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# catholic medical Q U A R T E R L Y

# cmq

Announcing the CMA AGM:  
5th September 2020



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**JOURNAL OF THE CATHOLIC MEDICAL ASSOCIATION (UK)**



## PRAYERS BEFORE MEETINGS

Come, O Holy Spirit, fill the hearts of Thy Faithful,  
and enkindle in them the fire of Thy Love.  
V. Send Forth Thy Spirit and they shall be created.  
R. And Thou shalt renew the face of the earth.

**Let us Pray,**

O God, who hast taught the hearts of the Faithful by  
the light of the Holy Spirit, grant that by the gift of  
the same Spirit we may be always truly wise and ever  
rejoice in His consolation. Through Christ our Lord  
R. Amen

V. S. Luke

R. Pray for us.

V. SS. Cosmas and Damian

R. Pray for us.

V. St. Elizabeth of Hungary

R. Pray for us

## PRAYERS AFTER MEETINGS

O Mother of God  
we take refuge  
in your loving care.  
Let not our plea to you pass unheeded  
in the trials that beset us,  
but deliver us from danger,  
for you alone  
are truly pure,  
you alone  
are truly blessed.



TRANS:-  
ABBOT PATRICK BARRY, OSB,  
MONK OF AMPLEFORTH

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## Submitting articles to the CMQ

CMQ is an open access medical journal set up to discuss key issues in medicine as they relate to and support doctors, nurses and other health care professionals in their practice. It is the journal of the Catholic Medical Association (UK). Views expressed are those of the authors and do not necessarily reflect the views of the CMQ editor or those of the CMA(UK). The CMQ was originally published in 1947 as the Catholic Medical Gazette. Catholic Medical Gazette was published in 1914 and in the 1920's that became the Catholic Medical Guardian followed by the CMQ after the Second World War.

We welcome articles on all aspects of Catholic health care. Articles will be subject to editorial review and may be reviewed by external peer reviewers. Where articles discuss matters of faith, peer review may not be by medical or other Health Practitioners. Articles should generally be between 400 and 1600 words.

We prefer references to be in the Vancouver style. Articles should be submitted to the editor electronically at:  
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**Announcing the CMA AGM:  
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Dr Adrian Treloar

The coronavirus (Covid-19) pandemic has shaped all of our lives over the last few months. Alongside the deep and profound heroism of health care workers such as doctors, nurses, physios, OTs, but also including NHS admin staff etc., there have been many more acts of heroism.

Chaplaincy staff have continued to visit the sick, going onto Covid wards, anointing the sick and dying. Many lay people have also fed the needy, done shopping for those who found themselves housebound and done other great acts of charity. And we have all prayed.

Separated from our churches, unable to attend Mass and watching Mass online has been an almost universal experience of the faithful. Meetings have occurred by Zoom, Webex and other video conference systems. They have been surprisingly well attended. As tiny examples a talk by me, in Hull on Miracles and Lourdes had over 30 people watching it. And our Sussex branch meeting was also very well attended.

In the May CMQ I talked of the uncertainty we all faced. Oddly, that deep uncertainty persists. We do not know how this will all end. We do not know if there will be a second wave, although it is clear that if there is a second wave it is likely to be in the autumn and even more lethal than the first wave.

Many of us have lost dear friends. Two priests whom I know died of the virus, along with others, including Norman Wells the Chief Executive Officer of Family and Youth Concern. He leaves a wife and 9 children. Others fought bravely and survived. Every death was first a person, not a statistic. We know now that, while taking the lives of young and healthy people, the virus focusses its

lethality on frail and elderly people. And yet some of the frailest older people (including my 96 year old father in law) did the seemingly impossible and survived.

Every death was first a person, not a statistic.

National guidance on access to care appeared to discriminate against people with a diagnosis of frailty or dementia. (see page 7)

And in the context of all that, doctors have been doing video consultations. The delivery of abortion pills at home after a video consultation has burgeoned, alongside some of the most radical and unrestricted abortion law reform Northern Ireland. Those who seek to kill the unborn have made some rapid progress. Which makes even more compelling the need to offer abortion pill reversal for the women who contact SPUC, the Good Counsel Network and others asking for that service. There is a real glimmer of hope alongside all the horror. We are seeing an increasing number of women seeking abortion pill reversal. And in the midst of the crisis, the dire appalling and indefensible murder of George Floyd by a white policeman in Minneapolis led to worldwide “Black Lives Matter” demonstrations. The act of policing was indefensible. I have previously watched a training video of a US policeman restraining and killing a black man in very similar circumstances. I cannot believe that the US police force seemed so totally and dreadfully to have failed to learn the lesson I was taught (by their actions which were videoed and used for training) years ago.

There is no question that Black lives matter. And as Dr Cole reminds us in this issue, (page 26) modern slavery is a scourge that is happening today. But in fact, all lives matter, including the unborn, the frail the elderly, the disabled and many more.

Most of all we thank God for the heroism of many. But now is also the time to think hard about what we do, and what we offer, to those who suffer in this world.

The coronavirus has shown a real affinity for the vulnerable (perhaps most strikingly so in care homes). So must we. The protection of the vulnerable is perhaps our greatest duty. It is really important that we respond to those requests for help, be it from modern slavery, to the dying or to women who request abortion pill reversal. There is much to do. And we need to do it. Please also be sure to read also the Coronavirus tales on page 12 and Dr Cole’s letter on modern slavery (page 26)

# The Preeminent Issue of our Age



Dr Pravin  
Thevathasan

Is abortion still the preeminent issue of our age? Judging by contemporary standards, it would appear not. Political parties are increasingly not accepting pro-life candidates. Celebrities from Bono and others in the music industry to Hollywood stars are openly pro-abortion. The celebrity Jameela Jamil says of her abortion that it was the right decision for the "baby I didn't want and wasn't ready for." She goes on to condemn pro-life laws because "so many children will end in foster homes...so very cruel"<sup>[1]</sup>

According to SPUC, actress Michelle Williams implied during her Golden Globe acceptance speech that she couldn't have won her award if she had not aborted her baby years previously.<sup>[2]</sup>

Abortion, for liberals in general and celebrities in particular, is no longer to be seen as an unfortunate necessity. It is a human right and even something to be celebrated.

So, should we accept defeat and move on to other more socially "acceptable" causes? Not at all.

It goes without saying that the Catholic Bishops of England and Wales are pro-life. Prior to the 2019 General Election, they advised us to ask party candidates how they would vote on abortion, assisted suicide, the rights of the disabled, migrants, climate change, the dignity of marriage and the rights of parents. All good questions, no doubt, but are they equally important? Using this guide, I concluded that two of the candidates scored more highly than the third, although they were both pro-abortion and pro-assisted suicide. The third candidate has a pro-life record and stated his intention to vote against assisted suicide. Does this mean that I have an obligation to vote for one of the two pro-abortion candidates? No, said my bishop. Mark Davies said just prior to the UK General Election that we can "*never give support to any policy which denies the most*

*fundamental right, the right to life itself-without which all other rights are without foundations.*" (Shrewsbury Cathedral Bulletin, 8 December, 2019).

The American Bishops agree with Bishop Davies: abortion "*directly attacks life itself*" and is never justified.<sup>[3]</sup>

Cardinal Cupich of Chicago, while supportive of his brother bishops on abortion, pointed out that other issues including poverty and other forms of injustice are equally important. Bishop McElroy of San Diego went much further, claiming that it was not "*Catholic teaching that abortion is the preeminent issue that we face.*" Both Cupich and McElroy were endorsing the seamless garment or consistent life ethic, an ideology first proposed by the late Cardinal Bernadin of Chicago, whereby abortion is regarded as one of many issues to be considered, along with capital punishment, health care and poverty. It was an ideology that led Catholics to vote in favour of pro-abortion politicians. While the views of Cupich and McElroy were rejected, it is noteworthy that many other bishops have similar views.

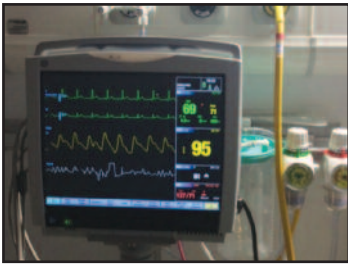
It is sometimes suggested that we should not be obsessed by the issue of abortion. I disagree. The Church needs to be visibly present in the pro-life movement. The Good Counsel Network reported in December, 2019) that "*in Ealing where no Christian Church was able to witness in favour of the pro-life vigil and at least one priest told the Council that the Buffer Zone was justified, the Buffer Zone was brought in with almost unanimous support.*" In contrast, "*in Lewisham where six members of the Southwark clergy and a local Evangelical pastor turned up to witness to the Council, the Buffer Zone was dropped for the present.*"

So, we should never give up on this issue; it remains the preeminent issue of our age.

## References

1. Bilger M. Lifesite News. May 17th 2019. Jameela Jamil reveals she had abortion and hails it 'best decision I ever made' [www.lifeneews.com/2019/05/17/actress-jameela-jamil-killing-my-baby-in-an-abortion-was-the-best-decision-i-ever-made/](http://www.lifeneews.com/2019/05/17/actress-jameela-jamil-killing-my-baby-in-an-abortion-was-the-best-decision-i-ever-made/)
2. SPUC news. 06 January 2020 Golden Globes 2020: Celebrity implies she couldn't have won award if she didn't abort her baby. [www.spuc.org.uk/News/ID/384252/Golden-Globes-2020-Celebrity-implies-she-couldnt-have-won-award-if-she-didnt-abort-her-baby](http://www.spuc.org.uk/News/ID/384252/Golden-Globes-2020-Celebrity-implies-she-couldnt-have-won-award-if-she-didnt-abort-her-baby)
3. O'Loughlin M. U.S. bishops: 'The threat of abortion remains our preeminent priority.' America magazine, 12 Nov 2019. [www.americamagazine.org/faith/2019/11/12/us-bishops-threat-abortion-remains-our-preeminent-priority](http://www.americamagazine.org/faith/2019/11/12/us-bishops-threat-abortion-remains-our-preeminent-priority)

## Coronavirus and Access to Treatment: grave concerns and a call for a public inquiry.



The National Institute for Health and Care Excellence produced very worrying guidance on Coronavirus management which appeared to suggest that anyone with mild dementia or mild frailty would be denied access to critical care. The Catholic Bishops of England and Wales issued a helpful statement on access to treatment when resources are constrained. As it turned out, the NHS was not overwhelmed by the first wave of this pandemic.

However, grave concern rightly arose as a result of the wrongful and inappropriate discharge of Covid-19 positive patients to care homes with the result that many more of the most vulnerable in our society became infected and died as a result. It is very clear that the NHS prepared for the Covid-19 pandemic by seeking to empty as many beds as it could, while also seeking to reduce admissions from care homes etc. One way in which that was done was *“end of life care planning”*

The BMA produced a worrying video ([https://m.facebook.com/watch/?v=903582166744159&\\_rdr](https://m.facebook.com/watch/?v=903582166744159&_rdr)) in which Helena Mckeown spoke, She is the BMA Representative Body Chair (and we are also told in the video that she is a senior contraception and sexual health consultant who works in a psychiatric secure unit) spoke. While rightly protesting about shortages of personal protective equipment (PPE) she stated that on their secure unit they had been focussing on end of life care plans. That is worrying for a psychiatric secure unit. People in secure units are generally not dying. We know that end of life care planning was widely encouraged in care homes as a substantial part of the preparation for the virus. When in fact, of course, most of all, we needed to see the virus being kept out of the homes as much as possible. Especially when we see that people who were Covid positive were sent from hospital into care homes, people have a strong sense that the frail elderly have been let down. End of life planning is no substitute for protecting older people from a deadly virus.

Fr Patrick Pullicino, a neurologist who was ordained in 2019, told the Catholic Herald that an inquiry must be independent of the government, whose handling of the pandemic has been widely faulted. He said: *“If we really want to move ahead, it has to be independent and people have to ask: why were the elderly treated in this way? And we have to have a change. We have to have a complete new way of looking at the elderly and their potential in society.”*

*“There has to be an inquiry,”* Fr Pullicino said. *“A fifth of the population has been basically denied reasonable healthcare and in an arbitrary fashion. Look at Captain Tom, what wonders he did. These are the people who are the backbone of the country. You can’t just say that they’re too expensive, they’re ‘bed-blockers.’ You have to set up new systems to deal with the elderly.”*

Fr Pullicino was critical of NICE rapid guidelines, headed *“COVID-19 rapid guideline: critical care in adults”*, NICE presented a flowchart, updated March 27, helping doctors to decide whether adults admitted to hospitals with coronavirus symptoms qualified for critical care, which usually takes place in intensive care units.

Fr Pullicino highlighted a path on the flowchart that concluded with *“end-of-life care”* if a patient’s condition worsened after they were determined to be *“more frail”* but not suitable for critical care.

He argued that this encouraged doctors to treat sick elderly people who fell into this category as if they were dying, rather than as if attempts should be made to treat them.

Fr Pullicino said: *“A major problem with those guidelines was that they said that those people who were not appropriate for ventilators, if they were over 65 and if they deteriorated, there was a line going to ‘end-of-life care,’ which was really wrong.”*

He continued: *“When this whole COVID crisis started, people realized that there weren’t enough ventilators compared with other countries. We didn’t have a lot of NHS beds either because the number has been run down over the last number of years. So I think there was panic.”*

*“They decided to clear the hospitals to make a lot of space ready. The hospitals were cleared of the elderly and many of them were sent to nursing homes.”*

The rapid NICE guidance clearly suggests that anyone who is more than mildly frail (struggling

with heavy housework, or walking outside alone and shopping) should receive end of life care instead of critical care if they deteriorate (a clinical frailty score of >5). The clinical frailty score ([https://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/rockwood\\_cfs.pdf](https://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/rockwood_cfs.pdf)) states that in mild dementia, symptoms include forgetting the details of a recent event, while still remembering the event itself, repeating the same question and social withdrawal. Which is indeed, very mild dementia. Mild physical frailty includes people who are “slowed up” and need help with transportation, finances and heavy housework. Levels of frailty which the NICE guideline used to recommend that end of life care be considered instead of critical care.

Dr Adrian Treloar, a consultant and former senior lecturer in geriatric psychiatry, told Catholic Herald that he shared some of Fr. Pullicino’s concerns.

Referring to official guidance on care of those dying at home, updated April 8, he said: *“The guidance on ‘caring for someone who is dying at home from COVID-19 infection’ is in fact very carefully written and very compassionate. And only to be used when absolutely certain that the person is dying and does not want to go to hospital. It is basic palliative care. But if it is used inappropriately for someone who has COVID-19 (and respiratory depression) it may be rapidly lethal.”*

He continued: *“Care homes saw considerable efforts to prepare for the pandemic by promoting*

*end-of-life care planning, alongside a NICE guideline which denies critical care for people with mild to moderate dementia and which promotes end-of-life care as the alternative.”*

Fr Patrick Pullicino, Lord Alton of Liverpool, a member of the House of Lords, have appealed separately for an inquiry into care home deaths.

## References

COVID-19 rapid guideline: critical care in adults (Last update: 27 March 2020) [www.nice.org.uk/guidance/ng159/resources/critical-care-admission-algorithm-pdf-8708948893](http://www.nice.org.uk/guidance/ng159/resources/critical-care-admission-algorithm-pdf-8708948893)

Coppen, Luke. Catholics call for public inquiry into UK nursing home deaths. Catholic Herald May 25, 2020 <https://catholicherald.co.uk/catholics-call-for-public-inquiry-into-uk-nursing-home-deaths/>

Hospice UK (2020) Caring for your dying relative at home with COVID-19 (updated 8 April) [www.hospiceuk.org/what-we-offer/clinical-and-care-support/what-to-expect/caring-for-your-dying-relative-at-home-with-covid-19](http://www.hospiceuk.org/what-we-offer/clinical-and-care-support/what-to-expect/caring-for-your-dying-relative-at-home-with-covid-19)

The clinical frailty score ([www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/rockwood\\_cfs.pdf](http://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/rockwood_cfs.pdf))

British Medical Association facebook page at 1.13pm on 20t April 2020.

[https://m.facebook.com/watch/?v=903582166744159&\\_rdr](https://m.facebook.com/watch/?v=903582166744159&_rdr)

## Coronavirus and Access to Treatment: a statement from the Catholic Bishops of England and Wales

With the escalation of the Coronavirus, demand on NHS resources is outstripping supply and those responsible for our care and well-being are facing challenging decisions. What may well be on all of our minds is what provision will be available if I, or a loved one, is in need of treatment and life-support in these circumstances. While we would all agree that the allocation of resources must be done as fairly as possible, the criteria of fairness must be clear and shared by us all. These principles apply both morally and in the law which governs our expectations and rights on health and social care.

As Catholics our starting point is that we are all made equally in the image of God (CCC 357). Human value is not a measure of our mental or physical capacity, our societal function, our age, our health or of any other qualitative assessment. God



made each of us and in so doing gave us all equal dignity and value. This is never lost during sickness or dying.

It is important to bear in mind in any discussion of resource allocation and medical rationing when the tension between the appropriate treatment and scarcity of resources has, in most people’s



experience, never been so visible. A decision against offering a certain life-prolonging treatment to an individual must never be a judgement based on the worthwhileness of that person's life, including their age or other social characteristics, but a pragmatic decision about the likelihood of him/her benefiting from the intervention given their medical condition. This principle has been upheld in case law repeatedly and the NHS Constitution itself is clear that we should deliver care and support in a way that achieves dignity and compassion for each and every person we serve.

Until the current pandemic, resources have always been allocated according to medical need and benefit to the patient. Today this approach must be complemented by maximising scarce resources for the common good and so prognosis, and the likelihood of benefit becomes the overriding criteria.

People with underlying health conditions should discuss the sort of treatment they may want with their families so that good communication is possible in a crisis. Each of us may be presented with clinical scenarios which are both unwelcome and distressing, yet doctors are faced with making the least-worst decisions. This approach helps us

to focus on the common good. Similarly, Catholics will focus on the benefit of a particular treatment for the person taking into consideration all medical factors. This, again, helps us to focus on the common good of all and best meets the principles of justice and equality.

Clear communication with the sick and their loved ones is essential throughout this process, and medical staff will need to deal sensitively with those affected. We pray for them as they strive to serve both the patient and our wider society in this time of need, and we thank them for their hard work and commitment. We must always be mindful of the spiritual care of patients and their families, as well as of health and social care staff.

Our chaplains have a particular role in this regard, but we will all know someone for whom we can pray and offer support.

**Bishop Richard Moth**

*(Chair, Department for Social Justice)*

**Bishop Paul Mason**

*(Lead Bishop for Healthcare and Mental Health)*

**Bishop John Sherrington**

*(Lead Bishop for Life Issues)*

## Dutch doctors to euthanise dementia patients without explicit consent

On 22 April 2020 we heard that Doctors in the Netherlands will now be permitted to euthanise vulnerable dementia patients, even if the patient explicitly expresses a wish not to die, a Dutch Supreme Court has ruled. Michael Robinson, SPUC Director of Communications said: "Vulnerable patients who deserve care and compassion are now to be put down like animals. This is a system open to abuse and exploitation."

Previously, dementia patients would need to verify previously given consent to euthanasia. However, the Dutch Supreme Court has now ruled that as long as a dementia patient has previously provided written consent to euthanasia, doctors are permitted to kill them, even if the patient now resists.

Mr Robinson said: "The lives of vulnerable people are now even more at risk with growing pressure to sign advance directives that will one day ensure death at the hands of their doctor.

"The tragic stories seeping out of the Netherlands highlight the true and vicious nature of medically assisted death. Patients are entitled to care, respect and basic human dignity. Nations which exercise the deadly practice of euthanasia, inevitably

introduce the exploitation and abuse of vulnerable of patients."

### Held down and injected with lethal drugs

The Supreme Court's decision has arrived following a case involving an 80 year-old woman, who was placed in a care home after her dementia became so advanced that her husband could no longer cope with care at home. She was distressed and frightened, and after a few weeks, the doctor at the home determined that she was suffering unbearably. He concluded that she was not mentally competent, but that an earlier statement in her will that she wanted euthanasia "when I myself find it the right time" justified killing her.

The now retired doctor first gave the woman a sedative in a cup of coffee. The woman tried to get up when the doctor injected the lethal drugs, but the doctor continued while the woman's family held her down

In November 2018, The Dutch Public Prosecution Service decided to prosecute the doctor, following a criminal investigation. The Prosecution did not ask that the doctor be punished – rather the trial was for the purpose of answering questions about

the legality of euthanasia on dementia patients.

The trend to 'mercy kill' dementia patients is intensifying.

Killing those who suffer from neurological conditions such as dementia and Alzheimer's disease has become common practice throughout some European countries. Since the Netherlands legalised euthanasia in 2001, the numbers of dementia sufferers who are euthanised by their doctor has soared.

This article was first published by SPUC on 22nd April 2020. We are grateful for permission to reproduce it. What is especially disturbing is the reality that a lady who resisted euthanasia ended up being held down and restrained by her family to enable her killing.

### References

<https://www.spuc.org.uk/News/ID/384381/Put-down-like-animals-Dutch-doctors-to-euthanise-dementia-patients-without-explicit-consent>

## Mother of baby with Down's syndrome suing government over law allowing abortion up to birth for disability

**We also hear that a mother of a child with Down's syndrome is suing the government over the UK's abortion law which allows disabled children to be aborted up until birth.**



Maire Lea-Wilson, the mother seeking to sue to government, has described how during her pregnancy she was encouraged to abort her son with Down's syndrome. Ms Lea-Wilson's son is now 11 months old.

Legal papers were with the High Court in May and a judge will then decide if this case can proceed to trial.

Ms Lea-Wilson said: *"I value both my sons equally, it is wrong that the law doesn't. I have two sons and I love and value them equally and I think it just seems really wrong that the law doesn't value them equally and we want to change that."* She continued *"The first thing that they wanted to talk about (in hospital) was whether we wanted to terminate the pregnancy, and I was 34 weeks pregnant at the time, so it was quite a difficult question to get asked."*

*"It is really tough to think back on that. I find it really difficult to think that Aidan's life isn't seen as valuable as his older brother's. It makes me worry as to whether he'll be seen the same or treated the same."*

*"I also really worry that when he's older if this law is still in place, how will that make him feel: that he's not as valuable, that he doesn't have equal worth?"*

In addition, 24-year-old Heidi Crowter who has Down's syndrome is also jointly pursuing legal action against the government alongside Ms Lea-Wilson.

Heidi has said that the UK's abortion law makes her feel rejected by society and looked down on" She said that the UK's abortion law makes her feel as though she "shouldn't exist."

We are again grateful to SPUC for the copy that forms the majority of this article.

### References

Mum of baby with Down's syndrome suing government over law allowing abortion up to birth for disability. SPUC News 28th May 2020 [www.spuc.org.uk/News/ID/384420/Mum-of-baby-with-Downs-syndrome-suing-government-over-law-allowing-abortion-up-to-birth-for-disability](http://www.spuc.org.uk/News/ID/384420/Mum-of-baby-with-Downs-syndrome-suing-government-over-law-allowing-abortion-up-to-birth-for-disability)

# Catholic bishops implore U.S. Food and Drug Administration to develop COVID-19 vaccine “free from any connection to abortion”

## Catholic bishops implore U.S. Food and Drug Administration to develop COVID-19 vaccine “free from any connection to abortion”

An open letter signed by Catholic bishops, including Archbishop Joseph F. Naumann, and other pro-life advocates has urged the U.S. Food and Drug Administration (FDA) to “help to ensure that Americans will have access to [COVID-19]

vaccines that are free from any connection to abortion”. John Smeaton, SPUC Chief Executive, said: “SPUC applauds such vigilance and leadership that holds health authorities to account at a time of global crisis.”



The **statement**, which was also sent to President Trump, voiced its concern that, “among the dozens of [COVID-19] vaccines currently in development, some are being produced using old cell lines that were created from the cells of aborted babies”.

Thanking the FDA “for all of its efforts to combat the virus”, the letter, signed by four Catholic bishops, published last week, stated that it “is critically important that Americans have access to a vaccine that is produced ethically: no American should be forced to choose between being vaccinated against this potentially deadly virus and violating his or her conscience”.

### The letter continued:

“To be clear, we strongly support efforts to develop an effective, safe, and widely available vaccine as quickly as possible. However, we also strongly urge our federal government to ensure that fundamental moral principles are followed in the development of such vaccines, most importantly, the principle that human life is sacred and should never be exploited.”

“Fortunately”, the letter continues, “there is no need to use ethically problematic cell lines to produce a COVID vaccine, or any vaccine, as other cell lines or processes that do not involve cells from abortions are available and are regularly being used to produce other vaccines.”

The letter highlighted the positive examples of such organisations as Sanofi Pasteur, Inovio and the John Paul II Medical Research Institute, which are developing vaccines “not connected to unethical procedures and methods”.

## References

SPUC news 21at April 2020. Catholic bishops implore U.S. Food and Drug Administration to develop COVID-19 vaccine “free from any connection to abortion”

[www.spuc.org.uk/News/ID/384380/Catholic-bishops-implore-US-Food-and-Drug-Administration-to-develop-COVID-19-vaccine-free-from-any-connection-to-abortion](http://www.spuc.org.uk/News/ID/384380/Catholic-bishops-implore-US-Food-and-Drug-Administration-to-develop-COVID-19-vaccine-free-from-any-connection-to-abortion)

## Mass Production of Human “Embryoid” Cells from Developmentally Frozen Embryos: Is it Ethical?

The Rev. Patrick Pullicino, M.D., Ph.D., the Very Rev. Edward J. Richard, M.S., V.F., J.D., D.Th.M. and William J. Burke, M.D., Ph.D. published an editorial in the *Linacre Quarterly* in April.

They point out that there has been a rush to approve induced pluripotent stem (iPS) cells which have been touted as the ethical alternative to using human embryonic stem cells for regenerative medicine. These are cells capable of differentiating into all cell types in the adult organism and were initially obtained from differentiated adult cells using a combination of transcription factors. The US Conference of Catholic Bishops (USCCB) state “the goal sought for years through failed attempts at human cloning – the production of pluripotent stem cells that are an exact match to a patient – has been brought within reach by an ethical procedure” (USCCB 2007). One Catholic ethicist states “embryonic stem cells have no moral status” (Wade 2007). We have however expressed that caution is needed before openly accepting these new stem cell procedures, (Burke, Pullicino, and Richard 2007, 204).

However, the authors question the ethicality of the stem cell procedure. They state that *“A careful examination of the MPEC procedure shows that the embryo-like structures produced in the procedure, (from either ESCs or iPS cells) are ontologically indistinguishable from embryos. These embryos are*

*prevented from reaching their full potential by depriving them of the extra-embryonic cells required for implantation into the uterus, and if they, along with the extraembryonic cells, were implanted into a surrogate uterus, could develop into a living human infant.”*

In mice, both late stage mouse embryos and live born mice have been produced using mouse iPS cells. If the same procedures were applied to human somatic cells, there is every reason to believe that human infants could be produced. The point being that while iPSCs are described as pluripotent, they are in fact, totipotent: “capable of developing into a complete organism” or “differentiating into any of its cells or tissues”

They therefore conclude that “Firstly, the production of iPS cells is not morally neutral.” iPS cells are ontologically and morally the same as embryos. Secondly, “the newly established ability to scale production of multiple embryos from iPS or ESCs breaks new ethical ground. Great caution is needed.”

### References

Richard E, Burke W, Pullicino P. (May 2020), Mass Production of Human “Embryoid” Cells from Developmentally Frozen Embryos: Is It Ethical? *The Linacre Quarterly*.

## CORONAVIRUS REFLECTIONS

### Coronavirus: The Chaplain’s Tale

Fr Alan Burgess,

Fortunately, I was present in my local hospital when a Catholic priest was required to administer the sacrament of Extreme Unction to a Covid-19 positive patient. “*Would I attend?*”. The question to ask is: “*Why wouldn’t I?*” For someone ordained on the Feast of St Camillus de Lellis, the answer to ministering to the sick is always yes, regardless of their symptoms. The call was urgent as the patient was about to undergo intubation.

Fully dressed in PPE and armed with my stole, prayer book and holy oil, I met the patient: a young woman who was having difficulty breathing. Her family were on the phone, very distressed, and were (I thought) reassured that a Catholic priest was present. They asked that I administer the last rites because she was about to undergo

intubation. In fact, she was to undergo a tracheostomy.

As I looked into her eyes, it was only then and probably for the first time in my life I had seen such intense fear. At this moment I remembered not the teachings of Our Lord but the words of Margaret Thatcher: “Now is not the time to wobble.” I was momentarily nervous. The perceived bravado of entering the isolated ward was gone. The patient and her family knew that those going into ITU had a 50 percent chance of dying. I tried to reassure her (and her family) of the healing power of the sacrament. The prayers were said and holy oil administered. I fled, stripped and scrubbed.

Six weeks later I was telephoned at home and asked to visit a patient in ITU. It was the same

patient I had seen. Kitted out in full PPE with double gloves worn, I entered the room and was taken aback by the tracheostomy tube. She could not receive the Blessed Sacrament. The Filipina nurse joined me in saying prayers. The patient could not respond verbally, but her eyes showed she was grateful. She crossed herself and I left.

The power of prayer and the sacraments must never be underestimated or ignored. Faith and sound professional medical care will carry our patient through her days of isolation.

Fr Alan Burgess is Parish Priest of St Michael and all Angels, Locksbottom, Kent

## Coronavirus: A retired physician's tale



My Covid-19 lockdown has been very pleasant so far (Mid-June). Well retired, my wife Trish & I have coped with 3 months together (just a moment in 47 years!) Both doctors, we got put back on the "Register", but not used, as only of use at a "distance". It's been quite like a "Retreat", with so much more time for prayer and more money for charity. Our Priest e-mails his weekly Sermon and a mid-week stimulant. We know what time he says Mass and where. After a "mental" Mass with him, I "livestream" from St Marie's Cathedral in Sheffield. Actually, I have felt quite guilty, with so pleasant a house and garden to "lock in"; half a mile from the nearest neighbour, I disobeyed the order to stay inside the house, and did lots of gardening, now having filthy hands and a splendid pair of old "Suit" trousers with muddy knees, plus lots of vegetables.

The car has done about 40 miles in the 3 months, with a couple of trips to a post box and a cash machine in the middle of the night. The only exciting trips were a blood test in Sheffield, accessed by putting my arm out of the window in

the Arena car-park and a CT Scan at the local Private Hospital, taken over by the NHS. I have joined the older brigade, trying my best not to foul up the system by getting admitted.

We've had food (and wine) deliveries from children who all live within 25 miles & an occasional Super-Market Van, plus too many white van "parcel" deliveries (not my fault!)

I have done a lot more communicating: weekly "Zooms" with my sisters, regular phone calls with old colleagues and neighbours: a weekly e-mail with a younger colleague still at the "coal face". On the local Parish Council, I have been able to "attend" many more meetings than usual.

I fear that our Grandchildren (an 8th arrived during this time) will one day ask: "Grandad, what did you do in the War?" Reply, "I wasn't born": "What did you do in the Pandemic". "I hid away as I'd retired". "What DID you do, Grandad?" "I worked for the NHS for 42 years". "Grandad, what was the NHS?" No! To be serious, as I used to say when returning from Uganda, "Thank God for the NHS", let's hope we can keep it.

Steve Brennan FRCP is a retired chest physician.

## Coronavirus: A GP's Tale Corona and the person

I have continued to work in the surgery though it is bizarre to have an empty waiting room. It was interesting to communicate with patients over the phone and then exciting to see mothers and babies for 8 week checks. The latter were often out for the first time and were pleased to dress their babies in their new clothes that no one else had seen! Most mothers were better supported in the days of strict lockdown than they would have been in normal times, and for some it had been particularly vital.

Some patients with mental health issues I spoke with were doing remarkably well. One chap said, "*I have become used to living alone for 20 years. I live on an estate with lots of elderly people so I have been able to help them with shopping.*" Another chap said by doing the sensible things to keep safe he was feeling a positive sense of purpose.

The people in nursing homes are perhaps at risk of neglect as doctors are not going in. One story of a woman with an infected foot being given palliative care seemed to exemplify where the concerning tendency to inappropriate sedation is being applied. I noticed the earlier Corona virus mailings which described the home palliative care

kit to be used by relatives and thought, 'Are we working as in wartime?' This situation did not materialise and I wonder if in the future people will not fully understand the feeling of impending doom and potential lack of care with everyone having to pull to and care in unaccustomed ways. The changes introduced in the rules for certifying death were remarkable in that nurses, paramedics and even non-interested parties can certify death with the remote assistance of a doctor; all previously unheard of.

The elderly who may only have a year or two to live may want to shield and protect themselves, however I have heard how in the early days especially when people were confined to their rooms, some would just cry. My father who has full capacity had had an illness 1-2 months prior to Lockdown for which he was admitted to a home for respite. He then became feverish and subsequently weak in a way he had not been during his previous admission. He had a positive virus test and took two months to fully regain his health. He calls the bug 'the plague' and cannot see things settling for 2 years. The home has been very kind and careful and has not had any deaths. They have facilitated FaceTime with family. We are trying to see if by law we can get him out for an afternoon to push him round the corner to visit our garden! We wave to him through his window, but one day when he saw the latest grandchild, he was touched particularly and cried. The children in the family have always been a highlight for his life.

I think we have lived with the severe reality of the potential of the virus through friends who have been very ill, including elderly who have died. Our daughter works in neurology 'at the sharp end' and has seen early strokes plus the waves of extremely sick people coming through A and E. Our anxiety has not been huge and perhaps we feel complacent about the risks to ourselves. I have heard of a family where the father has been so anxious, the two sons in early 20s have moved out.

Some priests have been undeterred and gown up with the rest to provide the Sacraments, even from the early days when there was understandable fear and even terror at large. They are hugely to be admired.

I hope my little lens on Spring 2020 is of interest though it does not cover the financial problems, the overwhelming sadness in some areas of society, the challenges in education and also cutting of access to spiritual support and cultural inspiration.

Dr Josephine Venn-Treloar  
GP Assistant. Kent

## Coronavirus: A Nun's Tale Taking it one at a time



*A death from COVID-19 matters, but not because it is a death from COVID-19. It does not matter because it is a statistic. It matters because it is the death of a precious, irreplaceable human being.*

I went to my first virtual funeral in March. It was deeply moving: the person whose loss we were mourning, Fr David Sanders OP, had been a close friend for many years, and a huge influence on the most formative part of my adult life. He had a great gift for friendship, and we were part of a circle of friends which he did much to keep alive. The simple funeral Mass was conducted with gentle solemnity by his Prior and brothers. There was a tangible sense of his family and friends, including his own Dominican brethren who could not be physically present, being together, united in a true spiritual communion.

The fact that he had died with the virus was unimportant. All that mattered was to remember and to pray for David, our friend, in all his concrete individuality. Fr Timothy Radcliffe's sermon, based on the story of the raising of Lazarus, took friendship as its focus. He quoted the great Dominican Fr Bede Jarrett who described fidelity in friendship as 'the most beautiful thing on earth'. Jarrett wrote: 'Our lives are made and marred by our friendships. In the worlds of nature and grace love is more powerful than reason, heart than head, friendship than law.'

Friendship matters, Fr Timothy went on, 'because it is a sharing in the life of God, the eternal friendship of Father, Son and Holy Spirit. Every friendship teaches us something about the life of God. That is why we need many friends, many windows into God's love.' Fr David always loved meeting people, including the nurses and doctors during his chemotherapy sessions. 'He was much more interested in them than in his treatment. He was interested in their particularity, their individuality.'

Fr Timothy commented, 'This gives us a tiny glimpse of how God loves each of us. God does not love humanity in general. God knows the uniqueness of each of us in a way that we do not. When we glimpse that, we cannot but love them.'

Fr David's death, for which he had been preparing during decades of prayerful religious life, was, when it came, not grim, but very tranquil. Yes, it was deeply sad that he could not be surrounded by his brethren. But he knew he was carried by their prayers and by the prayers of so many others of us. When death was near, he rang Fr Timothy on his mobile to say goodbye. The next day he asked the nurses to let him die in peace. And so he did, slipping gently away.

Fr David had a deep love of Scripture, which he had shared with so many of us. He will have known well the stories of his namesake, the King of Israel. That other David had a weakness for statistics. What had annoyed King Saul most of all was his rival's supporters singing in triumph about the numbers he had killed in battle: 'Saul has killed his thousands and David his tens of thousands'. David was tactless enough to go on to count out two hundred of the foreskins of his Philistine victims as a bride-price for Saul's daughter (Saul had asked only for one hundred). How ironic then, that David's lament for Saul's son, his dearest friend, is so moving and so personal: 'Jonathan, by your dying I too am stricken, I am desolate for you, Jonathan my brother. Very dear you were to me.' Had he forgotten that each one of his ten thousands was also a son, a brother, a dearest friend? David learnt the lesson about statistics a very hard way, when he was punished later on for counting his troops instead of trusting in God, punished, ironically, with a plague.

A death from Covid-19 matters, but not because it is a death from Covid-19. It does not matter because it is a statistic. It matters because it is the death of a precious, irreplaceable human being. When we remember that, we can take each bereavement as it comes, one at a time, so as not to be overwhelmed.

In a strange way, Fr David's death has made the crisis much easier. It has helped me to put the virus in its place. A death from COVID-19 matters, but not because it is a death from COVID-19. It does not matter because it is a statistic. It matters because it is the death of a precious, irreplaceable human being. When we remember that, we can take each bereavement as it comes, one at a time, so as not to be overwhelmed.

In 2018, according to the Office for National Statistics, 541,589 deaths were registered in the UK. Would it matter if it had been 541,590? Statistically, not at all. Humanly speaking, it would have made an infinite difference: that specific extra person was the centre of a whole world. I remember another funeral, of a much younger friend, who died suddenly a decade ago, leaving a wife and small children. The huge church in Cambridge was packed with two thousand mourners, the Mass was moving and beautiful in every way, with a choir that could have been professional, a sanctuary full of clergy, powerful readings, enriched by other languages and even a Jewish prayer. Emile was honoured for everything that he was: scholar, teacher, family man, friend. I remember thinking then: 'This is a marvellous occasion, which does justice to a marvellous person. But actually, every single person would be worthy of this: of our honour, our love and our prayers.' But again, one at a time.

Gerard Manley Hopkins was our English poet with the greatest gift for expressing individuality. He called it the 'thisness' - of a bluebell or a kestrel, of a landscape or a river, above all of a human being. One of his most poignant poems laments the death of Felix Randal, a blacksmith. He evokes him in all his thisness, 'big-boned and hardy-handsome', forging a shining shoe for a vast dray horse. Hopkins describes how this powerful, energetic, impatient, man became gentle through his illness, and how a tenderness grew up between Felix and himself as he ministered to him. The poem uses Felix's name repeatedly to bring home to the reader this specific, personal, loss. Each specific person, one at a time.

This is a time of great sadness in part because we have been forced to face our mortality. Of course, we knew already that millions of people die every year, that each one of us would die one day. But we have somehow been able to live with the loss of all those elderly people, cancer patients or drowning migrants, without paying it detailed attention. Now the statistics are turning into human beings. And each of us knows that there but for the grace of God go I. Facing such truths together, with honesty, can only be good. The other side of this is consolation. The sorrow that we feel for each is only the other side of joy and gratitude. We grieve because he or she was immeasurably precious. And for the same reason we are immeasurably blessed by each other, by those who have lived and by those still alive.

When he became ill from cancer, Fr David had said to a friend, 'I have been preaching on the resurrection for all these years and I had better show that I believe in it.' Like Felix Randall, and

like Emile, he was sustained by Christian hope. These times are a test for all of us who are believers: can we live out what we profess? And for those among us who are unsure what to believe, this plague brings no new questions about the after-life. It only brings into focus the questions we often prefer to push aside.

That same week, our Sunday prayer list for the deceased was not exceptionally long. It also included one of our own Community, a diminutive, indomitable, Irish nurse, with an enormous smile and an even bigger heart, who had helped to found our Sisters in Nigeria, and had lived there for many years. Another unique, precious,

irreplaceable, Christian soul. Another life lived faithfully and to the full. Another who will be mourned in all her glorious specificity, and welcomed by name into the Kingdom. And no, she didn't have any viruses. And that's not important either.

Sr Margaret is a Canoness of St Augustine in the community at Boarbank Hall in Cumbria. She was a Senior Lecturer in Theology at Trinity and All Saints College, Leeds. She has particular interests in virtue ethics, in the ethics of healthcare and of the environment, and in St Augustine. The Boarbank nursing home has been spared the virus so far.

## PAPERS

### Descartes' error on the nature of the Human Soul



Lessons from and implications for the care of people with dementia, learning disability, and care of the unborn. Plus a reflection on Transgender issues.  
Dr Adrian Treloar, MRCPsych, FRCP, MRCPGP

#### The Cartesian view of “I think, therefore I am”.

The fame of Descartes is summarised in a single sentence. “I think, therefore I am”. In one sense that statement is self-evidently true. We can know we exist only because we are aware that we exist and being aware of our existence requires us to think about that existence. It follows that we can prove that we exist because we are thinking beings who seek to understand our existence. It may well be that Descartes' popularity is, in part at least, predicated upon the simple truth and logic of that sentence.

But not many people realise the impact Descartes has had on our ideas of the human soul. ‘Cartesian dualism’ is the view that the human soul is, in essence, our mind and the way we think. Descartes saw the body as being separate from the mind or intellect which leaves the body behind when we die. Radically separating mind and body leads, as I shall seek to show, to some serious (and genuinely tyrannical) conclusions in our society today, even if perhaps not many hold the exact position Descartes himself did.

Unlike Descartes, Aristotle thought that the human intellect was one among various powers of the soul. Humans could demonstrate that power when we think for ourselves. Aristotle clearly saw intellect as a part of the human soul. But he also

thought that the intellect was not the whole of our soul <sup>[1]</sup>.

St Thomas Aquinas, like Aristotle before him, held that the human soul was naturally related to the body as its life-principle. He also held that it was immaterial in character and that it survived the body so that it could be reunited with the body by the Resurrection. In life, the body and soul are intimately connected. A simple practical demonstration of this is given by Eckhart Tolle <sup>[2]</sup>. He noted that if we stop physically, we become more aware of thinking. While our mind is distinct from our body, it is still, in life, intimately connected. Thus, as St Thomas concluded, the soul incorporates the mind or intellect but is also greater than the mind.

It was in that context that Descartes produced a dramatically different view of the human being. Descartes - at least as most people understand him <sup>[1]</sup>- rejected the Aristotelian view that human beings, like other living things, possess a ‘life principle’. He thought that living things are complex pieces of machinery designed and created by God. Mechanical processes accounted for growth and some behaviours, but those mechanics could not (he believed) account for human thought. As Jones <sup>[1]</sup> puts it, “*thus he combined a mechanical view of the universe with a radically subjective view of the self*”. Cartesian dualism therefore sets out a view that the body and soul are separate. Although some experiences may arise from the mind-plus-body combination, Descartes suggests that the mind exists in the body but is separate from the body. After death the body is left behind (and indeed buried 2 metres underground in a box) while it is the mind that goes forth towards the Gates of St Peter.



## Descartes' heritage

It does, nowadays, seem to be the prevailing view that our mind is the bit of us that we can imagine getting to Heaven while our body is a machine which eventually will break and stop working altogether - at which point it is permanently discarded. In the Twentieth Century Ryle summed it up when he said that Descartes had portrayed the mind as 'a ghost inside a machine'<sup>[3]</sup>.

## Degrees of personhood

From "I think, therefore I am" springs rapidly a conclusion that "I am what I think". Or even, as a good priest friend commented to me while I was developing these thoughts, "I am what I produce". If my existence relies upon the fact that I think, then it is easy to conclude that the more I think, the more of a 'person' I am. Or to put it another way, those who are more intelligent, high achieving etc. are more of a 'person' than others. For example, a Nobel prize-winner may well be more of a 'person' than a young child or an adult of low IQ. Put even more crudely the President of the United States may well, (in a logical continuation of Descartes dualistic view that the mind is the soul) be more human than unskilled workers (upon whom we rely every day). While such a view is clearly deeply objectionable, anathema and very dangerous, some version of it is, if we are honest, a strong current in modern thinking.

It might be argued that it is not fair to blame Descartes for the successors whom he unwittingly influenced and who have drawn such conclusions. But perhaps, it is fair to suggest that Descartes radical separation of mind from body, did indeed make the path clear for such conclusions.

## Misuse of the concept of personhood

Modern concepts of 'personhood' have been used to claim that the embryo is not a person with the rights of a person because it does not yet think. The claim that embryos are not yet properly human because they cannot yet feel or think as we do appears to be widespread. That view of the humanity (or lack thereof) of the unborn is in turn used to underpin arguments that it is not wrong to abort babies with disabilities.

There is a common view that people's humanity is steadily and then totally removed by a progressive dementia. Descriptions of dementia as a living death<sup>[4]</sup> predicate themselves on the observation that dementia "*Savagely and pitilessly, ... strips away memory, language and personality, leaving only the shell of its victims behind*". Many people accept that, as well as diminishing intellect and ability, the illness does indeed erode our humanity and personhood.

People with a learning disability too, may be perceived to have less personhood as they cannot express themselves as easily or as well as others. Although we must state that view is desperately untrue.

And yet we often see the most acute and beautiful humanity in in people with severe disability. The book "The Diving Bell and the Butterfly" stands out as an exemplar of that<sup>[5]</sup>.

In the last century, such views of humanity and the supposed lack of full moral rights of people with learning disability and those of certain races etc led to some of the greatest atrocities ever seen. Modern concepts of personhood are very much focused on the ethics of abortion and euthanasia. Many ethicists would now deny the rights of personhood to those who cannot understand, cannot feel pain or who have profound intellectual disability. And the absence of personhood is used as a justification for abortion, euthanasia and experimenting on human embryos.

In connecting the soul so closely with the intellect, Descartes (unwittingly I suspect) gave strong support to the modern view that personhood requires the ability to think. From that it follows that human embryos can be experimented upon and then discarded, while people with severe dementia or people who are in a persistent vegetative state are not truly people (and may in any case be better off dead).

## Lessons from real life

My younger brother died at the age of 20 and was profoundly intellectually disabled. Despite that, or perhaps even because of that, he had a humanity that is so often clearly seen among people with Down's Syndrome. His humanity fully transcended his inability to speak, or his inability to understand blindness when it happened at the age of 19. He was a loveable, delightful (and somewhat cheeky) chap. Fully human but profoundly disabled. And he had about 300 people at his funeral. People wept when he died. His humanity shone brightly through his disability and was a dimension of him that incorporated his whole being and certainly not just his intellect. And I have seen that demonstration of humanity so many times in other learning-disabled people. My brother is but one example.

In my work as a consultant psychiatrist for the elderly, people with profound dementia have continued to express a deep and true humanity which is, again, not prevented by their loss of intellect. Perhaps even, in their vulnerability and dependence upon others, their dignity and their humanity

is even more tenderly expressed and highlighted. With good care, our humanity is acknowledged as transcending our intellectual loss.

While I was writing this paper I found that many people agreed with the view that, in our vulnerability and our dependence upon others, our humanity is emphasised, and perhaps even enhanced. For a person to be severely unwell and to have a severe dementia may even (in some cases) increase our ability to see that person's humanity. So often, while caring for people with very advanced dementia, I have seen that humanity brightly displayed. The view that the loss of intellect in people with dementia equates to a loss of humanity is clearly at variance with so many people's experience of dementia. Descartes' descendants, if they use the word soul at all, connect the soul very much with the intellect. But seen through the lens of dementia care, that view is, simply, wrong.

In the unborn and newborn too, attempts to circumscribe the right not to be killed have been based upon a requirement that the child have the ability to think or at very least, to feel pain, or to respond to other stimuli. Such requirements (which in essence deny the personhood of some children, born or unborn) stem ultimately from the Cartesian stress on the primacy of rational thought.

**"I think, therefore I am"**, however true, has led some to deny the personhood of the embryo and the foetus. **"I am, therefore I am"** would set out the right of the unborn far better. St Theresa of Calcutta famously picked up destitute and dying babies from the gutters of Calcutta and simply held them aloft and showed their dignity and worth. She loved them because they were, not for what intellect they had or what they might one day produce.

My experience with the disabled, the learning disabled, and people with dementia and my experience of the unborn has forced me to reject Cartesian dualism. **"I think, therefore I am"** does not describe what I see. Thinking may be a sign of our humanity, our moral personhood, but it is not the only sign. **"I am, therefore I am"** would seem a more adequate description of what I see.

The descendants of Descartes are denying the humanity of those who are disabled, frail and dying. We need to challenge this view. The human soul is far greater than the human intellect.

### **The tyranny of "I am what I think".**

The world concludes that if your intellect is reduced or not yet developed, then morally you are less human, or you are not human. The unborn and

the disabled may be killed, including for eugenic reasons to improve the human gene pool. All that is required is that these people be unable to pass the thinking test.

Tony Bland was described having no best interests<sup>[1]</sup>. Alfie Evans' best interests were described as being dead<sup>[2]</sup>. Therefore, he was barred from treatment abroad as survival could not be in his best interests<sup>[3]</sup>. The ability to deny the humanity of a person simply because he cannot feel pain or has no obvious intellectual functioning becomes tyrannical. The disabled and unwell (as well as their families) come to fear the authorities who may conclude *"you do not think, therefore you are not"* or worse still, *"you do not think, therefore you should not be"*. As a result the authorities then conclude that fundamental human rights do not apply. As Baroness Warnock once concluded *"people with dementia have a duty to die"*<sup>[4]</sup>. Cartesian dualism can lead to (and be used to) support arguments for such tyranny.

### **The Church's view: I am, therefore I am.**

In the Catechism of the Catholic Church (CCC, see excerpts below) we are taught that God made man in his own image, with a unity between body and soul. Man's unique gift is his ability to *"know and love his Creator"*. *"Man, whole and entire, is willed by God."* The CCC specifically points out that *"the term 'soul' often refers to human life or the entire human person"* and that *"The unity of soul and body is so profound that one has to consider the soul to be the 'form' of the body."* The Church *"teaches that every spiritual soul is created immediately by God – it is not 'produced' by the parents – and also that it is immortal: it does not perish when it separates from the body at death, and it will be reunited with the body at the final Resurrection."*

Holy Mother Church clearly takes the view that all humans are human and therefore demand respect, the right to life and full dignity from conception right through to death. The soul is beautiful in all stages of human existence, from conception to death. And the disabled are no more nor less human than the most able and intelligent of us. The Church proclaims simply and beautifully that all human life is human and *"every spiritual soul is created immediately by God"*. That, I think, could be neatly summarised as **"we are because we are"**.

To be alive and human is enough. With that, we require full respect for our dignity and worth. We must not be expected to *"qualify"* for our humanity to be recognised. To require that we can feel, that we can experience pain, that we understand, or to require that we somehow qualify in another way for the accolade of being *"human"* or a *"person"*

simply tyrannises the disadvantaged and disabled.

The ability to think and understand is without doubt a priceless gift of God, but it is not the qualifying requirement for anyone to be considered and respected as a human. To be human cannot depend upon a requirement that we think. The human soul is far greater than that.

Within healthcare, as I have attempted to show above, the requirement that people demonstrate abilities before they can be accepted as having "personhood" can deeply corrupt the care of the disadvantaged and disabled, exposing them to poor care, neglect and being killed.

"I am, therefore I am" was the Thomistic view and remains the view of Holy Mother Church. We are living beings animated by a rational soul which is our life-principle, not just our intellect and will.

## References

- [1] Jones DA . The Soul of the Embryo. Continuum Press 2004. ISBN 987-0-8264-6296
- [2] Eckhart Tolle. The Power of Now Hodder and Stoughton. ISBN-13:9780340733509
- [3] Ryle (1949) The concept of mind. (London: Hutchinson)
- [4] Hill Amelia (2008), Dementia is a living death for 700,000 Britons. That figure is rising sharply. Can we cope? The Guardian Feb 17th <https://www.theguardian.com/society/2008/feb/17/mentalhealth.health>
- [5] The Diving Bell and the Butterfly. Bauby Jean-Dominique. ISBN-13:9780007790159
- [6] " Male and Female He created them " Towards a path of dialogue on the question of gender. Vatican city 2019 [http://www.vatican.va/roman\\_curia/congregations/ccatheduc/documents/rc\\_con\\_ccatheduc\\_doc\\_20190202\\_maschio-e-femmina\\_en.pdf](http://www.vatican.va/roman_curia/congregations/ccatheduc/documents/rc_con_ccatheduc_doc_20190202_maschio-e-femmina_en.pdf)

## Acknowledgement

### Acknowledgement

I am not a philosopher. I have struggled to work out Cartesian dualism but have been forced to do so by working in a memory clinic with people with all stages of dementia. I am deeply grateful to my severely disabled brother who, taking me by the hand, showed me by his own life, love and sense of humour that his soul was so much greater than his intellect. And I am very grateful to Professor David Jones whose book "the Soul of the Embryo" I have hugely relied upon in writing this article.

## The Catechism of the Catholic Church and the Human Soul.

*These excerpts summaries Church teaching on the Human Soul.*

**355** "God created man in his own image, in the image of God he created him, male and female he created them."

**356** Of all visible creatures only man is "able to know and love his creator". He is "the only creature on earth that God has willed for its own sake", and he alone is called to share, by knowledge and love, in God's own life. It was for this end that he was created, and this is the fundamental reason for his dignity:

**362** The human person, created in the image of God, is a being at once corporeal and spiritual.... Man, whole and entire, is therefore willed by God.

**363** In Sacred Scripture the term "soul" often refers to human life or the entire human person. But "soul" also refers to the innermost aspect of man, that which is of greatest value in him, that by which he is most especially in God's image: "soul" signifies the spiritual principle in man.

**364** The human body shares in the dignity of "the image of God": it is a human body precisely because it is animated by a spiritual soul, and it is the whole human person that is intended to become, in the body of Christ, a temple of the Spirit:

Man, though made of body and soul, is a unity.

**365** The unity of soul and body is so profound that one has to consider the soul to be the "form" of the body: i.e., it is because of its spiritual soul that the body made of matter becomes a living, human body; spirit and matter, in man, are not two natures united, but rather their union forms a single nature.

**366** The Church teaches that every spiritual soul is created immediately by God - it is not "produced" by the parents - and also that it is immortal: it does not perish when it separates from the body at death, and it will be reunited with the body at the final Resurrection

## Does Descartes have anything to say about Transgender issues?

### A final postscript on some Transgender issues

*Having written the article above I found myself thinking through the issues of gender reassignment. These issues are currently being considered by both the Scottish and UK Governments.*

One of the challenges of the LGBT movement has been that under LGBT theory people define themselves not simply as men or women but according to sexual attraction and/or their personal sense of gender - something potentially entirely separable from biological sex.

As a result, people (perhaps especially younger people) may feel encouraged to think though and express their sexual orientation and also that they must question their "gender". Regardless of their biological sex (which they may still acknowledge), individuals who are, say, biologically male may feel, believe or conclude that they are female or some other non-male gender. Gender is seen as more fundamental than sex.

While Descartes stated, "*I think, therefore I am*", in Gender Theory that statement might be modified to suggest that "*I think I am female, therefore I am female*". The definition of gender is thereby effectively removed from a person's biologically based sex. Gender is instead defined by what the individual discovers in his or her own feelings. Consequently, perhaps especially at a young age, people may feel that they are required not simply to know that they are male or female, but to have thought through (perhaps even before puberty) their gender and even perhaps their sexual orientation.

In that context we may feel encouraged to make a conscious assessment of our sexuality and also our gender. As a man, it is not simply enough to accept one's biological state of maleness. Men may feel that they must express features of maleness in order to describe themselves as male. That raises interesting questions. For example

- is a man who has five (or ten) children more or less of a man than one who has none? Definitely not!
- is a man who has one wife, and is faithful to her and her alone though his whole life, more or less of a man than a man who has 200 sexual partners?

Likewise, Gender Theory appears to require women to think they are female to be female. Again, what if a woman thinks she must do certain female things in order to qualify as a woman?

- is a woman who has carried and mothers five children more of a woman than one who is infertile? Clearly not
- is a faithful wife less or more of a woman than a promiscuous woman? Clearly not. However she feels and expresses her femininity, she remains a female.

If our being a man or being a woman is defined by the way we feel and think and express ourselves rather than our biological basis, then there appear to be real dangers in thinking in such terms.

The Cartesian "I think, therefore I am" along with its derivative "I am what I think" lends itself to the view (set out in Gender theory) that we are defined by what we think and feel more than we are by our biological sex. To be a man, I must think, feel and conclude that I am a man. A Cartesian approach saying that my soul is my mind (and separate from my biology) appears to support the requirement for us to have thought through and answered what can be difficult and challenging questions about our self-identity.

In the document "*Male and Female He created them*"<sup>[6]</sup> the Vatican's Congregation for Catholic Education states that we are male and female because God made us male and female. We should not set out mental qualifications for either maleness, femaleness, manhood or womanhood. Our humanity, our sex and our sexuality is a gift of God. Humanity is not earned, it is given. It is simply enough that we are. Or, as Descartes did not say, "**we are because we are**".

*Dr Adrian Treloar*

## REPORTS The Unexplained Infertility Summit



This was a three day summit starting on 25.05 2020 . After the Fertility Summit in April, Anna Saucier, main organiser, and Melissa Buchan had received some very positive feedback. They had decided to follow on with a second summit next year, but thanks to the encouraging response, a decision was made to put on a shorter second summit now, this time on Unexplained Infertility. (The un is crossed off on the web site).

The format was the same, with free registration, and information about the presentations sent out in advance. Access to the summit was given each day, and an opportunity to order the talks via podcast was available.

I watched 3-4 presentations each day, (from a choice of 8 -9 talks) and the first day started with, **Explaining unexplained infertility. .... Charting, a powerful diagnostic map. .... Silent effects of different factors on menstrual cycle and fertility... A personal journey through unexplained infertility..... Assisted Reproductive Technology vs Restorative Reproductive Technology**, explaining the diagnostic tests, treatments and outcomes of both.....**What is Restorative Reproductive Medicine. .... How to improve egg quality.**

A doctor with experience working in IVF, talked about his background training (Animal sciences degree, worked with IVF in animals before he moved on to human reproduction). He explained why he now believes Restorative Reproductive Medicine is the best approach to the infertility problem. Later that day he also gave an informative and clear presentation on the **Effectiveness of IVF v RRM**. Legal and Ethical issues were also explained.

On day 2 there were excellent talks on **'The NaPro Technology Approach to unexplained Infertility' ....The link between Digestion and Fertility, .. navigating PCOS (Polycystic ovary syndrome) and unexplained infertility..... Environmental toxins affecting Fertility Health .....** **The way we think matters .... Importance of Progesterone .... Recurrent pregnancy loss .... Navigating PCOS and unexplained infertility .... Overcoming infertility with Lifestyle change.**

Dr Phil Boyle presented on **The truth about Ovarian Reserve and Anti-Mullerian**  
[www.neofertility.ie](http://www.neofertility.ie)

Day 3 covered **Insulin Resistance affecting infertility, .... Undetected viruses that affect infertility.** Virus are difficult to detect in the body , but may play a part in increasing the immune response and thus risk rejection of the fertilised ova ....

**Epigenetic approach to fertility**, particularly in pre-conceptual care.

This is not a full list of the topics covered, but gives an impression of the breadth and quality of the presentations. The speakers were clear, knowledgeable and enthusiastic about their subject. I believe the summit would be of interest to women / couples trying to achieve a pregnancy, and of particular interest to doctors, nurses, midwives and healthcare personnel. The speakers gave website details for future contact.

Anyone who would like to register interest for future events may do so via.

[www.cyclepowersummit.com](http://www.cyclepowersummit.com)

## The Cycle Power Summit 16-20th April 2020.



This was the second year the Cycle Power Summit has been held. It was online with free registration. We report on the **UPDATE ON NFP TREATMENT** presented by Ira Winter.



Another method of Natural Family Planning is the Creighton Model FertilityCare system (CrMS). It was developed by gynaecologist Dr Tom Hilgers MD in Omaha Nebraska in the 1970's, upon reviewing other NFP methods particularly the Billings Ovulation method. Due to the standardisation of language and codes used with the CrMS, the system lends itself to medical evaluation and in Europe especially, has been taken up by many couples wishing to conceive. The medical treatment utilising information from the CrMS charting is known as NaProTechnology (NPT or NaPro).

In the UK, medical NPT treatment is difficult to access, and UK CrMS practitioners largely refer to Dr Caroline Guindon in Ireland for NPT treatment. (see contact info below) Preparation for the medical appointments like charting teaching and cooperative blood testing is guided by the UK practitioners locally. To support the public with information on the CrMS and NPT as well as how to find a local suitably trained practitioner, British practitioners have founded a charitable

incorporated organisation (CIO) called Fertility-care Centres Great Britain [www.FCCGB.org](http://www.FCCGB.org). The organisation will for the first-time group together under one umbrella all British CrMS practitioners, thus making it easier for referring organisations such as churches or marriage support groups to sign-post to just one information point. For information regarding Fertility-Care practitioners in other European countries see <http://fce.naprobaby.ie/>.

Most practitioners can teach via distance, thus helping to spread the thin numbers further. Due to the precise language that has to be learnt by users, the method is always taught by a practitioner, not just from a book. It is always taught one-to-one. In the absence of the NHS or insurances covering costs, the method carries a cost in its learning. Therefore, FCCGB will serve as a fund-raising hub to promote and support better access for all to this method.

All clients record initially using paper and pen method. Only after a minimum of 5 follow-up sessions or three months charting can clients be deemed ready by their practitioner to start using the CrMS app which was released in Sep 2019. Inherent to the method is the promotion of marriage, relationship growth and improved communication.

The method excels in pinpointing underlying variations to normal cycle patterns. Identifying suboptimal conditions for conception and then providing treatment is the foundation to the natural conception support gained through CrMS and NPT.

Conditions such as male or female sub-fertility, PCOS, irregular even absent cycles, irregular bleeding, PMS, menstrual cramps, endometriosis and others have successfully found relief with NPT.

Ira Winter is a NaPro nurse practitioner, naturopath and director of Fiat FertilityCare. [www.fiatfertilitycare.co.uk](http://www.fiatfertilitycare.co.uk)

## Resources

Websites of organisations relevant to the article are those for the

- International Institute for Restorative and Reproductive Medicine <https://iirm.org>
- Fertility Care Centres Great Britain [www.fccgb.org](http://www.fccgb.org)
- For medical NPT treatment see Dr Caroline Guindon, The Student Health practice, Galway, Ireland. [www.naprobaby.ie](http://www.naprobaby.ie)
- Fiat FertilityCare. [www.fiatfertilitycare.co.uk](http://www.fiatfertilitycare.co.uk)

# NOTICE OF CMA (UK) Annual General Meeting 2020.

**Date: Saturday September 5th  
10.30am-12.30pm.**

The CMMS AGM will followed  
by CMA AGM .

Our Catholic Medical Association  
& Catholic Medical Missionary Society  
AGMs will be held "virtually" on  
ZOOM.

The AGMs are open to all members  
of the CMA (UK).

The AGM Booklet sent out earlier in the  
year (In the CMQ) will be used.

Please register to attend with the  
Secretary at  
<[stevebrennan2000@yahoo.co.uk](mailto:stevebrennan2000@yahoo.co.uk)>  
You will receive an acknowledgement  
& then get the codes for the meeting  
in the week before.

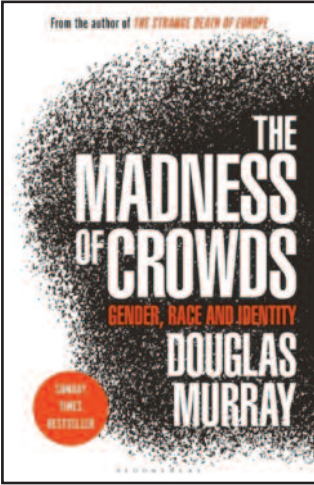
# BOOK REVIEWS

## The Madness of Crowds Gender, Race and Identity

by Douglas Murray

Published Bloomsbury Continuum

Reviewed by Pravin Thevasathan



Are there such things as racism, homophobia and misogyny? Of course there are. Murray is too subtle a writer to pretend otherwise. But there is, says Murray, something ominous going on currently. Liberal leaning academics and others are using these real issues to further their own agenda, which ultimately involves the suppression of free speech. As Murray puts it, the "enquiring aspect" of liberalism is being replaced by a liberal dogmatism. One thinks here of the Catholic journalist Caroline Farrow being investigated by the police for referring to a male person who was operated on at the age of sixteen to have a female appearance as a male person.

In a chapter on homosexuality, Murray states that calling oneself gay is an unstable way of describing oneself. Science has not come up with any specific causes of homosexuality. Besides, says Murray, the gay community is itself divided between those who want to be accepted as gay by the wider community and those who want to be recognised as fundamentally different from the heterosexual community.

Many feminists have regarded gender as a social construct. But Murray notes that transgender activists see it as an absolute value. It defines who they are. Children with gender dysphoria are given "corrective" therapies including surgery and drug treatments. What about male couples who want to raise their own biological children? Are not women effectively written off in this scenario?

It is also acceptable for a man to identify as a woman but it is not acceptable for a black man to identify as white. Murray suggests that attempts at recognizing these different claims lead invariably to "an invitation to madness." It is simply not possible to reconcile these various claims: one group will suffer. What about those born male taking part in women's sports? Do they not have a natural advantage?

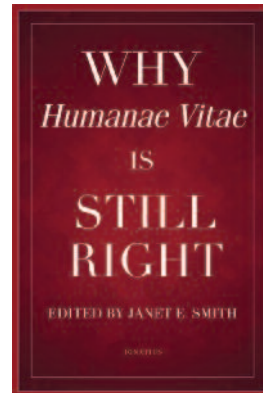
Murray gives an excellent description of the current "madness." But he appears not to have reasons for the cause. It is surely due to rejection of the natural law. He also has the view that homosexuals have a better understanding of female sexuality than male heterosexuals. He appears to have little understanding of sexual complementarity as taught by the Catholic Church.

Despite those concerns, this work is a powerful and persuasive argument in favour of free speech.

## Why *Humanae Vitae* is Still Right

Edited by Janet Smith. Ignatius Press 2018

Reviewed by The Rev Prof Patrick Pullicino



This collection of essays under the editorship of a well-known champion of Paul VI's encyclical, is a timely call to arms on contraception and *Humanae Vitae*.

Mary Eberstadt underscores the prophetic power of *Humanae Vitae* and says "*Humanae Vitae* does not burn" despite all those trying to relativise it in the Catholic Church. Deborah Savage says that the dignity of woman cannot be understood in any real sense apart from her natural capacity to bear and nurture life. Uju Ekeocha, the founder and head of Culture of Life Africa decries the rhetoric that population explosion in Africa is a

cause of famines. She wrote an outraged letter to Melinda Gates because of ongoing her plan to spend \$5 billion to ensure that African women's fertility was blocked by contraception, and says that this is racism, imperialism, and colonialism disguised as philanthropy. Christopher West recalls the Fatima warning relayed by Sr Lucia that the decisive battle between the kingdom of Christ and the Satan will be over marriage and the family, and that it is taking place today through contraception.

There are chapters on the Theology of the Body and Biblical underpinnings of *Humanae Vitae*. A new redaction of the ethical norms of conjugal life by a group of theologians from Krakow which was headed by Karol Cardinal Wojtyla gives an exposition on the place of natural law in the Church's teaching on contraception. Maria Fedoryka gives a personalist view to show that only productive love "union plus fruit" equals love.

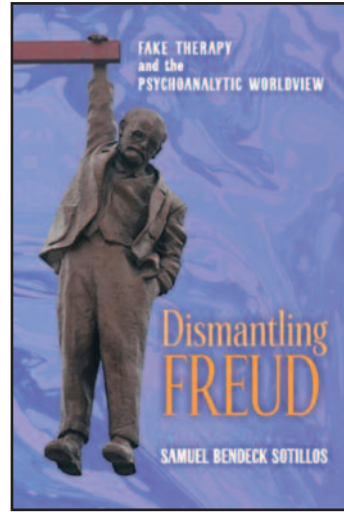
Janet Smith herself writes three chapters, one on Natural Sex, that shows why intercourse without procreation is confusing and leads to destructive and perverse practices and that true love and holiness cannot be thereby achieved. Her second chapter is concerning the *Sensus Fidelium* and contraception. Many priests and bishops are reluctant to preach against contraception because the majority of Catholics in the West approve of and practice it. Ms Smith shows that Catholic theologians are wrong to take this widespread acquiescence as a *Sensus Fidelium*. Newman believed that the few, "*grex parvus*" who have the power to remain faithful to Church teaching, and who know and live their faith, are the ones that affirm the wisdom of the Church concerning sexual morality and who should be listened to. She has a third chapter on how important right conscience formation is both for Catholic laity and physicians and that it is not being taught.

This book is a challenge to all levels of the Catholic faith to rethink the terrible damage that contraception is doing to society, to our religion and to our relationships. Bishops and priests cannot be cowed by the apparent *Sensus Fidelium*, but must defend this ongoing attack on families by proclaiming *Humanae Vitae* is still right.

## Dismantling Freud ; Fake Therapy and the Psychoanalytic Worldview

by Samuel Bendeck Sotillos, Angelico Press

Reviewed by Pravin Thevasathan



Prior to the sixties, there was a concerted campaign at synthesizing the Catholic worldview with Freudian dogma in some Catholic circles. Among Catholic psychiatrists and psychologists, this attempt can be explained by the lack of treatment options available at the time, apart from talking therapies and long-term confinement. Needless to say, the attempt at synthesis proved a failure. As the author of this excellent work demonstrates in detail, Freudian dogma and any kind of belief in a transcendent order are incompatible. He also quotes Freud as being quite open about his own view: "Psychoanalytic research is...the subject of suspicious attention from Catholicism. I do not maintain that the suspicion is unmerited. If our research leads us to a result that reduces religion to the status of a neurosis of mankind and explains its grandiose powers in the same way as we should a neurotic obsession in our individual patients, then we may be sure we shall incur...the greatest resentment of the powers that be."

As the author demonstrates, Freud was not interested in objective scientific research: he was too engrossed in attempting to sort out his own neuroses, something he was not successful at. Freudian therapy became his own means of dealing with his hostility to religion. Indeed, what he was actually proposing was replacing religion with Freudian secularism. Ernest Jones, his most famous biographer, referred to Freud as the pope of a new sect, with his writings acting as sacred texts whose dogmas had to be believed. Heretics had to be expelled from the Freudian church,



as Carl Jung was to find out. This even though Jung had made an act of faith while still a disciple: "Great is the power of your truth and it shall prevail."

Was this attempt at replacing religion a scientific endeavor or was something sinister going on? The author cites Velikovsky, a psychoanalyst who in 1941 said that Freud had made a Faustian pact in order to secure his own advancement. In order to do this Freud was willing to sell his soul to the Catholic Church, or the devil. For Freud, God, the Catholic Church and the devil are all one and the same, all father substitutes. As therapist, Freud was the father substitute: "All my life I have had to play the devil in order that others would be able to build the most beautiful cathedrals with the materials that I provided." Freud thus saw himself as God the Father and the devil. His religion seems much more like Gnosticism than any other religion.

Sotillos argues that Freud was not interested in the human being lying on his couch, trying to make sense of the ontological void brought about by modernism and its consequent spiritual crisis. He was too busy psychoanalyzing himself. The doctrine of the talking cure thus becomes not a science at all but a symptom of Freud's own psychological imbalance. Psychoanalysis is thus an inverted psychology, an inverted spirituality for modern man. In the words of Rene Guenon: "While nineteenth century materialism closed the mind of man to what is above him...twentieth century psychology opened to what is below him."

There are some slight reservations I have about this work: it is implied that all modern psychology and psychiatry are fake religions that seek to destroy true religion. But surely problems arise only when these fields make the claim that they are replacing religion. The claims of contemporary British psychiatry are modest: most clinicians have little interest in dealing with the ontological void. Or, perhaps, the damage has already been done. Freud may have achieved some of his goals, but it is also increasingly clear that the ontological void of modern man is beyond the reach of his therapy.

Some reservations aside, this is a masterful and devastating critique of the doctrines of Freud.

## Pure Power. A Spiritual Workout to help you break free from sexual sin or avoid it in the first place

by Nicole Abisinio

Reviewed by Pravin Thevasathan



This is a wonderful resource that I would recommend especially for young people. The teachings of the Catholic Church on sexuality are demanding, counter-cultural and frequently ignored. But they are ultimately the only way to happiness. You do not have to be a clinician to see the damage inflicted by sexual promiscuity.

Exercising the spiritual life and the bodily life are remarkably similar. If you stop doing physical exercise, you become unfit. If you stop praying, you slide back. Incentives are needed in both cases. What greater incentive than loving God with your whole soul? When you fall in love, the practice of the virtues are easier.

The author goes through all the typical excuses we make to avoid living chastely: the Bible is outdated, it is impossible to live chastely these days, once you have fallen, it is not possible to be pure and the pure are missing out.

The importance of prayer and the sacraments are noted. Especially important are frequent confession and frequent Communion. It is easy to pray when things are going well. But it is vital to continue to pray in times of difficulty: to "praise Him in the sun and in the storm." Apart from prayer, the author stresses the importance of fasting. And there is also the importance of practicing virtues like humility.

Towards the end of the book, there is an excellent series of prayerful reflections for forty days.

In conclusion, this is an excellent theoretical and practical spiritual workout.



It is inevitable that the economic collapse precipitated by the global Covid - 19 pandemic has greatly increased the number of vulnerable people who are at risk of modern slavery. The disruption to business and the justice system and the preoccupation of law enforcers is creating an opportunity for criminal gangs to exploit them.

Pope Francis described modern slavery as "an open wound on the body of contemporary society" when he endorsed the Santa Marta Group, an international alliance of Catholic bishops and police chiefs<sup>[1]</sup> to eradicate human trafficking and modern day slavery.

Organisations fighting sex trafficking have written to the Secretary General of the United Nations to ask that sex trafficking prostitution and sexual exploited persons be included in the UN`s Covid - 19 policy document calling for funds. "The goal of the fund should be to assist and uplift human beings who are bought and sold in the global multi-billion-dollar sex trade; not further their profiteers and exploiters who deem sexual exploitation a form of labour".<sup>[2]</sup>

In the U K The Modern Slavery Act 2015 ( 3 ) consolidated previous offences relating to trafficking and slavery and appointed an anti-slavery commissioner. It called for a register which business employers should consult when considering their international supply chain . Over 10,000 businesses have complied but the Act does not cover prostitution or "tied visas", involving domestic servants and which would limit their right to change employment. Though these were raised in Parliament they were not accepted. Thus, the Act is mainly about matters before the courts.

Police authorities have alerted the public to slavery

which may be in plain sight. They urge the public to look out for a number of suspicious things such as;

- Is the worker afraid to speak to strangers?
- Are they badly dressed and rarely change clothes?
- Are they living in squalor or sleeping on the premises?
- Are they brought to work early and collected late?
- Under the pandemic they may lack any masks gloves or protective clothing.
- The authorities will then investigate to see if they possess valid documents including a passport.<sup>[4]</sup>

In the present demonstrations about "black lives matter", just occasionally one sees a mention of modern slavery. Why is this when slavery is arguably more relevant than ever?

Dr Anthony Cole J P FRCPCCH. Dr Cole is a retired Paediatrician

## References

- 1 santamartagroup.com 8/10/15
- 2 santa marta group April 17/4/20 Zuzanna
- 3 Modern Slavery Act 2015 Gov UK 10/6/19
- 4 Ipswich Star ccn@cbew.org.uk 15/6/20

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## THE CATHOLIC MEDICAL MISSIONARY SOCIETY:

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Our website is at [www.catholicmedicalassociation.org.uk/announcements/the-catholic-medical-missionary-society](http://www.catholicmedicalassociation.org.uk/announcements/the-catholic-medical-missionary-society)

Treasurer: Dr Steve Brennan ([secretary@catholicmedicalassociation.org.uk](mailto:secretary@catholicmedicalassociation.org.uk)).

To make a donation online please go to our donations service via [www.catholicmedicalassociation.org.uk](http://www.catholicmedicalassociation.org.uk)

If you wish to apply to the CMMS for support, please email [catholicmedicalmissionary@gmail.com](mailto:catholicmedicalmissionary@gmail.com)

## AFFILIATED ORGANISATIONS

Scottish Catholic Medical Association [www.scottishcma@gmail.com](mailto:www.scottishcma@gmail.com)

Association of Catholic Nurses [www.catholicnurses.org.uk](http://www.catholicnurses.org.uk)

**JOIN CMA (UK), OR SUBSCRIBE TO THE CMQ  
MEMBERSHIP/SUBSCRIPTION APPLICATION FORM & BANKER'S ORDER**

To **The Hon. Registrar**  
**The Catholic Medical Association (UK)**  
**39 Eccleston Square, London, SW1V 1BX**

(Please complete all relevant sections)

I apply to become a member of The Catholic Medical Association (UK) and send herewith a completed Banker's Order (below) or cheque for the appropriate annual subscription (Standard membership £50, [Concessionary rate\* £30], Joint members £60, Student member £10). (\* Concessionary Rate must be individually requested, see below)

OR

I wish to become a subscriber to the Catholic Medical Quarterly (£25 p.a.)

Name \_\_\_\_\_

Qualifications \_\_\_\_\_ Students - expected date of qualification \_\_\_\_\_

Telephone No \_\_\_\_\_ email \_\_\_\_\_

1. Permanent Address (or home address for students) \_\_\_\_\_

or home address for students \_\_\_\_\_

2. Professional address (or college address for students) \_\_\_\_\_

Preferred address for mailing (1 or 2) \_\_\_\_\_ Preferred Branch for membership \_\_\_\_\_

Signature \_\_\_\_\_

\* This rate is intended for UK and Ireland members those who are not higher rate tax payers. Higher rate tax payers who Gift Aid their membership can claim back additional money in their annual tax return.

**Declaration**

My current income means that I am not a higher rate tax payer and I wish to claim the concessionary subscription rate of £30 per annum. I will notify you if I become a higher rate tax payer (above £41,000 per year, 2014 threshold)

Signed \_\_\_\_\_

The Catholic Medical Association (UK) Banker's Standing Order Date: \_\_\_\_\_

To Messrs (Name and Address of Bank) \_\_\_\_\_

Bank: Sort Code \_\_\_\_\_ Account No \_\_\_\_\_

Please pay forthwith to Lloyds Bank plc, Langham Place Branch, 324 Regent Street, London W1B 3BL (Sort Code No. 30-93-68) for the account of the Catholic Medical Association (UK), Account no. 00081844, the sum of £ \_\_\_\_\_ being my Annual Subscription for Membership and thereafter pay this amount annually every 1st October commencing 1st October next quoting my name and membership number on all transactions. This order supersedes all previous orders to this body or to the Guild of Catholic Doctors.

Signature: