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**Every Child Should Be Born Wanted' - A Dubious Goal**

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love of God. “Love has no room for fear; rather, perfect love casts out all fear. And since fear has to do with punishment, love is not yet perfect in one who is afraid” (1 John 4:18).

Hospital ethics committees are formed to help resolve the complex problems brought about by modern medical technologies. Some feel that these committees may reduce the number of litigation against physicians and the hospital (American Society of Law and Medicine, meeting held in Houston, Texas, February, 1984). Catholic physicians should not hesitate to serve on these committees. They could be a constant reminder to the committee members that the principal reason for its existence is for the patient and to focus on the medical facts before considering the social and economic factors. Catholic physicians know that our patients are created by God and therefore have our respect. We are His instruments and whatever we possess in medicine is God’s gift to us; how we use it is our gift to God.

To be influential in our environment, we must be knowledgeable and educate ourselves by reading, dialoguing with our colleagues or attending worthwhile meetings. To assist the physicians, nurses, hospital personnel, priests, religious, the laity, the National Federation of Catholic Physicians’ Guilds have sponsored meetings of a medical moral nature in various cities. This year, the 54th annual meeting will be held at the Hilton Hawaiian Village Hotel in Honolulu, Hawaii on Oct. 31, Nov. 1 and 2. The sessions will include: 1) In Vitro Fertilization 2) Death and Dying 3) Organ Transplantation and 4) Physician, Heal Thyself. On Nov. 3, 1985, an optional tour to Molokai, Molokai is being planned. This is where Father Damien and Mother Marianne labored among the lepers.

God gave the Catholic physician the gift of helping the sick and helpless. Most of us were given the fringe benefits of a good and above average comfortable life style. We can go about our daily life like the servant who buried his master’s coin in the ground and gave back the one coin on his return, or we can reach out to spread our Master’s teaching, thereby influencing our medical environment with the “respect for life” ethic. Let all of our strivings be “directed towards enriching ourselves with merits so that we do not reach our final destination with nothing or with very little in our hands. Earn all we can. Let’s not waste either time or energy or the qualities and gifts God has given us” (Rev. James Alberione, S.S.R., S.T.D.).

Hope to see you in Hawaii.
Aloha and God bless you.

Sincerely yours, in Christ,
Herbert M. Nakata, M.D.

'Every Child Should Be Born Wanted' – A Dubious Goal

Eugene F. Diamond, M.D.

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One of the stated goals of the American Academy of Pediatrics is that “every child should be born wanted.” To say the least, this is an unclear pronouncement. Doesn’t a child have a right to be wanted independent of whether he is wanted or not? Should not the objective value of the child be the controlling factor, rather than the subjective wants of those who are responsible for him? Implicit in the context of the official statement is the notion that, if we reduce the numbers of children born, we will increase the percentage of those who will be “wanted.”

Since the Academy is an organization devoted to the care of children, it would seem more appropriate for it to establish a goal of increasing the societal capacity for caring for children so that those who have them will want them. The Academy recommends that the options available to the pregnant woman carrying an “unwanted” child should include adoption, abortion, and carrying the baby to term. Since abortion is listed as a co-equal option with others, it may be surmised that the Academy accepts the notion that the goal of “every child wanted” is served, at least in part, by aborting some unborn children in order that the survivors should be more wanted.

It is a totally unproven premise which alleges that some children will lead storybook lives because others were not born. A critique of this statement by the Academy should include the following considerations:

1) The availability of abortion has not decreased the numbers of unwanted births. A comparison between the 1983 National Survey of Family Growth and the 1976 Survey of Family Growth discloses no significant change in the numbers of unwanted births during the three years following the 1973 Supreme Court decision legalizing abortion on request.

2) The expectation that the termination of an unwanted pregnancy will prevent the birth of an unwanted child is derivative of a fundamental fallacy. This is the failure to distinguish between an unwanted child and an unwanted pregnancy—a very critical distinction. A sig-

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significant percentage of women reject their pregnancy in the first 12 weeks out of considerations which are largely personal. They may be rejecting the fact that they throw up every morning, that they are losing their figure, that they are losing some freedoms. They may have a serious social, financial, or medical problem related to the pregnancy itself. Later on, after quickening particularly, they are likely to accept the pregnancy, especially when they are given assistance in solving socio-economic crises related to the pregnancy. Whether or not they reject the pregnancy, their acceptance of the child who results from the pregnancy is not foreclosed. Even women who apply for an abortion and are turned down (under the Scandinavian System) are likely to go on to have their children and be happy with them. A large percentage of pregnancies will be unplanned under circumstances allowing for the maximum knowledge about and availability of birth control methods. The 1976 National Survey of Family Growth concluded that the number of women who became unwanted after conception “is evidence that an unintended pregnancy does not necessarily mean an unwanted child.”

3) One factor which must be considered more seriously is the extent to which teenage pregnancy is really intended. The pregnancy, though intended, may become unwanted after it begins, if it fails to fulfill a purpose (confirming fertility, emancipation from parental control) or if it fails to fulfill its purpose (e.g., boyfriend fails to prove his love or loyalty by formalizing the relationship in marriage or some pseudo-contract). Unless help is offered for the crisis pregnancy alternative to abortion are emphasized, unwanted pregnancies will frequently be aborted. Most babies who are born to unmarried women, on the other hand, are desired by their mothers. Very few of these babies are offered for adoption. They are seen by their mothers as someone is loved or someone to offer love and to compensate for loneliness. Unwed mothers are characteristically alienated and isolated from their parents. Motherhood gives them a change in status and creates entitlement to income and services. Pregnancy has appeal to those who despise education, see few employment opportunities and groan under parental surveillance. The social stigma accompanying pregnancy out of wedlock has markedly diminished for mother, child and extended family in modern society. Teenage fertility has not increased. Fertility was much higher in the 15-19 age group in 1957 than in 1982, but that era most teenage mothers were married. With the current increase in the numbers and percentages of teenage mothers who are unmarried, the notion of a national crisis emerges.

4) The goals of the Academy of Pediatrics are not necessarily congruent with those of the social engineers. Various voluntary and official agencies and foundations may propose strategies which have to do with demographic considerations. The true interest of such groups is not necessarily the happiness of a person already here, but rather the control of population for the sake of a blueprinted future. Those elements of planning, engineering and control, which deal primarily with numerical values, are more appropriate for the blueprinted future of an animal colony than a human society. The American Academy of Pediatrics could appropriately lend balance to such planning by stressing the value of the child in contrast to the negative emphasis attached to children as polluters, occupiers of space and consumers of limited resources.

5) There is an unfortunate tendency to link the problem of child abuse with the “unwanted child.” There is currently no convincing data to indicate that “unwanted” children are more likely to be abused. In one study of 2,000 victims of child abuse, it was noted that 55% were the result of planned pregnancies. The abused child frequently is the child who was planned for unrealistic reasons. The child is anticipated as someone who will give love and compensate for loneliness. When he or she presents, by contrast, as one who makes demands and requires attention and input, he or she may be punished for failure to fulfill parental expectation. The facile linkage of pregnancy planning and subsequent child abuse is a product of conventional wisdom and not of epidemiological data.

6) The term “unwanted,” if used appropriately, should mean that the child in question is unwanted, not just by its biological parents, but by everybody. The discrepancy between the number of prospective adoptive parents and the number of available adoptable infants has been estimated between 800,000 and 1,000,000. It is true of at least the class of healthy Caucasian children that it is virtually impossible for such a child to be born unwanted by everybody. The existence of a demand adoptive market has demonstrated the practicality of educating the public to the acceptability of cross-cultural adoptions or the adoption of older or handicapped children.

7) The goal of every child wanted is a reasonable goal if clarified and extended to avoid ambiguity. The failure to clarify an official public statement of goals has caused widespread misunderstanding and damage to the public perception of the American Academy of Pediatrics’ philosophy.

REFERENCES

8. Kennedy, E., personal communication, Prospective and Adoptive Parents of America (Chicago).