

St. John Paul II outlined the ethical position in relation to the provision of hydration and nutrition, howsoever provided in 2004:

"I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered in principle ordinary and proportionate, and as such morally obligatory insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering". He continued, "death by starvation or dehydration is in fact the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission"

(John Paul II, 2004. Care for patients in a permanent vegetative state).

The Supreme Court decision will mean that where there is no welfare attorney empowered to make healthcare decisions on behalf of the mentally incapacitated patient, what is decided by the doctors to be in the patient's "best interests" will depend upon the individual judgment of

the clinician. Where the doctor concludes it is in the "best interests" of the patient to receive hydration and nutrition it can legally continue, otherwise it must cease. As Dr Peter Saunders of the Christian Medical Fellowship has rightly observed *"It will make it more likely that severely brain-damaged patients will be starved or dehydrated to death in their supposed 'best interests' and that these decisions will be more influenced by those who have ideological or financial vested interests in this course of action."*

The intentional killing of patients though dehydration will not require judicial review if it is deemed in the "best interests" of the patient. The doctor will be the decision maker where there is no donee of lasting power of attorney. It is now increasingly important for patients to make clear their intentions with regards to receiving treatment and that they regard tube feeding as ordinary care. It is also important that donees of lasting power of attorney over healthcare decisions are appointed so that they can indicate the patient's wishes are and make decisions on behalf of mentally incapacitated persons.

PRACTICAL MEDICAL ETHICS

WELCOMING A CHILD AFTER PRENATAL DIAGNOSIS OF A SERIOUS OR LIFE-LIMITING CONDITION

**DR HELEN WATT,
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This presentation was given on 23 August 2018 at a World Meeting of Families workshop on 'Love made Fruitful: Amoris Laetitia on Cherishing the Gift of New Life'.

"The gift of a new child, entrusted by the Lord to a father and a mother, begins with acceptance, continues with lifelong protection and has as its final goal the joy of eternal life. By serenely contemplating the ultimate fulfilment of each human person, parents will be even more aware of the precious gift entrusted to them."

These compelling words from Chapter 5 of Amoris Laetitia (166) have a unique meaning for parents who learn after prenatal tests that their unborn child has a serious, perhaps even life-limiting condition. The anguish of this discovery, which tempts many to consider abortion when this is routinely offered, can instead resolve into a loving and peaceful acceptance of the baby as the

pregnancy progresses. Like any terminally ill child, the unborn baby with a life-limiting condition is a precious gift for his or her parents, to be accepted and welcomed and nurtured in the remaining weeks and days. The baby's life has meaning, and should be lovingly supported, as should the mother and father themselves, not just by health care professionals but by parents who have personally experienced such a pregnancy and know the peace and joy, as well as the sorrow, it can bring.^[1]

We sometimes hear that to take a pregnancy to term, knowing that the baby has a serious medical condition, requires one to be uniquely strong. However, women who have done this will sometimes protest that they are not saints^[2] or especially selfless or uniquely equipped in any way to have their baby.^[3] Women can be strong, they say, and pregnancy is not a disease: to present being pregnant as 'extraordinary support' demeans them and their children, and can increase pressures on women to end pregnancies seen as heroic in the extreme. Parents do suffer deeply after a very poor prenatal diagnosis, but then somehow find the strength to carry on – just as parents routinely find a similar strength with a sick child who is already born.

As one mother has explained,^[3] the pregnant woman needs to grieve for the healthy child she expected, but at the same time, needs to be allowed and supported to form a relationship with the actual, living child inside her. And research has found that women who continue with their pregnancies in these situations report significantly

less despair, depression and avoidance than those who undergo abortions.^[4] There is always a better solution, including for oneself, than taking the life of one's own unborn child.



Would a woman be entitled to choose to abort if she somehow knew that continuing the pregnancy would make her suffer more? Or what if she is afraid that her baby will suffer, though she herself may wish to have the child? It is natural to want to protect one's child from suffering, and doctors of course should be concerned to treat any suffering for the baby there may be. However, no child should have his or her life deliberately ended because of parents' fears that he or she will suffer, whether momentarily at birth or as a result of a lifelong medical condition. When their child will die is not for parents to say: they do not own the child who is a separate human being with his or her own dignity and rights. It is not enough to love the child in some sense: he or she must be loved with complete respect and his or her bodily presence^[5] cherished till the end.

We sometimes hear of respect for the remains of aborted children, which may be returned to the parents for burial or cremation after the abortion. Yes, indeed the child's remains should be respected – but how much more the living child, whose sacred life is what makes sacred those remains! The offer in advance by abortion providers of photographs, handprints and footprints to be taken from the dead child after the abortion is at best sentimental and at worst, deliberate emotional exploitation. This is vividly expressed by one grieving post-abortive mother, who describes the abortion clinic in these terms:

"Everything about the clinic was deceptive. The pictures they take and the way they try so hard to make what you're doing seem like your losing your baby naturally. But there is nothing natural or normal going on behind those walls."^[6]

So many women grieve their babies after abortion: both babies diagnosed with a serious medical condition and far more often, healthy babies aborted for more clearly social reasons. As Ireland prepares to follow so many other countries in offering this catastrophic choice to pregnant mothers, let us all renew our commitment to support the women and men for whom that choice is a perennially painful memory. And let us support the women and men who today are facing a very distressing pregnancy, so that they may indeed see their child as a gift entrusted to them in this moment, but destined for eternity.

REFERENCES

- [1] For more information, including details of local support, and a medical bibliography, see www.perinatalhospice.org.
- [2] "I have been called a saint for carrying Luke. I have been told by many that they couldn't do what I did. I am not a saint and you don't know what you can do until you are faced with it." <http://www.prenatalpartnersforlife.org/Stories/AnencephalyStoriesIndex.htm>
- [3] Liz McDermott of One Day More, RTE debate, 23 May 2018. Ibid.
- [4] Cope H, Garrett ME, Gregory S, Ashley-Koch A. Pregnancy continuation and organizational religious activity following prenatal diagnosis of a lethal fetal defect are associated with improved psychological outcome. *Prenatal Diagnosis* 2015; 35(8):761-8.
- [5] Watt H. Abortion for Life-Limiting Foetal Anomaly: Beneficial When and for Whom? *Clinical Ethics* 2017; 12(1): 1-10; Watt H. *The Ethics of Pregnancy, Abortion and Childbirth: Exploring Moral Choices in Childbearing*. New York and Abingdon: Routledge, 2016.
- [6] <http://www.prenatalpartnersforlife.org/Second%20Thoughts/SecondThoughtsMyDarkestHour.htm>

THE ROLE OF THE FAMILY IN BUILDING A CULTURE OF LIFE

The Second Annual Retreat for Young Catholics in Healthcare and Young Catholic Adults

Organised by
The Catholic Medical Association's
Committee for the New Evangelization

A day of prayer and reflection on the Catholic Church's teaching about the role of the family in building a culture of life and love!

11:30am Holy Mass (Missa Cantata in the Dominican Rite) followed by lunch (provided) and talks:

'The Family That Prays Together Stays Together' - the Life and Work of Fr Patrick Peyton - by a Marian Franciscan
Reflections on Caring for my Dying Father - by a young nurse
Catholic Manhood - by a Catholic man
Catholic Femininity - by a Catholic woman

The day includes: a tour of the shrine, Rosary, and opportunity for confession
5:45pm End

Register at:

theroleofthefamily.eventbrite.co.uk

Suggested donation for the retreat (includes lunch) £10



The Catholic Medical Association
Supporting Catholics in Healthcare

Facebook: [facebook.com/cmaenglandandwales](https://www.facebook.com/cmaenglandandwales)

Email: events@catholicmedicalassociation.org.uk

Website: www.semperidem.co.uk

LEARNING POINT

NATURAL FAMILY PLANNING AND THE MIRENA INTRAUTERINE DEVICE.

We were asked

Can someone just summarise,...

How does the progesterone in Mirena affect the signs used in NFP?

We replied

The Levonorgestrel in Mirena obliterates cyclical variations in discharge, it is probably a little more serous in the first half of the cycle, and uniformly mucussy in the second half, with no dry periods. (anecdotal). It is unlikely physiologically to affect basal body temperature

THE HOLY FAMILY IN EXILE

Semper Idem is the newsletter of the Catholic Medical Association's Committee for the New Evangelization. The Committee for the New Evangelization aims to support young Catholics in healthcare. Semper Idem is one way in which we hope to do this.

EDITORIAL

The Editor writes...

By the time you read this, our third annual CMA youth conference 'Catholics in Healthcare: Building a Culture of Life' will have taken place. The take home message from this conference is that our Catholic faith should permeate our entire lives.

The CMA's Committee for the New Evangelization continues this theme focusing on 'building a culture of life' with the 2019 youth retreat entitled: The Role of the Family in Building a Culture of Life. Thus in the build up to this, the current edition of Semper Idem focuses on the family.

After the birth of our Lord, Joseph received a message from an angel in a dream.

"Rise, take the child and his mother and flee to Egypt, and remain there till I tell you; for Herod is about to search for the child, to destroy him." (Mt 2:13)

In order to flee the persecution of Herod, Joseph led the Holy Family into Egypt. The Holy Family was threatened with certain death by Herod (a man who is reputed to have killed his favourite wife, and three sons!). The family remains under attack, although the attacks are rather different. In this edition of Semper Idem, Piers Shepherd of the Family Education Trust writes about two contemporary attacks on the family.

Then in the bioethics column, Thaddeus discusses what is healthcare. In the book review, Gregory Scriptorum reflects on the importance of starting out everything with prayer and the desire to be in uniformity with God's will when providing healthcare.

At the February 2019 youth retreat, there will be talks addressing the importance of the family and a young nurse will offer a heartfelt reflection on how prayer helped her family to journey through the death of her father, and then caused her to choose to dedicate her life to palliative care nursing. We will also reflect on the life and work of Fr Patrick Peyton, known as the Rosary Priest, who encouraged devotion to the rosary and is remembered for his famous catchphrase: the family that prays together stays together.

In these times, the Church seems to lurch from crisis to crisis. Let us remember to turn to prayer and the study of the Faith, and to not lose heart. To this end we encourage all young (18yrs +) Catholics in Healthcare to come to the February youth retreat.

THE FAMILY UNDER ATTACK

BY PIERS SHEPHERD OF THE FAMILY EDUCATION TRUST

Since 1971 the Family Education Trust has studied the causes and consequences of family breakdown. We have consistently sought to defend the traditional family from an increasing onslaught which both seeks to undermine it and to weaken the role of parents as the primary educators of their children.

One of our most important outreaches is that of keeping our supporters updated about the latest attacks on the family. At present, two of the most pressing issues are the attempts to liberalise divorce laws and to remove the right of parents to determine what their children are taught about sex and relationships.

Divorce on Demand

Under the Divorce Reform Act 1969 the sole ground on which a divorce can be obtained is evidence that 'the marriage has broken down irretrievably.' In order to prove irretrievable breakdown the petitioner must present evidence of their spouse being at fault or else the couple must have lived apart for a number of years. The government recently announced that it will consider legislating in favour of 'no fault' divorce, meaning that couples would be able to divorce without giving a specific reason for their decision.

The government's announcement was prompted by a long campaign carried out by The Times newspaper, the Marriage Foundation and the family lawyers group, Resolution. Under this campaign's proposals, one of the spouses can simply give notice that the marriage has broken down and the divorce can be finalised after a period of six months.

The Coalition for Marriage, of which Family Education Trust is a part, has produced a fact sheet opposing 'no reason divorce'. It states eloquently of the plans to eliminate fault from the divorce process:

Removing the need to prove such a breakdown means that the law would allow spouses to walk away from the most significant commitment in their lives without providing a reason.

Making divorce easier is unlikely to have good outcomes for children. A study from the Marriage and Religion Research Institute highlighted numerous negative consequences for the children of parents who divorce including a greater alienation from parents and a higher likelihood of engaging in crime, drugs and risky sexual behaviour.

Relationships and Sex Education

Another ominous danger facing the family is the coming implementation, in September 2019, of compulsory Relationships Education (RelEd) in primary schools and compulsory Relationships and Sex Education (RSE) in secondary schools. The most concerning part of the new legislation is that parents