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## Letters to the Editor. . .

Catholic Physicians' Guild

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## Letters to the Editor

### Awareness in PVS

#### To the Editor:

A recent study in the *British Medical Journal* (Andrews, K, et al BMJ 313:13 1996) has significant implications for those who have been recommending the discontinuation of nutrition and hydration for those diagnosed as being in the so-called persistent vegetative state. The study found that 43% of 40 patients diagnosed as being in a persistent vegetative state were later found to be alert, aware and able to express a simple wish. This is one of the largest most sustained analyses yet of severely disabled people presumed to be incapable of thinking consciously, communicating or sensing their surroundings. The report raises troubling questions about the ability of doctors to arrive accurately at such a diagnosis which forms the basis for withdrawal of life support.

As Dr. Keith Andrews, a neurologist at the Royal Hospital for Neurodisability in London, who led the study, has said: "It is disturbing to think that some patients who were aware had for several years been treated as vegetative." What the British researchers did was to repeatedly test the patients over weeks, asking them questions which could be answered by flicking a switch!! Eleven could do simple arithmetic, eleven knew their names, twelve could pick out preferred music and eight could write a simple note.

Critics of the study including Dr. Ronald Crawford, a leading advocate of the withdrawal of artificial nutrition, have alleged that we in the United States are much more accurate in making the diagnosis of PVS because of our superior technology. Few who recognize the circumstances under which most patients in the United States with a diagnosis of persistent vegetative state find themselves would be as sanguine as Dr. Crawford. The quality of supervision and intervention in most nursing homes and extended care

facilities would raise the possibility that many of the estimated 15,000-30,000 American children and adults with a diagnosis of PVS may not be as profoundly incapacitated as assumed and thus capable of understanding and even disagreeing with decisions to stop caring for them.

Since dying from dehydration and starvation may be extremely painful, the possibility that it may be experienced at a meaningful level of awareness would be highly significant. Catholic theologians such as Father Kevin O'Rourke, O.P. and Father John Paris, S.J. have based their approval of discontinuation of nutrition and hydration, at least in part, on the fact that the patient has a hopeless prognosis and is incapable of appreciating the discomfort of dying from starvation and dehydration.

This study and future studies which will inevitably be stimulated by the remarkable results of this investigation, have profound implications for Catholic physicians and bioethicists who advise them.

— Eugene F. Diamond, M.D.

On behalf of the  
Executive Committee of the  
Catholic Physicians' Guild of Chicago

### Frozen Embryo "Rescue"

#### To the Editor:

With the storage limits for frozen-dried embryos now being reached in many cases, the matter of what to do with the stored embryos has become a significant issue. It is also an issue which divides people in the pro-life movement. Some argue that mothers, that is women who are willing to be implanted with them and to carry them to term, should be found. Some pro-life women may be willing to volunteer as a matter of obligation to those abandoned human beings. Others argue that they should be kept in storage indefinitely. It is my contention that both solutions involve intrinsic evil and ought not

be undertaken even though the objective is good.

Briefly, I would suggest that those considering this issue ought to have regard to the following propositions:

- the acceptance of heterologous embryo transfer is dualist in its treatment of the woman as an incubator;
- the analogy to wet-nursing is no analogy at all given that the woman, by carrying the pregnancy, is the mother of the child (In this respect there would seem to be a cultural difference between American and Australian culture. In Australian law and in our ethical treatment of the question, carrying the pregnancy and giving birth is considered more significant than providing the genetic material in regard to judging parenthood. Birth mothers are held to be the mothers regardless of any surrogacy arrangement using the commissioning couple's genetic material);
- *Donum Vitae* declares that there is no licit way of offering safe means of survival to "spare" embryos (*AAS 80, 1988, p.84*);
- *Donum Vitae* declares that the fidelity of the spouses in the unity of marriage involves reciprocal respect of their right to become a father and a mother only through each other (*AAS 80, 1988, p. 87*);
- the profound notion of communion, of the two in one flesh is broken by the use of the generative capacity of the woman in her bearing a pregnancy in a way which isolates her husband, which excludes him from this part of her life, because he makes no direct contribution to the pregnancy and it is established in her as a result of an embryo transfer procedure performed outside the context of their expression of conjugal love;
- making a woman pregnant outside of marriage is a violation of her bodily integrity, a use of her as an object, because it lacks the meaning and character of marriage that dignified becoming a mother through childbearing because marriage is a covenantal communion ordained by God for that purpose and dignified by the mutual, complete, permanent, exclusive, fully human gift of the spouses to each other;

- continued cryopreservation is intrinsically wrong because the frozen-dried state of being kept in suspended animation where the living dynamism is completely suppressed offends against human dignity. Therefore the proper course to take with frozen dried embryos is to place them immediately in a warm and moist environment in which their development can immediately resume, even though it is ultimately doomed.

— Nicholas Tonti-Filippini, BA, MA  
Victoria, Australia

#### NFP

##### To the Editor:

A deep and resounding thank you goes to Howie Bright, M.D. for his excellent article, *Why Do Physicians Ignore Humanae Vitae* (*Linacre Quarterly*, November 1996).

I've been in the NFP trenches for 25 years, as of October of 1997. And, I can assure you that modern Natural Family Planning - such as the Billings Ovulation Method - has the highest of method-effectiveness rates. But, without the support of physicians and clergy, our apostolate is more difficult. However, we have taught thousands of couples and will continue to do so, praying that more like you will be guided by the Holy Spirit

Couples take for granted what their physicians and clergy tell them. So, we need physicians and clergy to speak the truth. It takes courage and the grace of God for physicians in the 1990s to embrace the Church's wise teaching, *Humanae Vitae*. On behalf of the Billings Ovulation Method Association - USA, I extend our gratitude to you, the *good* doctors, our gratefulness for all you do on behalf of *Humanae Vitae!*

—Kay Ek, Director  
Office of Natural Family Planning  
Diocese of Saint Cloud  
President, Billings Ovulation  
Method Association - USA