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can calmly contemplate these two contradictory procedures: (1) abortion when there is likelihood that the child will be seriously impaired mentally or physically, and (2) learning how to do genetic surgery on humans although this may lead to the conception of children who may be seriously impaired mentally or physically (the mishaps).

It may be unfair to attribute to those geneticists who write as if they are not to be detered by a proper ethics of treating hypothetical children the pro-natalist attitudes of past traditional societies. If not, the explanation of their easy assumption that genetic engineering is a procedure which, when it seems feasible, should be put into actual use may be that for them genetic manipulation is only the currently visible small fraction of the very large iceberg dealing with the control of quality of human life generally, having in view mass improving self-modification. A subtle but significant shift has taken place from doctoring primary patients to discouraging non-patients, the human race. For this reason, patients now live or in the first and second generation may be passed over lightly, hypothetical children can be thought of as casualties to be improved at risk, and one can even contemplate permitting human beings to come to them (with abortion as an escape) prepared for the injured, in the sake of knowledge and learning the techniques ordered to the good to come.

1. Come, Let us Play God.

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**Childbearing In Families With Genetic Impairments**

*Joyce M. Dwyer*

Recent developments and technical achievements in Genetics are intrinsically related and frequently find their basic application in the field of Human Reproduction. The transmission of human capacity and potential occurs with the conception of each new life. In Obstetrics and Gynecology, we are the most frequent observers of life's beginning. Our continued presence and care sustains and protects the mother and the infant while each new life continues its development.

For these reasons our responsibilities to the parents, the infant and society, weigh heavily upon us. Grave clinical and ethical issues—most of which are neither perceived nor appreciated by the average practitioner, let alone the unsuspecting public—result from the knowledge and technical expertise now available within the field of Genetics. Much of the subject matter comes under the heading of what has come to be called the "social problems" of human reproduction.

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The purpose of this paper is to speak for the value of the life of the child, regardless of the degree or type of impairment present, or a human life's seeming lack of "perfection," and to plead for a worthy human response to parents possessing possible genetic abnormalities which may result in the giving of life to an infant with an impaired capacity to take full advantage of this most precious of all gifts—that of human life. It is important to understand that we now possess the potential to destroy our commitment to the value of new human life and its development of full human worth and capability. In fact, we have already begun. It is equally important to understand the rationale for a substantial portion of the momentum to apply genetic developments to the clinical problems of patients during the human reproductive process, and to suggest alternative, more constructive, positive directions for our human reason and energy.

If there is any question of where I stand and for whom I speak, my position is best exemplified by the words of Eugene Diamond, a practicing pediatrician and a member of the Illinois Child Health Committee:
If you ask me therefore to speak for the fetus, then speak for him I will. I speak for him intact or deformed. I speak for him wanted or unwanted. Yes, and I speak for him be illegitimate or legitimate. I am for life and the preservation of life, I believe that any life is of infinite value and that this value is not significantly diminished by physical or mental defects or the circumstances of that life’s beginning. I believe that this regard for the quantity and not the quality of life is a cornerstone of Western culture. I believe our patients are best served by a medical ethic which also holds this purpose sacred. 1

With firm conviction, I oppose the vociferous cry of those who influence professional and layman alike by suggesting that society be relieved of these impaired lives by preventing their life from beginning at all, or once the existence of that life is a fait accompli would deny its continued right to life and extinguish it.

IDEOLOGY AND ATTITUDE OF GENETIC COUNSELING AND ITS EFFECT ON PARENTS AND CHILD AND SOCIETY

There has developed an attitude and atmosphere which has led to the generation and acceptance of an ideology destructive to human life, the family and society. It is widely accepted in the environs of the geneticists that an ultimate objective and application of their work should be the creation of the ideal human being. The concept of “fetal excellence” is encompassed in this intent. 2 A second objective is the mathematical estimate of the “probability” of the birth of a genetically impaired baby. The presence of an existing “probability,” is widely advocated as a useful means of discouraging or even interrupting the fetal life of a possibly affected child. Decisions to prevent or to extinguish the life of a potentially impaired infant involve the judgement that a certain degree of defect is, or is not to be tolerated, or that the possibility of the defect is intolerable, or that the child’s life is not worth living. 3 No amount of professional education or experience in living can help anyone to accept these criteria for making such and death decisions.

It is germaine to consider the reactions of parents—particularly the woman—to these kinds of attitudes and decisions. The final verdict and overwhelming is panic! When advised of predictions, statistics and probabilities these patients are most apt to react in the same way one does to the possibility of any human sorrow—with a wish to be rid of it. In this case, this means either not to make any attempt to conceive a child—a child which may turn out to be a perfectly healthy normal baby, or one with minimal and correctable or manageable impairments, or to have an abortion. Regardless of substantial evidence in support of the view that the likelihood of recombination and rehabilitation, the patient bears only that a possibility of an impaired child exists and on that basis presses the panic button. Because the parents place unlimited value on their child’s life and refuse to accede to those who approach them with a pervading attitude of bewilderment and chauvinism, they are frequently made to feel that they are either odd, emotionally underdeveloped or even failing to support the best interests of society. What is said to the parents by friends, family and family, implies that the best and reasonable answer lies in aborting the pregnancy or at a minimum of not placing oneself in the position of possibly bearing such a child. The question, “Why do you accept the risk?” “Why did you not have an abortion?” “Why would you want a defective child?” These parents are placed in the position of bearing the unkindness and insults of those who think ill of them, as well as the knowledge that their own love and concern will not be sufficient to sustain their child. They wonder whether society will value this human life when they can no longer offer protection.

Fear is another ingredient in this melange. Parents fear that if the infant is impaired they cannot cope with difficulties. Unfortunately, there are many people willing to reinforce this attitude, to discourage the undertaking of any so foolish a venture and even to tell parents that they never should have married because of the potential transmission of genetic defects to their children. We see the development of a lack of faith in professional personnel. Parents feel helpless. Their experiences lead them to speculate about the extent and quality of the professional help that will be available to them, if at the outset the situation is viewed with such pessimism. The woman especially wonders who will stand by her, her obstetrician, pediatrician, family physician, the nurse and even more viril—will her husband be able to sustain her and the child? After the initial shock waves have subsided, there may occur a crushing sense of sorrow for the child. Sometimes this sense of despair does not permit parents to consider the value of the child as a human person and the child’s contributions to them as parents and their family life. Once again, there are those who are eager to support such pessimism.

For parents who have not yet conceived a child or who have an impaired child already, there is generally a growing aversion toward having another infant. Based on what they have heard, they react tepidly to the idea that they may have another impaired child. We see this result in a denial to the parents of a perfectly normal, healthy baby and the joy this infant brings to the parents, sometimes in spite of the most dire predictions of abnormalities in the infant. We also see pregnant women who must literally be maneuvered through an entire pregnancy because of the fright, misinformation and sense of doom that has been transmitted to them. The era in which we are living is large measure responsible for the prevalent reactions to these fears and in reactions we are seeing in clinical practice. They reflect current social attitudes and aspirations.

The concept that a child is believed to be so seriously handicapped that its life is cruelly painful or unendurable, has derived its most recent rationalization following the thalidomide crisis of 1962 and the rubella epidemic of 1963 and 1964. These two experiences served to sensitize the public to the realities of fetal defects and great fear still persists despite tremendous strides in these two areas. 3, 4 From long experience we know that as medical science conquers disease on one front, nature and society will find another to replace it. This is exemplified by the accumulating evidence indicating chromosomal damage resulting from the use of LSD by our youth. At the State University of New York, Buffalo School of Medicine, Maimon Cohen has seen a three-fold increase in genetic damage in individuals taking LSD. His experience points to an increase in abnormalities in infants whose mothers took LSD while pregnant. An increase of abnormalities also occurred in the infants of mothers who had taken the drug prior to conception. This information has been corroborated by at least three other laboratories. It will be several generations before we know if future numbers of unborn infants will be affected by germinal cell changes. These demonstrated effects of translocations are a real and dangerous concern, however inconclusive the data.”

Eugenic control is seen by many as the wave of the future; an inevitable outcome of our scientific achievements. There are those committed to the position that selective breeding techniques should be, and indeed must
be, applied to human reproduction. More horrendous is the attitude that these techniques be employed to increase only those genotypes associated with "intelligence" and "creative talents" and that successful application and acceptance depend on vigorous education campaigns for laymen and professional alike. Proposals include frozen sperm banks, computer selection, and acceptable human traits and characteristics, artificial insemination, infant and or child euthanasia, compulsory birth control, abortion and sterilization. The leader of these genetic control concepts was Herman Muller, Professor of Zoology at the University of Indiana since 1945, and a former faculty member at Columbia, Rice, the University of Texas and abroad in Moscow, Berlin and Edingburg. It was he who promoted the notion that by the year 2000, all the intelligentsia of nations would produce children only by artificial insemination, eliminating all the techniques of eugenics. In 1963 he advised genetic surgery, causing predetermined, directed genetic mutations. Of particular note is his ideology of parental selection. He advised the storage of frozen sperm for all those individuals whose lives give evidence of outstanding gifts of the mind or a disposition toward a particular characteristic or physical attribute. Parents would select those who appear to result in children best representing a heredity nearest their ideals. Without such selection he stated, "The golden opportunity has been thrown away that might lead to the creation of an especially worthy human being." Such ideology lead to the presentation by CBS News of a Newsmagical on Sunday, January 20, 1968, titled, "Who Will Play God?" moderated by Eric Severid. On that program, Dr. James Bonner from the Catholic Institute of Technology, advocated committee selection for race breeding and human selection, to allow the superior human being to breed the superior human race. Dr. Franklin Clark Fry, President of the Lutheran Church of the United States and Harvey Cox of Harvard Divinity School voiced concern about who would make such selections and who would determine the values chosen. Abortion and sterilization are also a part of this package aimed at improving the human race by doing away with individuals adjudged useless, incompetent or defective and persuading and encouraging those demostrably. When discussing the genetic indications for abortion, even proponents voice concern because what is cited is a total absence of guidelines for predicting the probability of fetal abnormalities. While admitting ambiguity exists and uneasiness is generated, they endorse as indications for interrupting pregnancy the appreciable probability that the child will, either at birth or subsequently, be found to have major abnormalities in which genetic factors are paramount importance. Stating in very widely and clearly the words of deformed are impossible. Some time to come rarely will it be possible to predict with any degree of certainty that a particular child will be impaired from a genetic point of view. It has been estimated that in 100 pregnancies, 60 to 80 babies will have abnormalities ranging from a major to minor nature. Twenty to forty babies will be perfectly normal infants. The insidious nature of such positions was evidenced by the statements of Harold Sheehan as he addressed the Los Angeles Obstetrical and Gynecological Society in 1951. He advised that the only way to avoid destroying normal babies was to allow all pregnancies to go to term, and to destroy the abnormal infants following birth. "Genetic improvement is also advocated to prevent the birth of impaired children. Compulsory sterilization also has its proponents. Mental illness and certain forms of criminal behavior are on the increase, and it has been suggested that these abnormalities contain inheritable traits. We are advised that we run the risk of being swamped by incom-

**VALUE OF THE CHILD FOR ITSELF**

We seem to have lost the capacity and perhaps even the ability to love a child simply because it is a child. Rather than learning to love and enjoy the child for itself, we have become more concerned with the achievements of the child. This is evidenced by the concentration on early schooling, learning ability and readiness, social contact and group play. The human response of parent to child is being diminished, particularly the art of fathering a child and the contributions of the parents as educators. A good deal of the raising, nurturing and finding of young infants and children is being left to such substitutes as day care centers, play schools, and full time baby sitters—otherwise known as the woman. "I found the most marvelous woman," generally implies someone resembling a vanishing breed of mother, who in place of the child's natural mother, cuddles, soothes, feeds, talks to, reads, changes play with, and delights a small infant or toddler. Perhaps we will be able to recapture the pleasures of handling, fondling, holding and having fun with one's child, despite his imperfections and lack of achievements!

Our concern, with scientific achievements and technological advances has resulted in an overconcentration on the perfect or excellent human being; the cult of perfectionism. Playing God has become common place. Because a child is born without impairments, health, safety and an absence of pain to the family or society, is not insured. In the health professions, we consistently witness affections occurring in an infant or child later in his life, accompanied by heart ache, financial deficits and despair. Drug addiction, venereal disease, leukemia or multiple sclerosis in a child, and the countless numbers of children filling our child care facilities from broken and disorganized homes, are all familiar occurrences. Preventing the birth of impaired children is not the primary answer to the underlying problems confronting society. Unfortunately, frequently voiced concern about the quality of life and the health of the child many times hides the real issue which confronts the experts and society—the discomforts, responsibilities, inconveniences and disruptions that such a child imposes, as well as the desire to save the parents the happenstance of having an impaired child.

Evidence of the cult of perfectionism is seen in the growing reluctance of parents and society to accept a degree of mathematical risk that an infant will sustain as the price of impairment. In fact, every pregnancy carries some risk of the birth of an infant with an abnormality, genetic or otherwise incurred. The risk is never zero. The cult of perfectionism has lead to the wide acceptance of an attitude that life is not worth living unless it is free of hardships. It proposes that "vita" is not "vita" unless it is "La Dolce Vita." Yet experience with the impaired child suggests that human nature frequently rises above its impediments. It is also evidenced by those who think that the most loving and just cause is best served by extinguishing life in the womb. While it is not loving, it is most certainly expedient. It has even been proposed that the minimal requirements for a decent life for a child are a stable home with a responsible father, adequate income for the necessities of life and higher education and an accepting atmosphere where the child is not looked upon as intrusion.

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not be erroneous to suggest that these guidelines would not have permitted many of us to be brought into this world or allowed to continue our lives!

It is often explained to us that because of genetic differences and limitations of capability the impaired child may be an unwanted child. We are asked if it is fair to require that parents shoulder the burden of an infant whose conception and rearing may be distasteful or inconvenient, grounds for worry, concern, sacrifices and even sorrow. I am reminded of the words of Dr. Joseph Donnelly, Medical Director of the Margaret Hague Maternity Hospital in New Jersey.

Much has been said about the unwanted child and I would like to know exactly when a parent or a doctor decides that a child is unwanted. There would be considerable discrepancy about the answer the parents might give concerning whether a child was wanted or not, whether the poll was taken one month before conception, a night two months later when the mother is vomiting and the other two kids have the whoop, or the day after delivery when the mother has the child in her arms. I am not sure when the child is wanted and I am not sure that anyone else does either.54

Preoccupation with this type of thinking is representative of a society that does not value the life of each person equally. Few people have the ability to lead and persuade, and the majority slowly and surely absorb their thinking. Seepage is a gradual but sure process, until an old refrain is again heard, "... who ever thought it would lead to this!" Attempts to produce perfect babies may result in dehumanization.

On the other hand, inroads have been made in the treatment of the genetically impaired child and there are factors which mitigate against the manifestation of genetically incurred diseases. Some genes are unable to cause damage because a particular gene complex is unsuitable and through inheritance, the disease will not be manifest. The expressivity of the gene despite its inheritance is influenced by the presence of other minor genes, called modifiers, or by the environment. It has been said that one can never corner a geneticist because he can always escape by invoking his modifiers.55 Natural selection is also beneficial. By this process, inheritable traits advantageous to an individual tend to be preserved and handed on to the next generation.56 Because of the complex interactions of the embryo's genes with one another, as well as with the mother's and the environment, it is dangerous to generalize.57 An effect of environmental agents dependents to a certain extent on the genetic background of the fetus. Most of the problems are multifactoral, a product of a combination of genetic mutation, chromosomal aberrations and environmental agents.58 Parents who look for advice wish to know the degree of risk involved regarding the likelihood of bearing an impaired child. The most common conditions inquired about are mental deficiency, epilepsy, congenital heart disease, anencephaly, spina bifida, hairlip and hydrocephaus. Most of these impairments will be delegated to idiopathic causes and the risks are empirical only.59 Repair and rehabilitation is possible in the majority of these instances.

Among the most frequently cited impairments, mental retardation causes the most concern. It requires considerable understanding and attention. It has been estimated that there are five to six million mentally retarded individuals in the United States. One of every one thousand births result in a retarded infant. Only three percent of these children will require constant care for life.60 Mental retardation is a syndrome of many diseases, some of which are genetic in origin. In approximately eighty-five percent of the cases it is not possible to point to a specific diagnosis. The largest group are mildly retarded and with adequate vocational and educational services will be supportive and capable of normal lives within the community.61 As we are all aware, with proper supervision from the family and community, the retarded child happily attends school, learns to function independently and undertakes activities suited for him. There is evidence to support the fact that children with abnormalities find life to be sweet. Parents and society must be impressed with the fact that being different from the average person is not a great catastrophe and that the mentally retarded child is happy within his own capacity of understanding happiness.62

Mongolism at present is the greatest single cause of retardation. It accounts for about twenty-five percent of the retardation problems. It is essentially a problem of developmental retardation accompanied by physiological differences. It is caused by two forms of genetic abnormality—a defective ovum containing twenty-four chromosomes caused by meiotic non-disjunction and another less frequent type caused by chromosomal translocations.63 It should be remembered that it is impossible to predict the degree of mental or physical impairment in a newborn mongol. Retardation ranges from severe to dull-normal.64 These children can be helped.

There are other genetic disorders of which retardation is a component and for which treatment is available. Metabolic errors are a prime area of current research and progress has been made. The identification and treatment of phenylketonuria, galactosemia, sucroseuria, fructosuria, and pentosuria attest to this.65 Familial mental retardation is not the principal cause of retardation it was once thought to be.66 Only a small percentage of parents have decreased numbers of cortical cells resulting in lower mental ability. Affected infants make up a large group that can be rehabilitated.67 More serious among these genetic disorders are interfrenic abnormalities of sex chromosomes resulting in severe retardation. Trisomy 18 and Trisomy 13-15. These children seldom survive.68 Nevertheless, the prognosis for the majority of these impaired children is not hopeless.

In reflecting on the offerings of the impaired child to society and the value of his life, I am reminded of such extraordinary people as Toulouse Lattre, Alex Templeton, Lord Byron and Helen Keller, all of whom are afflicted with handicaps. Charles Steinmetz, an outstanding physicist, was born horribly and repulsively malformed and yet his contributions in the fields of electricity and applied industrial chemistry are an invaluable contribution to the world.69 Who among us is capable of determining the worth of an impaired body or a below average mentality?

What is the meaning of valuing the child for himself? What represents the gentleness and compassion we must offer to those impaired and worthy of us as human beings? Valuing a fetus or an infant at birth regardless of its impairments or imperfections must start with the parents. Only then will we see this attitude reflected in society. Such an attitude is reflected in the compassion we feel for those that are a part of our lives and whom we love. It takes its form in the wish that no one would harm them, regard them as less or even as socially imperfections or status in life. We hope that those whose paths they
cross will treat them with a deep and enduring commitment. Gentleness and compassion for an infant is reflected by a husband and father viewing his infant at a nursery window as he struggles and fights for life. Little thought is given to the infant’s impairments or imperfections. Undoubtedly there are those who would say this is unrealistic, but those who see this human concern are called upon to offer comfort, repair and rehabilitation are surrounded by feelings of the love of parents and families for an infant. We are not infrequently faced with an inability to help. Standing by is our only recourse. We see gentleness and compassion in the concern of a husband and father who does not fail in his supply of strength in crises but when the situation resolves itself tells his wife: “... I cried all the way home; I did not want us to lose the baby after we had come this far.” There is gentleness in recognizing that it is possible to care enough to cry and that it is not unmanly or unwarranted. Compassion and gentleness is seen in the nurse and physician who will reach out their arms around an impaired child—to hug, to hold, to demonstrate to parents that it is their responsibility to do the same and that they too can do it, without regard to ugliness and apparent unjustifyable affection. I hear concern, statistics, empathy voiced for parents of such children. I almost never hear professionals talk about embracing such a child simply because it is a child in need of their human response. It is apparent that as professionals we have done little to create an environment consistent with the attitude that these infants are of value. It has been said that if we have a defective fetus, it is not his annihilation but his care, cure and rehabilitation which is the road to medical progress.49

No one favors the suffering that may follow the birth of an impaired child. It is an immense tragedy in any family, just as crippling as an accident, a child or adult, but its occurrence must not rent asunder the solidarity of families, nor must it relieve the guilt by trampling on essential human dignity. Our times have seen human life consistently diminish in value. The happiness with which it has come to be held was exemplified by the Dugmore axumen in 1962, when the Vanderpaut family welcomed a birth to a little girl without arms. Shortly after its birth the newborn was given a mixture of barbiturates and honey and succumbed. At the trial of the five accomplices in the case, the legal defense was based on the assertion that there was the feeling of pity for a “hopelessly condemned and wretched human thing who needed a prospective existence without a glimmer of human happiness.”

By her nature, woman is a giver of others, a giver of life and giver of self. She finds self-fulfillment in caring for infants. They represent the first of her womb, and the gift of giving. The truly woman is in love with her husband. She naturally wishes her gift to be perfect one. However unrealizable expectations, she gives new of love for the man she married. The mistake we make is that human life is never perfect. The impaired child is not a curse. This gift is to her family and society the opportunity to love, serve and sacrifice, for one less able than himself—practice patience, selflessness, courageous responsibility, understanding of limitations and acceptance of what may not be altered. Such lessons are of inestimable value as one grows to adulthood. As we all know, witnessing is frequently the children who are beneficiaries of their responsibilities for others, develop into mature and stable adults. Of course, there are always those who remind us that responsibilities and burdens such as these are too heavy and cause instability. Competent professional supervision coupled with the love and direction of capable parents able to judge each normal child’s capacities and limits, results in no such complication. Instead of tearing parents apart, the impairment brings them closer together in their mutual concern for another life.

Learning to value the child for himself means that parents must assume for another human life regardless of its imperfections, limitations and appearance. They must recognize that it is their contributions, efforts and success which will permit the child to develop to his full human potential. It means they must appreciate not what the child gives to them, but what they can give to the child. This magnanimous gift of giving is best seen in the selflessness of parents who of their own choosing adopt an impaired child. Such human responsiveness is hard to come by in the world in which we live.

The value of the impaired child is recognized by the joys that small accomplishments bring to himself and those who have nurtured him. Success tastes best when the tasks have been most difficult. The successes are many and varied—the first few steps into the unbridled arm of of comfort of those who have loved and encouraged a child without limbs or whose limbs are impaired—the sounds of voice or words from a child unable to hear or speak—the quiet, easy breathing and pink color of an infant whose struggle for life has been won within a few hours or days of birth—the nurturing of a newborn in search of comfort and warmth at his mother’s breast he a mongoloid, cystic fibrotic, hemophilic—tears of joy, hugs and laughter that come with the knowledge that loving, committed parents can protect, enfold and endure such a child. This is truly the meaning of human response and they are indeed the sweetest flavors of loving and living. In his mother’s womb an infant is surrounded by the warmth of the amniotic fluid, the security of the limitations of the uterine walls and the

nourishment from the placental-uterine exchange. At his birth, regardless of his impairments, he asks only that nature’s warmth, security and nourishment be replaced by the nature human response of his parents. For he is dependent upon them for his just supply of human warmth, security and nourishment. Such a small request and so easily supplied when placed in its proper perspective.

CONSTRUCTIVE CONTRIBUTIONS OF PROFESSIONALS TO THE FAMILY AND THE CHILD WITH GENETIC IMPAIRMENTS

In my judgement contributions to the family and the child are best encompassed by nurses and physicians, in strength, encouragement, repair and rehabilitation and a recovery of reverence for life. To subscribe to the theory that for every human problem, there is a simple easy answer would be dishonest. Solutions are difficult. They require human sacrifice, dedication, inconvenience and frequently sublimation of what is best for ourselves for the good of another. These are lessons which must be learned early in the game of living.

No one would attempt to suggest that the impending birth or actual delivery of a baby with a genetic impairment is anything less than a personal crises of major proportions for the parents. It may bring despair, loneliness, fright and in severe cases expenditure of considerable time, money, energy and eventual heartbreak. We are all aware that the personal strength of others is frequently transmitted to those around us. Somehow it permits us to go on and to meet crises with a will to succeed. However, this is precisely the problem in the professional disciplines. There seem to be so few desirous of a spirit of becoming the source of strength, so necessary and yet so lacking. The
Encouragement offered to the parents may make it possible for the child to reach his potential. This involves the willingness of professionals to join with parents in organizations or group efforts to see that the child will receive specialized education, recreation and therapy. In the health fields, we can contribute what other disciplines cannot. We should possess the specialized knowledge and expertise to know what constitutes reasonable achievements for the parent and child and the therapy available for these infants so that pessimism and discouragement do not occupy significant portions of time. We should be able to point out that nature frequently takes care of its own mistakes, causing spontaneous abortions in a significant portion of these genetically impaired children.

Repair and rehabilitation should be aimed at saving and improving a life rather than extinguishing it or limiting it. Attention should be directed toward preventing financial and emotional catastrophes, identifying and controlling intrauterine environmental factors sufficient to cause impairments when combined with genetic predisposition and in discouraging the use of teratogenic agents which cause mutations. Within the not too distant future fetal surgery may offer foregone accomplished in securing healthy babies.

Nursing, and medicine, perhaps the largest burden of the responsibility for a recovery of a reverence for life, particularly in Obstetrics and Gynecology. By virtue of our profession we should have the biological and physiological knowledge to support and sustain life. A statement of Dr. Joseph DeLee, former Medical Director at the University of Chicago, lying in Division and a renowned and eminently respected man in Obstetrics and Gynecology, is appropriate, written in 1940 and again is as history repeated.

At the present time when tears of blood and tears of innocence mix, women and children are flowers in most parts of the world, it seems to be contending over the right to life of an unknowable atom of human flesh in the uterus of a woman. So, it is not silly. On the contrary, it is of transcendent importance that there be in this chaotic world one high spot, however small which is against the deluge of immorality that is sweeping over us. That is in the medical profession hold to the principle of the sacredness of human life and the right of the individual even though unborn is proof that humanity is not yet lost and that we may ultimately obtain salvation. Reverence for life will only be regained through attitude. Attitude means the difference in all areas of living. It sets the stage for behavior. It distinguishes success and failure and determines the way the job is done. To a large extent it determines the way the stresses and strains of life are met. It is one of my most cherished beliefs that we somehow at least those in my own area of specialization will reclaim the attitude and direction necessary to recover a reverence for human life.

REFERENCES
4. Ibid.
15. Ibid.
17. Diamond, op. cit., 49.
22. Diamond, op. cit., 49.

February, 1971
AWARD WINNER

A rather timely discussion of the Japanese experience with their liberal abortion laws. While the United States is moving toward virtual abortion on demand, the Japanese are reassessing the entire question. The deleterious effects of this liberal abortion law upon the individual and upon society as a whole is threatening the survival of Japan as a nation.

Japan’s 22 Year Experience with a Liberal Abortion Law

Dr. Yokochi HAYASAKA
Dr. Hideo TODA
Fr. Anthony ZIMMERMAN, SVD
Dr. Tanuke UENO
Dr. Mineko ISHIZAKI

Presented at the XII INTERNATIONAL CONGRESS OF FIAMC, International Federation of Catholic Medical Associations, October 11-14, 1970, Shoreham Hotel, Washington, D.C., and winner of the Pope John XXI award as the best paper presented at the Congress.

The Japanese press carried a statement recently that we should reflect on responsibilities towards the 50,000,000 fetuses which have been aborted in the last two decades. The statement was made by Father Pedro Arrupe, Superior General of the Society of Jesus, who was formerly a missionary in Japan. The attention of the press to this statement is one of many signs that our nation is moving towards a stricter policy in regard to abortion.

A liberal abortion law was passed by the Diet in 1948; it was amended in 1952 to eliminate the requirement that the reasons for performing an induced abortion be examined, thus permitting the “designated” physician...