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Letters to the Editor. . .

Catholic Physicians' Guild

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Letters to the Editor

Letter from New Zealand

To the Editor:

The Church is in what you might call a holding pattern, at about 15 percent of the population, and of this group, the Sunday mass attendance figure is about 20 percent. This is only half what it was a couple of decades ago mainly because of the haemorrhage of the youth who cannot resist the allures of drink, drugs, and pornography. Of all live births, some 42 percent were to unmarried mothers, and if it were not for the lives lost in abortion, the true figure would have been about 46 percent. This must be the worst incidence in the Western world.

For more depressing statistics, the crude birth rate is down to 15.4 per 1000 and the average family size to 2.0 children, both of which are the lowest recorded. I can remember when the ratio of abortions to live births was 1:1000; in recent years it has been unchanged at 1:5; but last year it rose to 1:4. This immediately sparked off hysterical responses from the government with the Minister of Health demanding more contraception for the young in order to stop the increase in abortions. One despaired on hearing this reaction. The country is saturated with contraceptives. And this stupid policy has failed every country where it has been tried. Contraception and abortion are both facets of antinatalism, or what the Pope calls "the culture of death". This is a secularist society and the only hope of rescue lies in a religious revival. I am optimistic enough to expect this in the next

decade or two when society has suffered enough.

The political situation is full of interest and disaster. A referendum voted in favour (65 percent) of a mixed member proportional (MMP) form of parliamentary representation to replace the historic first-past-the-post (FFP) system. Many European countries have a form of MMP and our Commission which studied the matter advised the change. It is now obvious that most voters (including this writer) did not clearly understand the implications of the new system. The number of parliamentarians rose from 90 to 120, which in a small country of 3.7 million is absurd. Many of the new members were not even elected, they were simply nominated from a list made up by their party. Their "maiden" speeches in the House were sometimes disgraceful. One lady, a former radio talk back host, used such vulgar and sexual language that it could not be repeated here. The behaviour in the House and the constant fighting has been so bad that, after the first two-month session of parliament, a reliable poll showed that now only 30 percent of voters supported the MMP. They are longing for a return to FFP.

In the old House there were four designated Maori seats, an unfortunate sort of apartheid in reverse. Now there are some 15 Maori members and there are already several scandals involving their spending public money on extravagant clothes, overseas family holidays and large dollar deficits from their official accounts. It can't go on.

**-H.P. Dunn, M.D.
Auckland, N.Z.**

Dr. Martin Cannon

To the Editor:

On June 3, 1997, a very caring and loving physician was buried with the dignity offered to a noble, grand and glorious physician. Dr. Martin Cannon, with whom I have had the pleasure of practicing obstetrics and gynecology for over 40 years, was laid to rest.

During his lifetime, he not only delivered babies, but was a very skillful gynecologist who performed many female operative procedures. He was highly respected by his patients for being a caring and gentle physician. His kindness was not only to his patients but to thousands of others that he generously helped. The presence of all his children at his bedside when he died is proof enough of the affection he received from all of them.

The Right to Life Movement, in his passing, has lost one of its strongest supporters. He will be remembered truly as a physician who loved his family, as a staunch advocate of his Hippocratic Oath, as a sportsman who enjoyed golfing, playing bridge, and bowling. Out of respect for his stand in the Pro-Life Movement, the pall bearers wore a rose for life in their lapels.

Many friends gathered at Lavigne's Funeral Home, at Christ the King Church, at Resurrection Park, and finally at a first class luncheon at his beloved country club to say a final farewell. And we, who witnessed it all, saw the end of an era, of an exceptional individual, from his belief and support of human life and dignity from the moment of conception to

death. The Pro-Life Movement of Vermont has lost a great friend and supporter.

-Wilfred L. Thabault, M.D.
Burlington, VT.

Brain Death

To the Editor:

Though awed by his expertise, I nevertheless am unconvinced by Dr. Shewmon's about-face on brain death. (*Linacre Quarterly*, Feb. 97, p.30) To this reader, his arguments for changing his mind are hard to follow. He seems to be saying that brain dead patients aren't dead because they don't look dead and that brain death criteria might be distorted by people who want to euthanize PVS patients and anencephalic kids. I share his concern about euthanasia, but this does not invalidate brain death criteria, which have always specified whole brain death. Furthermore, it seems a cruel hoax to families of brain dead patients to call them living just because their vital signs can be maintained by ICU techniques: they *never* come back to life.

Dr. Shewmon errs in stating (p. 46) that the Church has issued no official statement on brain death. The 1994 *Charter for Health Care Workers* (Pauline Books, Boston, p. 114) quotes the Pontifical Academy of Sciences in stating: "death comes when: a) the spontaneous functions of the heart and breathing have definitively ceased, or b) the irreversible arrest of all brain activity. In reality, "brain death" is the true

criterion of death..." this document was sanctioned in its entirety by the Holy father's own Pontifical Academy for Life *and* by the Congregation for the Doctrine of the Faith. I daresay that Dr. Shewmon's own presentations to the Academy of Sciences assisted the Church in developing its teaching on this matter.

One conservative Catholic medical ethicist, Thomas J. O'Donnell, S.J., has stated that the development of brain death criteria was "highly reasonable and extremely cautious" (*Medicine and Christian Morality*, Alba House, New York, 2nd Edition, 1991, p. 128.) In the presence of modern medical technology, physicians need to discern, with perfect specificity, the moment of death. Along with Church authorities, the overwhelming majority of physicians who are called upon to pronounce death, and Dr. Shewmon before his turnabout, I believe that brain death is death.

-H.L. Bright, M.D.
Chilliwack, B.C.
Canada
