoping in this way to treat only those cases which showed evidence of invasion.

He also hoped to do what no one else had done, namely to observe the natural history of in situ lesions. In addition he did swab cytology of the cervixes of newborn girls and also histology of these organs from those who suffered perinatal deaths.

As the years passed by, gynecologists in every other country realized the malignant potential of ca. in situ and managed their patients accordingly. In the hospital, the pathologist and the colposcopist protested as a significant number of these patients progressed to invasive ca. but the trial went on.

The Government was forced to set up a Committee of Enquiry under Judge Silvia Cartwright. This proved to be a mammoth task but eventually its report pronounced severe criticism of the profession, of the hospital and of the main actors in the drama. There was little or no "informed consent" from the adult patients or from the mothers of the baby subjects.

The main recommendations were for more explicit consent arrangements; for expanded cytology and colposcopy services; and for the disbanding of the Ethical Committee. Green had already retired. Prof. D. G. Bonham, head of the University Department of Obstetrics and Gynecology, was forced to resign. Several million-dollar claims are pending against

the hospital board, the university and individual doctors.

No mention was made, however, of the main prophylaxis against ca. of the cervix, that is, avoidance of early and promiscuous sexual activity. Last year the illegitimacy rate was 28.8 percent of all births, and this despite the large number of abortions is unmarried girls.

For only the second time in 50 years the government subsidy for each general practitioner visit was raised and now stands at the magnificent figure of — wait for it — \$4. The real average fee is about \$25. The announcement was accompanied by threats against rapacious doctors who might not pass on to patients this governmental largesse. This shows the folly of the profession in ever putting itself in the hands of socialist governments in financial matters.

H. P. Dunn  
Auckland, N.Z.

## Letter from Finland

Quite a few volumes of *The Linacre* have been published since my previous letter. The cause for the pause lies on the personal level — I have simply not had the time to absorb and metabolize all that has been going on within the ethics of our profession here in the Far North. This, in turn, is due to an illness, which, thank God, I appear to have overcome, and also to the need of time for education (I have recently finished my thesis) and family (four children plus wife).

After these excuses I'll get down to business. The most exciting news concerns the Holy Father. Pope John Paul II will visit the most non-Catholic corner of Western Europe — Scandinavia. He will arrive in Oslo on June 1, and after a short visit to Iceland, we shall see him arriving on Finnish soil on June 4 for a two-day stay. The visit in Iceland must be a remarkable experience for his Holiness — the barren country with its geysers and volcanic mountains supports 244,000

inhabitants who speak an archaic form of Swedish, very close to what the Vikings must have spoken. Less than 2,000 of the inhabitants are Catholic, which should give each one a fair chance of getting a close look of the Pope.

In Finland, Pope John Paul will meet our president, the social democratic formal leader of the Lutheran state church, Mr. Mauno Koivisto. Incidentally, Mr. Koivisto, a Protestant, is also the formal head of our second state church, the Orthodox. The Pope will meet the Archbishop of Finland, and celebrate Mass in Helsinki at an ice hockey stadium. I will have the personal privilege of singing in one of several choirs assisting at the Mass. After visiting Finland, his Holiness will fly to Denmark and then to Sweden. The Catholics in these countries are mostly immigrants from more Catholic-dominated countries, and in this sense the Catholic parishes in Sweden and Denmark are more international than the ones in Finland, although immigrants are increasing in number also over here thanks to the migration policy becoming gradually more liberal. The Pope has stated that one of the objectives of his visit is to vitalize the spiritual life of the local churches, an exhortation we find it easy to agree with.

On the more professional level, the most important item for long has been the question of legislation concerning *in vitro* fertilization. The issue itself — whether IVF is to be allowed — has never really been put into question, and *e.g.* the Catholic authorities in Scandinavia have not contributed to the debate. This is more a reflection of the lack of momentum of the Catholic input than of any lack of willingness to protest. Still, the Scandinavian countries have not been able to coordinate legislation concerning IVF. For instance, in Norway marriage is a prerequisite for IVF; in Finland and Sweden, permanent cohabitation suffices. Donation of ova is allowed in Finland and Denmark, prohibited in Sweden and Norway. Fertilized embryos may not be frozen for storage in Denmark, while the Norwegians and Swedes allow refrigeration for one year, Finland for 10 years. Research is allowed on embryos up to 14 days after “culture” in Finland and

Sweden, in Denmark this abomination is totally prohibited.

The debate has been most intense concerning the right of the child born after IVF to know the identity of his biological father. The medical profession and several lay organizations have advocated that the paternal identity be kept secret, while the judicial and political forums have considered such opinions as oligarchic. The director of the only sperm bank in Finland has publicly announced that if the law on IVF includes a paragraph that the paternal identity must be disclosed, there will be a total stop of sperm donors. Currently, most of the donors are medical students who are refunded for their contribution. I remember from my own times at the university that the sperm bank advertised asking medical students to become sperm donors.

A law is being prepared, but as it appears, it will include the right of the person born by IVF to know the identity of his biological father, if the person is 18 years of age and promises to withhold this information for himself. Before the name of the father is disclosed there will be a board to judge whether such disclosure might be harmful for any part and, if so, what measures should be taken. Anybody reading these lines realizes immediately that the law is far from well-formulated, and it has also been severely criticized for being ill-prepared. Still, the law in Finland will be quite liberal for IVF, and will probably require the sperm donor to allow his identity to be communicated to the child conceived in this artificial way.

I have tried to keep as a golden standard in my work that whatever I promise to do, I try to do as well as I can. I must admit that I have failed in this respect regarding my correspondence with *The Linacre Quarterly*. My communications have been far too infrequent and random over the 10 years my name has appeared on the inside cover of *The Linacre*. Not that I have not been contacted by one or the other reader for further information — these consultations have been most pleasant. But as I stated at the beginning, my time with the family and my work in educating myself and others appears to

total more than 24 hours a day as it is. So, I take farewell of you, dear Catholic colleagues. I embrace the medical and Catholic community in my prayers, as I sincerely hope you do regarding us over here, far away from the mainstreams of Catholic life.

— Robert Paul  
Finland

#### Response to Dr. Barnet

I am not nearly as eloquent nor as educated as Dr. Barnet ("A Right to Health Care — Fact or Fiction?"), but I will attempt a response to his question.

Health care is a service provided by physicians and others as a way to earn a living. To say that it is a "right" in the legalistic sense must mean that others can lay claim to such services without spending their own money or without having the provider compensated. Indeed, both of these situations prevail today. Witness the former illustrated by Medicaid funded by dollars extracted from taxpayers and the

latter by Medicare/MAAC which forces physicians to accept less than a "free market" fee.

Our gracious Lord has asked us to be His instruments of healing by virtue of our vocation. His Spirit is always present to help us discern what our patients need most on a given day, whether it be waiver of a fee, a kind word, or prayer together. To suggest that we Catholic physicians who are trying our best to respond to the uniqueness of each patient should promote a national health service is an oxymoron. The *moral* question of care for our brothers and sisters is being confused with the *secular* answer of a health care agenda administered by a humanistic entity which hasn't the foggiest idea of what charity is.

Human nature always looks for the easy way out. Swapping individual responsibility with its myriad choices and decisions to be made for a system of rules that does not require — nor want — any choice appeals to many. The apparent security looks good. It's always a bad deal.

Sincerely,

Gregory E. Polito, MD  
Whittier, California