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## Letters...

Catholic Physicians' Guild

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# Letters...

## Comment on Shannon Article

To the Editor:

On a number of occasions, the Catholic Physicians' Guild has insisted that the theologian keep up (in general) with advances in medicine. It has also gone on record that the physician must help the theologian become more aware of these advances, in terms of risks and benefits. For that reason, I would appreciate it if the medical advisory board of *Linacre Quarterly* would comment on some parts of the scholarly article, "Ethical Implications of Developments in Genetics," by Thomas A. Shannon, which appeared in the November, 1980 issue (pp. 346-368). The observations of the board would help our efforts to provide a more complete orientation for our parishioners.

Amniocentesis was discussed thoroughly at the Guilds' conventions that met in New Orleans and in Buffalo. Dr. Konald Prem and others did not seem to regard the procedure as morally indifferent, apart from the possibility of harm and even death for both mother and fetus. Dr. William Lynch of Tufts University is fond of quoting the adage, "It takes 10 years to find out what a new procedure will do for you and 20 years to find out what it will do to you." Fr. William Smith, the outstanding moralist at Dunwoodie, asks, regarding "if it's good medicine it's good morality" — "Whose medicine? Whose morality?" What is the prevailing medical opinion about amniocentesis?

The author states that "several hundred genetic diseases can be diagnosed *in utero*" (p. 347). The latest information I have is that 160 x-linked, 66 metabolic and 15 chromosomal disorders can be diagnosed before birth. Can we console parents that these disorders can be treated before birth? Is it likely that the analysis period will be shortened, supposing that the fetal calf serum technique will be perfected and

that the percentage of errors will be reduced?

What is the present status of the moratorium and the restrictions that have been placed on recombinant DNA research?

I do not want to ask a question out of context. Therefore, I limit myself to one specific aspect of part 2, *Nature and Ethics* (pp. 351-352). In the context of a second perspective we read,

For example, it is the case that during the first several weeks of the process of conception and implantation and initial development approximately 70% of zygotes are lost.

I have read that a blood serum radio-receptor assay can detect human chorionic gonadotropin some nine days after fertilization. But most women are not so soon aware of their "blessed condition" as the Irish used to say. What specific research, studies and clinical cases are used as background by some physicians to suggest this loss? *Datum, non concessum* that any percentage of zygotes are lost spontaneously for any reason before a woman is aware of her pregnancy, is there a logical sequence to the argument of Richard McCormick, S.J., that "it is not a violation of the right to life of the zygote if it is spontaneously lost in normal sexual relations. Why is it any more so when this loss occurs as the result of an attempt to achieve pregnancy artificially?" (p. 351), or to the suggestion of Rahner (p. 352) that zygotes could be used as subjects of experimentation? McCormick's "losses" would be tolerated deliberately (and a certain percentage allowed for) instead of being the result of some natural rejection. How long is a zygote a zygote? My copy of the *Merck Manual* (1979) explains that the fetus is recognizable for the first time as an embryo some 10 days after fertilization. May we not see here an application of Liley's teaching that zygote, embryo, fetus, baby, youth, etc., are merely different terms to distinguish different phases in the life of the same person? How do you experiment on something you do not know is there

unless you put it there, disregarding the natural law, if indeed IVF is generally accepted as an accomplished fact?

My last question, begging pardon for asking so many, has to do with the relation between science and theology. The Holy See, in its statement on abortion in 1974, praised the great contributions that genetics is making. Footnote 19 is very clear in insisting that even though some may possibly still hold that ensoulment occurs after fertilization, there is no way to prove that it does not occur at the very instant of conception. We may not act on a doubtful conscience. Even if a soul were not already informing the body, human life would be present. The greatest good for the greatest number does not apply to the sacredness of each and every human life. We can't play the numbers game. In *Fulgens Corona* (Sept. 8, 1953), Pius XII made a great contribution in the development of the theology of the Immaculate Conception. "Who will dare to doubt that she who is purer than the angels, and who was pure always, was at each moment, without excluding an instant of time, free from every class of sin?" The difference between our Blessed Mother, "our tainted nature's solitary boast" and ourselves is precisely a difference in grace and not in nature. Am I correct in asking if the genetic code would tilt the scales in favor of ensoulment at fertilization? We are or we are not human. If, within the divine dispensation, the soul is not always active in some way, is there a complete separation of human life, the life of grace and the life of glory that has blossomed because nature cooperated with the Author of life? I believe that many of our problems are caused because we do not realize that the ancient enemy need not terrify us; he is merely writhing beneath the heel of Mary's Son.

If a woman cannot be a little bit pregnant, how can an individual product of human intercourse be a little bit human? Would the CPG and, I suppose, the Doctors Who Respect Human

Life agree with priest-biologist Edward Robinson, O.P.? He states:

If one admits that human life begins at the moment of conception, he must admit that a person has begun to exist at that moment. If the zygote is an individual human being, and if every human individual is a person, the conclusion is inescapable: the zygote in question is a person" (*Fetal Life And Abortion*, "Personal, Human Life Begins With Conception," p. 13).

Professor Shannon is worthy of high praise because he has addressed problems that will be a bone of contention for years to come.

Every best wish to all the members of the Guilds.

— Fr. Denis O'Brien, M.M.  
Mexico

### The Communion Cup

Dear Doctor Dorff:

I read with interest your article in the November, 1980 issue of *Linacre Quarterly*. It was passed on to me by one of the eucharistic ministers of the chalice in my former parish. He is also a physician and a wine buff.

Communion under both kinds has been a concern of mine both as a parish priest and professional liturgist. I felt that the initial statement, attributed to the AMA, put forth by the U.S. Bishops' Committee on Liturgy (to the effect that alcohol kills the germs) was such nonsense and so open to rebuttal that I decided to do some of my own research on the subject. I subsequently published an article in the *Priest* magazine, which was later reprinted by the Federation of Diocesan Liturgy Commissions.

It is obviously impossible to make a case for a surgically sterile sharing of the communion cup! But I do believe that a good case can be made for the assertion that it poses no more risk of infection than any other social contacts, including those we take for granted at Mass—breathing the air in

a closed room occupied by a thousand other people, shaking hands at the sign of peace, receiving communion on the tongue if the priest's finger has touched someone else's tongue.

I found the information on the properties of wine as inhibiting viral activity (Konowalchuk and Speirs) as well as Lucia's observations on wine and disease to be especially interesting and potentially significant. More research needs to be done, as you indicated, but I think this points a direction that this research could take.

I would also like to make the observation, based on personal parish experience, that it is drinking from the communion cup, not intinction, that should be promoted. An important part of the total sign of the restoration of communion under both kinds is in the act of drinking and sharing, not merely in the ingestion of a drop or two of consecrated wine. Intinction should be a last resort, not promoted as an ideal.

Thank you for your concern manifested in your article, which I hope served at least to dispel some of the irrational fears surrounding the reinstitution of the shared communion cup.

— Rev. Thomas Welben

#### Letter from the U.S. to India

*The following letter was written by Dr. John Brennan, who is serving as correspondent from the United States for the Bulletin of the Indian Federation of Medical Guilds.*

Dr. Chicot J. Vas  
Bombay, India

Dear Doctor Vas,

The best time for me to give you an annual report on the medico-moral politics of our nation is during the first month of President Ronald Reagan's administration. We now have a pro-life

President who was elected on a pro-life platform. It truly is a time for optimism.

We have a tremendous task ahead. We must turn total irresponsibility into total responsibility in a short time. The Supreme Court has made it possible for a woman to obtain an abortion any time during pregnancy. It would be total turnabout if an unborn baby achieved legal "personhood" at the moment of conception.

For several years pro-life groups have sought a human life amendment to our Constitution. For an amendment to become law two routes are possible. Either two-thirds of the Senate and the House must propose the amendment which must then be ratified by three-quarters of the states, or two-thirds of the states must make "application" upon which Congress "shall call a convention for proposing amendments." Any amendment proposed must be ratified by three-quarters of the states. The signature of the President is not necessary for Congress to propose an amendment. The signature of the governor is not necessary for a state legislature to ratify an amendment.

The United States has never had a constitutional convention. This route is more likely to push Congress into proposing an amendment. About half our states have now asked for a constitutional convention. As that fraction approaches two-thirds, Congress is most likely going to propose its own amendment rather than risk sharing its legislative power with a convention.

A new thought has surfaced in the past month. It is a human life bill. With 10 more pro-life votes in the Senate than we had in the Carter administration, we have a simple majority in both the House and Senate plus a President who is pro-life. A bill establishing personhood from the moment of conception until the moment of natural death seems simple but so far there is disagreement on wording. The proposed human life statute: "The Congress finds that present day scientific evidence indi-

cates a significant likelihood that actual human life exists from conception," is not acceptable. It should be shortened to: "The Congress asserts that human life exists from fertilization."

Success seems to be within our grasp. However, it is important that we do not compromise. Being right is more important than winning. One compromise might be the approval of abortion for rape and/or incest. However, the baby who is the product of rape is just as innocent and lovable as any other baby. To destroy a child because of the crime of his father is unspeakable.

The other avoidable compromise is "abortion to prevent the death of the mother." Certainly just as a woman increases her risk each time she enters an automobile, so too, she increases her risk each time she enters a pregnancy. The doctor who provides care for her is entrusted with her life and the life of her baby. He never destroys one to save the other. The principle is the same as when two men are left with one life-preserver on a sinking ship. Certainly neither one can shoot the other even to save his own life.

Surrogate mothers, cloning, test-tube babies, and sperm banks surface as medical-moral problems of the 21st century. It appears that your problems and ours for the next 20 years will

continue to be contraception, sterilization, and abortion, either as an individual decision or as national policy.

This week I have been reading your marvelous book, *The Proceedings of FLAMC XIV World Congress in Bombay*. Our concerns throughout the world have to be both public health care and private health care, public morality and private morality. Because of our love for human life, clean water, adequate food, sewage disposal, and better nutrition are all aspects of preventive medicine which must be made available to every individual in the world.

While our basic principles remain the same, each new life brings new youth to the world, new problems, new solutions, and new hope.

As ever,  
John J. Brennan, M.D.

P.S. I am sorry that we did not meet in Chicago. Our paths are due to cross soon. I have come to know and to love Sister Catherine Bernard. My wife and I were with her for a few days in Los Angeles this month. I followed Mother Teresa on the program at the International Congress in Guatemala this summer. Dr. Ratner said that is like trying to write a sequel to the Sermon on the Mount,