February 1970

Letter from Canada

J. B. Costello
Letter From New Zealand

The past year has seen the continuation of the dramatic recovery in the economic situation, following on devaluation. Exports increased by 59%, the Stock Exchange index is at a record peak, and overseas funds are at a comfortable level. Drillers have for the first time struck oil and natural gas.

The fall in the birth rate has been arrested at 22.60 per 1,000. Illegitimate newcomers have reached a record incidence of 13% of all births. This shameful figure has at least one bright aspect; there are no adoption rackets because the supply exceeds the demand. Besides their enterprise in this field the teenagers keep up with the rest of the world in the matter of drugs, drink, long hair, gate crashing, and generally giving their parents hell.

The recent recession temporarily increased the "brain drain" to Australia, Canada and the U.S.A., even leading for a while to a small loss of population for the first time in 150 years. As an underpopulated country we could not afford this trend.

The universal health insurance scheme has up to date been only a general practitioner service, subsidizing the doctor's fee to the extent of 90c. (U.S. figures), an amount which had been unchanged since 1941. Since it was an election year, this was increased to $1.90 for pensioners, and a specialist subsidy was introduced. The government assists the patient by the sum of $1.40 for most specialties, and $6.30 for eye-care giving ones such as medicine, surgery and psychiatry.

Maternity fees for general practitioners have increased from $30 to about $200 for complete services. Specialists such as obstetricians charge the patient an additional $50.

Your correspondent has helped to arouse the Society for the Protection of the Unborn Child to combat the threat of legalized abortion legislation, which during this year has been passed in Singapore and South Australia. The President is Prof. A. Liley, who introduced to the world the intrauterine transfusion of the Rh negative baby. Most church leaders, Christian and Jewish, have agreed to be Founding Members. We expect an interesting financial struggle ahead.

We have also organized a natural family planning service based on ovulation detection techniques. There is a growing demand for this information from people all faiths who have become disillusioned with current hormonal and IUCD methods.

To help the doctors, whose patients should be solely educative, we have recruited nurses and interested lay people to follow up patients and convince the public of the beneficial fruits of this way of life.

In the year following the enactment of the Code of Ethics of the C.M.A. (Canadian Medical Association) and the moral code of the Catholic Hospital Association shall govern professional conduct of its staff and that where there is conflict, the Moral Code shall take preference. This Moral Code was written in booklet form around 1943 and adopted by The Catholic Canadian Hospital Association. Currently, it is supposed to be in the process of revision. No changes have yet been published.

For some reason, administrators of some Catholic hospitals seem no longer secure in enforcing this Moral Code, even though it remains in their constitution. It would appear to me that because governments are paying the hospital bills of patients and having more say in hospital construction and operation, the Roman Catholic Orders running hospitals feel they must, as community hospitals in a pluralistic society, no longer insist on the Code being enforced. Therefore, in some Roman Catholic hospitals, direct sterilizations are now being permitted, as long as the legal and medical requirements of the staff have been met. Indeed, I believe that some Catholic Theologians are preaching this as being moral and correct. Is "therapeutic" abortion going to be next?

Perhaps it is difficult to enforce and perhaps, as administrators only, there is no longer the power to control and enforce. If this is so; why Catholic hospitals?

This new law in Canada empowers Hospital Boards of Administration to set up sterilization and abortion committees, who will review submissions and pass judgement on them, according to standards set by the law. There is no requirement that hospitals set up such boards, although an amendment to specify this not allowed by the government.

Current practice reveals that there is a tremendous variation in the frequency of sterilization and abortion in various hospitals and various localities. When further studied, it reveals that one or two individuals become largely responsible for this variation. But in all hospitals, wherever it is current practice to allow liberal sterilization and abortion, the number of such procedures doubles every six months.

I would like to remove myself from any implied pressure of the law, to carry out procedures which I feel are morally wrong and not medically indicated. I feel so conflict of patient interest by never carrying out these procedures and I practice Obstetrics and Gynecology. I also feel that Catholics have no monopoly on good ethics. Most Christian doctors and non-Christian doctors do in fact respect life from conception to death. They therefore would agree to the moral code which I follow.

The following is a simplified code which I think should be acceptable to any hospital staff. It is neither Catholic nor Christian, but follows from a belief in a Supreme Creator, the dignity of man and the belief in an hereafter. This belief, I feel, is shared by most doctors.

THE MORAL CODE

The moral code of this hospital is based on the following beliefs:

1. That human life, from conception to death, has a dignity as a creature of God, with an eternal soul and life hereafter.

The Code of Ethics of the C.M.A. (Canadian Medical Association) and the moral code of the Catholic Hospital Association shall govern professional conduct of its staff and that where there is conflict, the Moral Code shall take preference. This Moral Code was written in booklet form around 1943 and adopted by The Catholic Canadian Hospital Association. Currently, it is supposed to be in the process of revision. No changes have yet been published.

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THE MORAL CODE

The moral code of this hospital is based on the following beliefs:

1. That human life, from conception to death, has a dignity as a creature of God, with an eternal soul and life hereafter.
2. That patients have a right:
   a. To privacy.
   b. To integrity of person.
   c. To quality medical care.
   d. The right to die, as well as the right to live with dignity.
   e. The expectation that their consciences will not be violated, (use of blood by Jehovah's Witnesses, etc.).

3. That the spiritual needs, as well as the corporal needs of patients, require consideration.

It therefore follows that under this code of ethics, direct killing and direct sterilization is prohibited. Thus prohibited would be induced abortions, euthanasia, tubal ligations and vasectomies.

However, indirect killing and indirect sterilization is licit when medically indicated, such as:
   a. Salpingectomy for ectopic pregnancy or disease.
   b. Hysterectomy.
   c. Castration for carcinoma of the breast or other disease.
   d. Heavy sedation in terminal illness.

Physicians practicing in this hospital have a responsibility to the hospital and to patients to provide quality medical care while adhering to this code of ethics.

The medical aspect of good medicine is certainly easier to take than the pernicious legal aspect our Canadian Catholic legislators have promulgated.

Letters To The Editor...

To The Editor:

The Catholic Physicians' Guild could make a very valuable contribution to North American society if they became involved in the major issues which concern the members as Catholics and as physicians.

The articles in the Linacre Quarterly over the years have been mainly about the catechetics of sexual morality, sex instruction of children, contraception, sterilization, and also about death, abortion, and euthanasia. At least since Vatican II these topics are the concern of the individual conscience. The subject matter has been overworked and the discussions become tedious and somewhat irrelevant and are reminiscent of the debates for and against the pasteurization of milk.

Thomas Linacre was an eminent physician and humanist and was respected by such men as Erasmus and Thomas More. The editor should attempt to emulate his efforts.

The whole involvement of the Catholic Church in the Health-Science fields must be completely restructured. This includes Catholic educational facilities, Catholic hospitals and Catholic social agencies and Catholic foreign missions. We cannot preserve the magistral institutions of the past but we can adapt them to the needs of the present and of the future.

Yours sincerely

Paul M. O'Sullivan
Don Mills, Ont.

To The Editor:

I am sorry to say this but your moralists about twenty years behind the present Catholic Physician. Why not print something by Hellegers of Georgetown University, Obstetrics & Gynecology Department is silly to have ENT men talking about birth control when they do not touch the problem in their offices.

Sincerely,

J.E. Gottenmiller, M.D.
501 South Bloomingdale
Sterator, Illinois 61084

To The Editor:

Get relevant! Please cancel my subscription.

Sincerely,

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