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Thomas J. O'Donnell

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# CURRENT Medical-Moral COMMENT \*

THOMAS J. O'DONNELL, S.J.\*\*

The most recent and depressing dimension of the materialistic mind is manifested in the relatively new and current pressure for the "easy way out" approach to legalized abortion.

The presently growing campaign to relax the abortion laws in the various jurisdictions is a strange outgrowth of the history of therapeutic abortion in American medicine.

Fifty years ago there was a long list of so-called "medical indications" for therapeutic abortion. Complications of pregnancy in which termination of fetal life was viewed by many as the only practical approach to protecting the life of the expectant mother. While the civil law of most jurisdictions continued to restrict legal abortion to these extreme circumstances, the twentieth century advance of medicine and obstetric technique continued to reduce the number of "medical indications" for therapeutic abortion until the procedure be-

came almost anachronistic. Within the last decade the Margaret Hague Maternity Hospital in Jersey City, New Jersey reported a ratio of less than one therapeutic abortion in every sixteen thousand obstetrical admissions; and in August 1953 Roy Heffernan, M.D. and William Lynch, M.D. published the results of their study of three million deliveries in *The American Journal of Obstetrics and Gynecology*. [cf. also, *Linacre Quarterly*, Feb. 1952, "Is Therapeutic Abortion Scientifically Justified?", Heffernan and Lynch.] They concluded that the approach to therapeutic abortion had been woefully unscientific in many areas, had been in direct violation of the fundamental life-saving ideals and traditions of the medical profession and that in fact the maternal death rates in hospitals performing therapeutic abortions are slightly higher than in those hospitals where no therapeutic abortions were performed.<sup>1</sup>

Meanwhile, in 1946, in an attempt to eliminate criminal and septic abortion, Sweden had greatly broadened its grounds for legal abortion and by 1951 the legal abortion rate

\*By arrangement with the editor of *Georgetown Medical Bulletin*, Father O'Donnell's column in that journal appears concurrently in THE LINACRE QUARTERLY

\*\*Professorial Lecturer — Medical Ethics, Georgetown Medical School.

<sup>1</sup>Heffernan, R. and Lynch, W.: What is the state of therapeutic abortion in modern obstetrics? *Am. J. Obst. & Gynec.*, 66: 2, August, 1953.

had reached 57.4 per 1,000 live births, with no evidence of a decrease in criminal abortions.<sup>2</sup>

Then, in 1955, Soviet Russia legalized abortion at the mere request of the pregnant mother as well as for very broad sociological indications. Most of the Iron Curtain countries quickly followed suit. By 1959 legal abortion had risen to one tenth the number of live births in Poland, and to one third the number of live births in both Bulgaria and Czechoslovakia. In Hungary, the number of abortions exceeded the number of live births.<sup>3</sup>

Finally, in 1959, The American Law Institute included a section in its Moral Penal Code which would dramatically expand the legal indications for abortion in the United States so as to include "substantial risk to the mental health of the mother or that the child would be born with grave physical or mental defect, or the pregnancy resulted from rape . . . or from incest . . ."<sup>4</sup>

This type of bill is soon to be presented to various State legislatures. A movement in this direction was begun in Kansas in 1963 and was defeated. Most recently the pressure is on in New York State.<sup>5</sup>

The pressure to modify and broaden the norms for legal abor-

tion will grow within the coming months. The most usual reason that will be given will be that abortions are being done in good medical practice for psychiatric reasons or in the presence of possible compromise of the fetus, and in cases of rape and incest, as well as for other broadly interpreted therapeutic indications.

But do the facts fit the theory? Is it possible that such a destructive attitude toward innocent human life, as an easy way out of potentially difficult problems, is really consistent with the ideals of the medical profession? For example, it is well known that many obstetricians still consider rubella in the first trimester as a commonly recognized excuse for termination of pregnancy. Yet in 1963, Lundstrom's study of well over a thousand cases of rubella during pregnancy demonstrated that, quite apart from any moral consideration, abortion was not justified in such cases in view of the low incidence of fetal defects and the mild nature of many which did occur.<sup>6</sup> And, indeed, other similar studies and conclusions have not been wanting in literature.

An unborn baby is a human being, a fellow man endowed with those inalienable rights — to life, liberty, and the pursuit of happiness, which are not only divine law but likewise the foundations of our American democracy. The moral dimension is easily discernible in the best traditions of the medical profession: in an individual case the obstetrician has, not one, but two

patients — and he should not feel free to kill either one of them for any reason.

One other important observation is in order here. Error has a way of twisting the truth to conceal its own tracks. It has often been said that in a Catholic hospital the life of the child must be preferred to that of the mother. This error persists, even though Pope Pius XII explicitly stated, as recently as 1951, "Never and in no one case has the Church taught that the life of the child is to be preferred to that of the mother."<sup>7</sup> It is a distortion of emphasis that keeps the error viable. The simple fact is that in a Catholic hospital neither the life of the

mother nor the life of the child can be directly and purposefully terminated — neither in the interest of maternal health nor for reasons of fetal euthanasia. But in many other hospitals the life of the child is not so protected, and can be simply terminated under certain circumstances. But from this it is not quite valid to conclude that in a Catholic hospital the life of the child is to be preferred to that of the mother. Rather it is true that in a Catholic hospital neither patient is to be killed, and every effort is to be made to save both.

<sup>7</sup>Pope Pius XII: Address to The National Congress of Family Front, November, 1951.



<sup>2</sup>Aren, P.: Legal abortion in Sweden. *Acta Ob. et Gyn. Scandinavica*, 37: suppl. 1, 1958.

<sup>3</sup>Tietze, C. and Lehfeld, H.: Legal abortion in eastern Europe. *J.A.M.A.*, 175: 13, April 1, 1961.

<sup>4</sup>Section 207.11

<sup>5</sup>Newsfront. *Modern Medicine*, February 15, 1965.

<sup>6</sup>Lundstrom, R.: Rubella during pregnancy. *Acta Paediat.*, Supp. 133, 51, 1962.