Letters To the Editor

Catholic Physicians' Guild
codify and document the efforts of the HSA’s to compromise the ethical stance of the Catholic hospitals and their personnel. We invite our readers to provide any evidence of such efforts to our editorial office where it will be processed and referred to responsible groups who will present this to the appropriate congressional committee.

— John P. Mullooly, M.D.
Editor

Letters...

Pregnancy After Rape
To the Editor:
In your issue last August you not only published my article “Medication to Prevent Pregnancy after Rape” but a formal comment by Dr. William Lynch and a letter to the editor by Dr. John J. Brennan. I am unaware of other reactions but I do appreciate the concerns and objections of these two physicians.

To Dr. Lynch I would reply that I don’t believe his citations from Drs. Morris and Greep prove the thesis he proposes, that DES has been shown simply not to work as an ovulation preventive. As I understand the clinical data it indicates that DES works either as a contraceptive or an interceptor but the data does not rule out the contraceptive role. My consultant, Dr. Richard Schmidt, who is currently president of the American College of Obstetrics and Gynecology, believes there is strong presumptive evidence that DES in this application can have an anti-ovulatory effect. As with all contraceptive drugs, it is difficult to prove absolutely that ovulation has been blocked in each individual cycle despite their known contraceptive effects.

To Dr. Brennan I would reply that the familiar analogy he cites about the hunter who should not fire at a figure which may be a man or a deer limps badly when applied to the DES question. The hunter is acting only for reasons of sport and is exposed to no kind of threat from the unidentified moving target.

But the woman who takes DES after rape is trying to protect herself from a grave injustice. To be sure of that protection she assumes a very minimal risk of destroying a nascent human being which may not even as yet be fully individualized with a spiritual soul. If we factor these special circumstances into her decision—her self-defense from grave injustice and the minimal risk to human life—we may not be so quick to refuse her the right to pull the DES trigger.

So I think the question I raised still merits attention: can a pro-life physician use DES when this provides a very slight risk of destroying a fertilized ovum if his or her intention is to prevent fertilization and protect the rape victim from grave injustice?

Rev. Donald McCarthy, Ph.D.
Mt. St. Mary Seminary, Norwood, O.
Nursing Issue

Dear Sir:

I have just read your November, 1977 issue and was very impressed with the articles which appeared in this issue. They were scholarly, well-written papers, of particular significance to nurses. Congratulations for having included a nursing perspective in your publication. Dr. Mullooly is to be commended for his editorial efforts in this regard.

Please enter my subscription for the coming year and a copy of the November issue.

Thank you.

E. Charlotte Theis
Director, Undergraduate Program in Nursing, Marquette University

Reviewing H.S.A.'s

Dear Dr. Mullooly:

I am happy to tell you that I have been approved to deliver oral testimony before Senate Appropriations Committee reviewing the tactics of H.S.A.'s (Health Systems Agency) before further funding. No date has been set, but it is our understanding that it will be in March or April '78.

I have also placed a request before Senator Kennedy's Health Committee which will do an in-depth review of the whole Health Planning Act — P.L. 93-641.

I would appreciate assistance from any of the member physicians or their hospitals. I am particularly interested in answers to these questions as a start:

a) How much does the federal government owe your hospital in reimbursements? over how many years?

b) How much in legal fees has your hospital spent in order to keep an operational unit (ex., ob.)? Many of the hospitals have had to invest in legal counseling and research in order to prove their right and that of their patients to retain an ob. unit.

c) Have abortion services — especially lacking in Catholic hospitals— been mentioned between H.S.A.'s and hospitals as a prerequisite in order to retain an ob. unit?

d) How many Catholic women deliver in your ob. unit? How many non-Catholics? in ratio to your population?

e) Under "gyn." in a Catholic hospital, what operations are generally performed? (Gyn. in general-secular hospitals allow for elective not "medically necessary" procedures such as abortion and sterilizations.)

f) How do "conscience-clause" doctors feel about working in a general hospital offering abortion and sterilization on demand should H.S.A.'s phase out the current unit that they are working in?

If you can get these questions out to your membership as soon as possible I would be most grateful. I must start preparing testimony immediately after Christmas as they will notify me two weeks in advance of testifying.

If anyone in the Guild wants to testify they must enter their request immediately to the following:

Senator Warren G. Magnuson
Chairman, Committee on Appropriations
127 Russell Senate Office Bldg.
Washington, D.C. 20510

Senator Edward Kennedy
Committee on Health
New Senate Office Bldg.
Washington, D.C. 20510

Mrs. Catherine Kozij
Chairman, Citizens for Improved Medical Care
(412) 869-9951

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