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President's Page

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Informed Consent

Informed consent has become an important if not crucial issue in the private practice of medicine in recent years. Various techniques for patient education have evolved, including fact sheets, booklets, special and detailed consent forms and audio-visual aids. Informed consent implies explicit description of the planned operation, its hazards, complications and sequelae. Many a recommended operative procedure has been postponed or cancelled because of informed consent.

If informed consent is important for elective operative procedures in any of the surgical specialties, is it less important or less necessary when dealing with the pregnant minor?

A storm of protest from pro-abortion factions challenges allegedly restrictive abortion laws that have been passed in Louisiana, Oklahoma, Tennessee, Ohio and Illinois. The charge of using “scare techniques” to discourage abortions was made recently in New York State after the Niagara County legislature passed a resolution mandating an informed consent policy. This type of informed consent has even been labelled “immoral.”

I cannot help but wonder about the morality of a world which ecstatically welcomes a test tube baby and closes its eyes to millions of abortions every year.

Should informed consent be abolished because it might influence a patient to freely elect an alternative to surgery, however minor?

The medical literature abounds with conclusions and recommendations based on observations of groups of patients numbering five or six or twenty or fewer. And yet — a New York state study of 20,306 women who had 27,000 legal abortions between July, 1970 and June, 1979.
1971 and a control group of 20,306 women who had never had an abortion has been challenged.

The New York study compared observations in the never-aborted group to the group of women who had had at least one abortion. The statistics per 1000 live births are as follows:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Abortion Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal death rate</td>
<td>87% higher</td>
</tr>
<tr>
<td>Rate of low birth weight</td>
<td>32% higher</td>
</tr>
<tr>
<td>Rate of early birth</td>
<td>67% higher</td>
</tr>
<tr>
<td>Rate of labor complications</td>
<td>47% higher</td>
</tr>
<tr>
<td>Rate of delivery complications</td>
<td>83% higher</td>
</tr>
</tbody>
</table>

A study from the National Institutes of Health of 57,112 women, scheduled to be completed on August 30, 1979, indicates a similar trend.

If the emancipated minor is legally free to act without parental consent with regard to abortion or contraception, is she not entitled to the privilege of informed consent?

The abortion issue shall ever remain emotionally supercharged. Lack of respect for human life is increasingly demonstrated in today’s world.

It matters not when human life begins or when animation, immediate or delayed, occurs. It matters not whether the blastocyst has potential for a single or multiple humans.

We all know what would happen to mankind if every blastocyst from uterine nidus were “untimely ripped.”

— Joseph J. Ricotta, M.D.