August 1971

Letters to the Editor ...

Catholic Physicians' Guild

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From the Editor’s Desk....

In June of this year the Board of Directors of the National Federation of Catholic Physicians’ Guilds met in Atlantic City. Many lively topics were discussed, including the revision of the Catholic Hospital Code. The recommendations of the Editorial Board of the Linacre Quarterly were discussed and approved. Hopefully these changes will help to improve the quality of this periodical and will stir the interest of our readers.

New additions to the Editorial Board include John R. Cavanagh, M.D., noed psychiatrist, author, and professor. Dr. Cavanagh has been Guest Editor of the February, 1970 issue of the Linacre Quarterly and of the present issue of the Linacre Quarterly. He brings to this position of Associate Editor a wealth of experience, dedication, and wisdom. From Georgetown University School of Medicine comes another addition to our staff, Robert C. Baumiller, S.J., Assistant Professor of Obstetrics and Gynecology and Director of the Cytogenetic Laboratory. In the rapidly evolving field of biogenetic engineering, it is important for us to remain at the forefront of these developments. Father Baumiller is in a position to keep us abreast of the ethical considerations in this area.

Of major concern to the Editorial Board was the position we should take regarding to controversial articles. After considerable discussion it was the consensus of the Editorial Board that if a controversial article was accepted for publication, such publication did not mean endorsement or approval of the opinions expressed in the published article. This new policy gives the Linacre Quarterly Editorial Board considerable latitude in this rapidly changing world. If our journals were to reflect the controversies of our time, it must embark on this new course. Thoughtful men after pondering the complex problems of our day too often come up with more questions than answers. Hopefully answers to these extremely complicated medico-moral problems will emerge from the winnowing process of debate and discussion.

John P. Mullooly, M.D.
Editor

Letters To The Editor . . .

PSYCHIATRIST OBJECTS

TO THE EDITOR:

I am constrained to reply to Eugene Diamond’s article in the May, 1971 issue of The Linacre Quarterly, entitled “Contraception and Abortionists.” Being a practising Catholic psychiatrist, I make no claim to be an expert in the Contraceptive-Abortion sphere. However, I have reviewed the great bulk of English literature, relating to the intra-uterine device published since 1969. I find in Dr. Diamond’s article opinions are stated as revealed fact. This certainly does not aid our cause. I am amazed that a man who holds the title of Professor of Pediatrics at Loyola University would fail into this sophomoric trap.

In particular, I refer to:


“The result has been a curious avoidance of the scientific fact, which everyone really knows, that human life begins at conception and is continuous whether intra or extrauterine until death.”

I contend both that this has not been proven as a scientific fact, and not “everyone really knows etc.”

2. A quote from page 125 begs the question “Where human life exists, a soul exists . . . .”

It would seem that since even Aquinas could not set the time of infusion of the soul (but speculated that it occurs about the sixth week of gestation), Dr. Diamond is exceeding his borders as an authority.

3. His assumption without any hesitation that the IUD acts as an abortifacient. Even the most recent literature including a recent statement in JAMA indicates that the mechanism of action of the IUD is far from clear.

Respectfully,
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PEDIATRICIAN REPLIES

TO THE EDITOR:

When I submitted the article on abortifacient contraception, I hoped that it would be provocative and even controversial because this issue has been underaccentuated or even evaded, at times, in Catholic circles. I, therefore, welcome Dr. Verdon’s commentary. I can only be responsible for what the article says, however, and not for every inference drawn from its content. I will attempt to respond to the issues raised. In doing so, I will state opinions, use facts to support opinions but make no claim to “revealed facts” nor to a special access to the Author of Revelation.

1) The quotation from California Medicine is clearly identified as such and set off with quotation marks. It is the statement of an editorial writer with which I obviously agree for the following reasons:

a) The fertilized ovum is certainly alive at conception, exhibiting the ability to reproduce dying cells which is a biological hallmark of life.

b) The zygote resulting from the fusion of a human sperm and a human ovum is certainly human. It possesses the human chromosome number of 46 and is clearly distinguishable from the fertilized ovum of any other non-human species.

During my recent encounters with members of the pro-abortion lobby in the various professional disciplines, I have found practically no disagreement with the contention that some form of human life is present at conception. Obviously men of good will can and do disagree as to whether human “personhood” is present at conception or as to whether the conceptus is “animated” and as to whether proscriptions against abortion should apply at conception or at some later time such as nidation or “viability”. Such speculation is alluded to, in my article, on page 123.

2) I make no claim to authority on the time of infusion of the soul (I wonder if there is
such a person as a bona fide human authority on this subject). Dr. Verdon quotes me out of context. I state that "where human life exists, a soul exists" only if one accepts the "souls" as "person" on page 125 to wit: "Of the term 'soul' is accepted in the sense of a vital principle which exists in all living persons."

When St. Thomas stated his opinion as to the time of infusion of the soul, he based his opinion on the best biology of his time which was Aristotelian biology. Modern biology has obviously discarded the notion that the female provides the matter and the male provides the form. Norman Heatley, of the humanism anywhere in scientific circles. Using modern biological insights, both the medical and the ethical committees at the Kennedy Foundation-Harvard Divinity School Conference on abortion concluded that life begins at conception. It would seem that it is incumbent on anyone seeking to justify post-conceptional attacks on the embryo to prove that life does not exist at this time.

3) I do not assume "without hesitation" that the IUD acts as an abortifacient and that the Catholic Church's position in this area is correct. I am well aware of the controversy in the literature that the IUD acts as an abortifacient and regarding the precise method of action of the IUD. I am aware of the studies in lower animals which suggest that it may act to impede sperm migration or to impair corpus luteum development. Here again, however, those who wish to prescribe this method of contraception (or the oral progesterins) must accept the burden of proving that it does not act as an abortifacient. They must do so "in the face" of a rather formidable literature suggesting that it does have an action definable as abortifacient in humans. The following examples, for instance, are supportable from published experimental data:

1) Intrauterine contraceptive devices do not stop ovulation.
2) They neither block the oviducts nor slow down tubal peristalsis.
3) They do not totally intercept the spermatozoa.
4) Normal fertilization takes place in the Fallopian tube.
5) Fertilized ova, continuing primary cell division and producing the blastocyst may reach the uterus.
6) The endometrium undergoes normal cyclic changes.
7) If the device is correctly placed, fertilized ova cannot embed themselves and cells of the blastocyst undergo degeneration.
8) If the device becomes partially displaced, implantation becomes possible.
9) The IUD reduces uterine implantation by 99.5%.
10) The IUD either does (8.9) or does not (10.11) increase tubal motility.

In either event, since fertilized ova can be recovered from the uterus with the IUD in place (12), the contraceptive effect related to tubal motility would be equally effective in causing both fertilized and unfertilized ova to reach the uterus prematurely.

There are many allegations as to how the device might impede nidation, (13, 14, 15) all or none of which may be true, but the contention that the IUD acts as an abortifacient is tenable, impossibly to prove or disprove beyond doubt.

Dr. Verdon does not make clear what he means by "our cause". I presume he means the Catholic cause. Since the word "Catholic" implies the whole truth, I believe that dialogue and discussion are all our cause. The cause of open discussion is served by resisting the temptation to use pejorative terms like "sophomoric" to describe those who argue from a different viewpoint.

Sincerely yours,

Eugene F. Diamond, M.D.
Professor
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REFERENCES


WANTS A GOD OF LOVE

TO THE EDITOR:

This letter refers to an article in the November, 1970 issue of the Linacre Quarterly on p. 243 entitled "Assistance at Immoral Operations." I was extremely disappointed in this article for several reasons which I think are both valid and essential to our understanding of this topic.

Firstly, I believe that the material in this article was presented in a way completely "at odds" with the thinking which Pope John tried to establish in Christian minds and hearts. It is impossible for an outsider to say that in any of the situations listed, one is committing grave sin. It is a hard sentence to deal with a person when the author has not been present in the given situation. It is obviously written by someone who does not understand what difficulty assaills those nurses and medical students who daily face situations where they are warned to ponder carefully their actions, at the risk of going to hell. I can assure the authors that those in this situation are not in this position for selfish gain but for love of their sick neighbors and a wish to serve them in charity.

I would not be so much disturbed at this article were it not published in a magazine which bears the name of the Catholic Physicians' Guild, a magazine that will be widely read. This is the attitude which the general public may take and as that of Catholic Physicians as a whole.

I feel that the biggest mistake is to present to the readers a view presented on p. 248.

"for such things as therapeutic abortion, sterilization, advice about contraceptive devices."

I feel it very important that Catholic physicians first be very clear in their own minds the big difference between the real murder of abortion and such acts as the use of oral contraceptives and the performance of tubal ligations. Certainly every Catholic physician should be militant against the former where one of God's precious children is destroyed, but there are so many situations known only to those involved in each particular case where the latter two acts are both acceptable in conscience and thus pleasing to God. By grouping all these things together as equally evil, one misses the whole concept, it seems, of the basic differences between them. The world, it seems, believes that Catholics reject contraception, sterilization and abortion with one gesture. It would seem that we will never have any effect on the present state of affairs if we allow this misconception to remain.

I believe that we can do much more to follow the spirit of Christ in the 1970's if we do less of the fear based reasoning on which this whole article is based. Let us not ask whether a certain nurse will be condemned to eternal punishment for handing a surgeon the given instrument. Let us instead pray, trust, and love, and in each circumstance follow a conscience built on this faith.

There is no way that Christ could be so displeased; We must follow a God of love, not the "Nipplicking" God portrayed in this article.

Thank you.

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LIKED ABORTION ISSUE

The latest issue (Feb. 1971) of the Linacre Quarterly is really outstanding. Congratulations.

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August, 1971

Linacre Quarterly