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Letters to the Editor ...

Catholic Physicians' Guild

Letters to the Editor . . .

Re: Maynard Letter

To the Editor:

After reading the two letters to the editor *(Linacre Quarterly,* February 1991) from Dr. Edwin P. Maynard, chairman of the American College of Physicians (ACP) Ethics Committee, I felt that the issue of mandatory physician participation in abortion had been smoke-screened.

Lest there be any doubt, the section of the ACP's *Ethics Manual* from which Dr. Maynard was quoting is entitled: **Abortion and Contraception.**

Also, for the sake of completeness, the paragraph from which Dr. Maynard partially quoted, in its entirety states: "A physician who objects to abortion on moral, religious, or ethical grounds need not become involved, either by proffering advice to the patient or by involvement in the surgical procedure. The physician does have a duty to assure that the patient is provided the option of receiving competent medical advice and care from a qualified colleague who does not impose his or her personal convictions upon the patient."

In 1979, before the ACP's *Ethics Manual* existed, a gynecologist formally charged me with patient abandonment — causing grave professional consequences — because I would not call a colleague to give medical clearance for a second trimester abortion. I had been treating the patient medically for Crest Syndrome; there was no evidence of internal organ involvement. The gynecologist hospitalized the woman specifically for the abortion and insisted that I either clear the patient for the abortion myself, or get a colleague to do so — regardless of my religious convictions. Medical peers considered the complaint against me. They concluded — at least those willing to take a public position — that "abortion was not an issue" and that I should have, and will be expected in the future, either to clear the patient for the "surgical procedure" myself or make "arrangements with another physician to do so."

In presenting the ACP's position, Dr. Maynard says, ". . . the physician has a duty 'to assure that the patient is provided the option of receiving competent medical advice and care.' " Obviously this is true. But, more inclusive than the ACP's statement, aren't there *two* patients — the mother and the fetus? Scientific evidence supports this fact.

I do not ask the ACP to share my religious convictions, but after their "ethical" demands and protestations of patient care, they are obligated to refute the scientific facts supporting the fetus's status as a distinct human patient. Short of this, they have a duty to refute abortion. (In which case, the physician opposed to abortion has already provided competent medical advice and care, and need not refer such patients to a colleague.)

I have written a number of letters to the ACP requesting that they marshal their considerable scientific expertise to refute the fetus's status as a unique and individual patient or to refute abortion. Thus far, the ACP is silent; they have shelved for the time being the scientific method and principle; they have squelched scientific debate on an issue of vital public importance.

If I am wrong, I hope the ACP will come forth with the facts.

I have resigned from the ACP, not because I disagree with their *Ethics Manual* on abortion, which I do, but because they refuse to address the issue, the complaint. They should present scientific evidence supporting their position that the fetus is not a patient.

As Dr. Maynard and the ACP hoped that the *Linacre Quarterly* would publish their letter, I also hope mine will be published.

Ronald G. Connolly, MD

On O'Rourke's Article

To the editor:

I read Kevin O'Rourke's article, "Prolonging Life: A Traditional Interpretation," in the May, 1991 issue of *Linacre* with a great deal of interest. I found the article particularly helpful insofar as it does much to clarify O'Rourke's own position.

I fear, however, that O'Rourke misunderstands my own position and attributes to me several "erroneous" assumptions that, in fact, I do not hold and that, in my opinion, cannot be found in my article (August, 1990) to which his own is a response.

O'Rourke says, first of all, that I assume "[T]hat a person who is incapable of making medical decisions is incapable of performing human acts" (p. 16). Nowhere do I make this assumption. Quite to the contrary. In fact, in the passage from my article which O'Rourke cites (p. 16) I explicitly state that there are "many seriously handicapped children and some elderly people . . . who are not able to judge the truth or falsity of propositions or make free choices" and that these persons "are not capable of striving for the 'spiritual purpose' of life" insofar as one cannot do so unless one is "able to make judgments and make free choices." Naturally, such persons are also incapable of making medical decisions.

But my major point is that these persons are not capable of striving for the spiritual purpose of life insofar as they cannot act with deliberation and freedom. I acknowledge that many seriously handicapped children and elderly people are able to judge and choose and thus strive for the spiritual purpose of life. But that is beside the point. The truth is that there are others who cannot do so (and we cannot limit persons of this kind to persons in the persistent vegetative state). My further point was that one could not rightly refuse *all* treatments to such persons, but only those that are truly burdensome or useless (or ineffective). For example, if a child suffering from Trisomy 13 (and I believe that such a child is not capable of discriminating between true and false propositions and of making free choices), should cut an artery and be in danger of death as a result, I believe that stopping the bleeding is "ordinary" treatment. On O'Rourke's criterion it would be extraordinary, insofar as stopping the bleeding would not be effective in enabling this child to strive for the spiritual purpose of life.

O'Rourke also says that I assume that "life support may never be removed from incompetent patients unless death is imminent" (p. 21). I have never asserted this, and nothing in my previous article should lead one to this conclusion. Excessively burdensome treatments, or ineffective ones, ought to be withheld or withdrawn from such patients. O'Rourke offers no texts to support the attribution of this position to me, and I simply deny it.

Third, O'Rourke, in my opinion, does not clearly present my views when he comments on my position regarding "quality of life" considerations (pp. 18-19). I repudiate the view that a treatment should be denied to a person solely because of the person's poor quality of life. However, in the very article to which O'Rourke was replying, I had explicitly stated that "in assessing the burdensomeness of a treatment, one can take into account the person's condition or 'quality of life' " (August, 1990, 88). Thus, for example, I think that I would be morally obligated to have a leg amputated should gangrene set in because I am in good health and the burden is not excessive. However, if a person dying from cancer of the pancreas should develop a gangrenous limb, I would surely hold that such a person could rightly refuse this "treatment" because of the added burdens it would impose on him during his dying days.

I think it is important to have these points rectified, for I do not share the "assumptions" attributed to me.

William E. May
Michael J. McGivney
Professor of Moral Theology
John Paul II Institute for Studies on
Marriage and Family

Father Himes Address

To the Editor:

I attended the annual meeting and was most impressed with, and edified by, the excellent program presented. It was also refreshing to receive the brief summary, or review, of the program in the recent newsletter. However I find quite incomprehensible the complete failure to even mention the inspirational spiritual contribution of Fr. Michael J. Himes. He was responsible for the keynote address at the banquet as well as principal celebrant of the closing Mass.

His talk at the banquet was one of the finest, most uplifting reflections I had ever heard. To a room full of physicians who I trust grapple with the same trying and depressive trials I do, struggling to avert despair, his words brought what we most sought and needed — hope! His reflections on the possible meaning of those two most enigmatic scriptural statements, "made in the image and likeness of God", and Saint Paul's "like us in all things except sin", were for me most inspirational. I felt supported in this appraisal by the prolonged standing ovation he was given.

Ours is an organization for which spiritual sustenance and hope are essential to survival. Nothing else in this program was as distinctly Christian, or distinguishable as Catholic, as Fr. Himes' contributions.

I trust that this oversight will be corrected with a special acknowledgement and apology in subsequent publications. Dr. Barnet's mention of the talk in the Feb. issue of the *Linacre Quarterly* as having been criticized as deviant theology by a priest (not a physician member), only serves to leave doubt in the minds of those who were not privileged to hear the talk. Perhaps the only way to correct this is to plead with Fr. Himes to develop this beautiful, imaginative and hope-filled reflection in printed form for the *Linacre Quarterly*.

W. J. Duhigg, M.D.

(Please see page 35.)