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John J. Lynch

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A Report

Legalized Abortion

Commission Hears Ecumenical Discussion

JOHN J. LYNCH, S.J

Both nationally and internationally, current interest in attempts to bring about liberalization of civil legislation governing therapeutic abortion is at a high peak. Already Great Britain and, in this country, the states of California, Colorado, and North Carolina have relaxed their abortion laws, and similar amendment is presently under deliberation in other jurisdictions. Principally because of the impact which changes of this kind may have on the American Catholic hospital scene, we present this brief resume of a recent symposium which devoted itself in part to the abortion issue. The complete Proceedings of this meeting will eventually be made generally available, and information concerning its publication and sale will be obtainable from Herbert Ratner, M.D., P.O. Box 31, Oak Park, Ill., 60303.

Devoted to a probing consideration of both abortion and periodic continence, the Third International Symposium of the National Commission on Human Life, Reproduction, and Rhythm was held at the Americana Hotel, New York, Nov. 1-4, 1967. One hundred and seventy-five registrants heard some 50 speakers and panelists exchange medical, psychiatric, legal, and moral views in both areas of discussion.

Two lengthy sessions, each lasting well over three hours, were devoted to the question of "liberalized" abortion. In the first meeting, representatives of four distinct religious denominations presented their respective views as to the morality of legalized permission for therapeutic abortion in accordance with the recommendations made in 1959 by the American Law Institute as part of its Model Penal Code.

(The Code would allow abortion whenever a licensed physician "believes there is a substantial risk that continuance of the pregnancy would gravely impair the physical or mental health of the mother or that the child would be born with a grave physical or mental defect or that the pregnancy resulted from rape, incest or other felonious intercourse." At the time, as the Institute noted, the prevalent pattern of American abortion was, at least in theory, absolute prohibition unless the procedure was judged necessary to save the mother's life.)

Despite the diversity of their religious commitments, the four theologians were in strikingly substantial agreement on the moral issue at stake. As was pointed out by Richard John Neuhaus, Lutheran minister from Brooklyn, N. Y., and

editor of *Una Sancta*, "The lines are falsely drawn when the abortion debate is posed as a Roman Catholic versus 'others' contest. . . abortion and related issues about the nature and protection of human life are ecumenical questions, transcending the lines of denominational connection." Pastor Neuhaus then proceeded to enlarge, in a fashion familiar to adherents of Roman Catholic theology, on the inviolable sacredness of all innocent human life, even in its prenatal stages, and on the consequent moral duty of civil authority to protect the innocent from all unprovoked attack, especially when the threatened victim—as is true of the human fetus—is unable alone to defend himself.

A representative of Anglican Catholicism, Rev. Charles Carroll of the University of California Medical Center in San Francisco, was able to cite among his several rather awesome credentials his presence some years ago at the trial of the Nazi doctors in Nuremberg. No mere summary could do justice to Fr. Carroll's scholarly presentation of the reasons why he, too, abhors the prospect of "liberalized" abortion. Suffice it, perhaps, to say that in the course of some 30 minutes his masterful expression of theology on the subject earned him the standing ovation he received from an audience obviously impressed by his display of erudition in several disciplines.

Dominican Father Charles J. D. Corcoran proved himself a most

able pedagogue in his succinct and pointed precis of distinctively Roman Catholic teaching on the abortion question. Much of his stress had as its target the factual question relating to the temporal incipience of embryonic rational life. "We know of no interruptions or discontinuities," said Fr. Corcoran in his concluding paragraphs, "in the advance through all embryonic and fetal stages, through birth, puberty, adulthood and senescence. We can only conclude that human life is present from the moment of conception to the moment of death. To destroy an innocent human life at any time from conception onwards is, therefore, murder. Murder is not a medical therapy nor a cure for the social and economic problems of childbearing, and it cannot be made so by law."

Unfortunately, Dr. Immanuel Jakobovits, chief rabbi of England, was prevented from honoring his commitment to address the meeting as spokesman for Orthodox Judaism. His carefully prepared paper was read, however, by the chairman of the Commission, John F. Hillabrand, MD, and it concurred in every substantial detail with the expressed convictions of his Gentile colleagues on the program. (Readers will most probably be interested to know that *Jewish Medical Ethics* by Dr. Jakobovits (Philosophical Library, N. Y. 1959) is recognized as definitive in its field.

In the interests of totally honest reporting it should be stated that on this question of the morality of therapeutic abortion Lutheran, An-

glican, and Jew differ agreeably in at least one notable respect from Roman Catholic. Where Fr. Corcoran said, "Never," to the procedure, Pastor Neuhaus, Fr. Carroll, and Rabbi Jakobovits apparently restricted themselves—either expressly or by inescapable inference—to a "hardly-ever" position. (The exception which the latter had in mind was the instance—more theoretical than practical in medical opinion that is virtually unanimous—in which therapeutic abortion would be necessary to save the life of the mother.) This difference of opinion should come as no surprise to the theologically knowledgeable.

In the second session dealing with the abortion question, the medical and legal aspects of the problem were aired at considerable length.

John L. McKelvey, MD, head of the Department of Obstetrics and Gynecology at the University of Minnesota Medical School, reviewed in thorough detail the alleged medical indications for therapeutic abortion and concluded that "There are some medical or surgical indications for therapeutic abortion which are still accepted, but the vast majority of these have vanished in the light of experience and factual data. In general, the removal of a pregnancy is (medically) justified only when it can be demonstrated to be a really dangerous aggressor."

Psychiatrist Irving C. Bernstein, MD, clinical associate professor of OB-Gyn and Psychiatry at the Uni-

versity of Minnesota, also of Minneapolis, was even more iconoclastic as he discussed the psychological reasons commonly cited in favor of terminating pregnancy. "There are no psychiatric indications for abortion," he said, "because 1. therapeutic abortion is not effective treatment for the patient or for the situation; 2. suicide is less of a risk in pregnant women than in non-pregnant women; 3. it is impossible to predict who will develop postpartum psychosis; 4. adequate treatment methods are available to manage psychiatric difficulties occurring during pregnancy, 5. therapeutic abortion has its own psychiatric morbidity."

As advocate for the fetus and the victim in any abortion, Eugene Diamond, MD, associate professor of clinical pediatrics at Loyola University School of Medicine, Chicago, summed up his professional sentiments in this forceful peroration: "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 he illegitimate or high-born. 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 defect 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 served best by a medical ethic which also holds this principle sacred."

It was the contention of Robert M. Byrn, associate professor of law, Fordham University School of Law, that the prospect of legalized abortion is especially distressing to a lawyer because on the one hand he realizes that the abortion movement received its initial impetus from the American Law Institute and on the other hand he knows that the movement is a legal anachronism, the product of discarded law and discredited jurisprudence. From the viewpoint of civil law, he maintained a child *in utero* is regarded not only as a human being, but as such from the moment of conception — an inescapable conviction unless one chooses to discredit entirely the objective testimony of competent physicians. To deny the fetus protection against the aggression that is abortion is to repudiate principles which are legally sacrosanct, he said.

The ultimate “queen” of the entire meeting proved to be Mrs. Jill

Knight, MBE, MP, of the British House of Commons. With charming wit but in deadly earnestness, the vivacious Mrs. Knight recounted in graphic language her own unsuccessful parliamentary battle against proponents of the liberalization of English abortion legislation. The substance of her principal plea to the assemblage was to forego all ivory-tower speculation as to the precise moment of the human soul's infusion into the fetal body and to conduct our campaign along more practical lines—by demonstrating, as can be done in *a posteriori* fashion — the illusory nature of alleged benefits to be derived through legalized abortion. The standing ovation accorded Mrs. Knight left no doubt as to the affectionate admiration which her comments won from her audience.

[Father Lynch is professor of moral theology at Weston College, Weston, Mass. and a medico-moral consultant to *LQ*.]

The foregoing Report is published in *LQ* with the permission of the editors of *Hospital Progress* (January 1968) the official journal of The Catholic Hospital Association.