

ACKNOWLEDGMENTS

In 1985, twelve years after the infamous Roe v Wade decision legalizing abortion on demand in the United States, the editor of *The Acadiana Catholic*, Lafayette, Louisiana, invited me to begin writing a series of columns on the sanctity of human life. She has kindly permitted me to put these all together in book form, hopefully in some semblance of chronological order. Written monthly at first, and bi-monthly in recent years, they reflect the ups and downs of the pro-life movement, and especially focus on all the sad ramifications of legal abortion...physician assisted suicide, euthanasia, test-tube babies, surrogate motherhood, frozen embryos, and all the rest. Permission is hereby granted to anyone who would like to copy any or all of these articles without acknowledgment of authorship.

I would like to extend special thanks to Michael Blanchard, Executive Director of the Hospice of Acadiana Foundation, for his help. Mike is a former university professor of English and proofread every line of every article. Thanks to him I will forever know whether the quotation marks come after or before the period or comma.

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THE WORST HOLOCAUST

Of all the arguments put forth to justify abortion-on-demand, and thanks to the secular press we have read them all many times over, the one that has always had the most chilling effect on me personally is the one which justifies abortion to prevent the birth of a baby who will be born with physical or mental defects. Since the early days of the pro-life movement we have been warning that acceptance of this argument could easily lead to another tragic mindset, one which allows and even encourages the killing of newborn babies with defects, and this has sadly come to pass. The Bloomington Baby, Baby Doe, and others have brought into sharp focus the ever-widening gap between the opposing mentalities in the abortion debate, with each side claiming the other is insensitive and lacking in compassion.

As a physician I would naturally love to see the eventual elimination of all birth defects, but as a Christian I am certainly opposed to the elimination of babies with defects, born or unborn. I am disturbed by the creeping mentality about infants born who are less than "perfect." Who will draw the lines? Who will make these decisions about who shall die and who shall be allowed to live? A club-foot is alright, but not a spina bifida. This baby may be fed, but not that one.

Where in the world did the idea come from that physicians can and should make judgments like these? Nowhere in his or her training does a doctor acquire this sort of wisdom and discernment. Our society has attempted to bestow on doctors the mantle of moral judge for many issues concerned with basic human values and rights, and the conscientious doctor should refuse it.

Allowing the baby to die at least gets the attention of the news media, and many people have thus become sufficiently aroused to speak out against infanticide. But killing an unborn baby early in gestation who will be born with defects is far less newsworthy, and indeed is commonplace; but it should arouse us just as surely, for it is the taking of human life, and this is wrong and sinful at whatever stage in his or her development.

This attitude, that only those babies without imperfections shall live, has led to another serious and growing problem. No field of medicine has outstripped Obstetrics in technological advances in the past decade. We "dinosaurs" who used to deliver babies in the then acceptable fashion marvel at all

the new equipment and facilities now at our disposal: ultrasound, fetal monitoring, high-risk pregnancy centers, new anesthesia techniques, and many more.

And yet, paradoxically, obstetricians have become particularly vulnerable to malpractice action, proportionately far more than their surgical and medical colleagues, and we are now witnessing many relatively young men and women, who have been excellently trained and who have acquired considerable expertise in Obstetrics, leaving the field entirely, to limit their practice to Gynecology. The reason for this exodus is all too clear: as the trend to smaller families increases, couples want and expect their child to be perfect. If there are defects, there must have been a slip-up somewhere.

By means of a procedure known as amniocentesis, doctors are becoming increasingly proficient at predicting, early in pregnancy, a number of birth defects. If the obstetrician has any reason whatsoever to suspect that there may be defects, he must inform the mother-to-be, and at least offer her the option of having amniocentesis performed; and, of course, he must offer her the option of having an abortion, if anomalies are detected. If he does not, and the baby is born with a defect, he may face a lawsuit, and he will lose the suit.

There have been many precedents for this all across the country. Ninety-eight per cent of the women who learn from this procedure that their baby will be defective opt for abortion. Think of the burden this must put on the physician who is morally opposed to abortion, and you will understand at least part of the reason so many O.B.'s are leaving obstetrics.

Those of us who believe that all human life is sacred and represents God's most precious gift to us must come forward and speak out for the unborn, and the newly born. We must protect defenseless human life wherever and whenever it is under threat, whether it is intact or deformed, wanted or unwanted, illegitimate or high-born. We must educate the uninformed, and the misinformed, so that they too may come to understand that we are squarely in the midst of the worst holocaust the world has ever known, and we must end it.

WHO IS TO BLAME?

If you were asked your opinion as to who has been largely to blame for the dreadful problem of widespread abortion in our country, who would you single out? Would you point the finger at the secular humanists, the American Civil Liberties Union, the extremists in the feminist movement, the courts? I submit that you should place the greatest share of the blame squarely where it belongs, on the medical profession.

Since the early beginnings of the science of Medicine, practitioners of the art have consistently devoted all of their energies and their talents and their research toward the preservation of the life and the improvement in the comfort of their patients. If the conscientious physician made a good living in the process, and he usually did, then that was a fringe benefit. The reward for the endless hours of work and worry, which so often stretched far into the night, was not the dollars that he was paid, nor even the adulation of his patients; his real reward came in the form of that indescribable feeling that comes with the realization that one has been of real service to a fellow human being.

In your training you learned somewhat subtly, if you were unaware of it beforehand, that human life is something sacred. Of course, it was never put in exactly those terms, but it came to you over and over again as you learned the importance of respect for your patient's feelings and fears, what trust and confidence in the doctor meant, the impact of the doctor-patient relationship on patient care, and the tremendous responsibility you had to each person you had under your care. And when your patient was a woman in pregnancy, your responsibility doubled, for you now had two patients; and the second patient was not called a fetus, it was called a baby.

"Abortion" was not a word you would hear in casual conversation, not even in the Doctors' Lounges of the hospitals. There were no abortionists in your neighborhood, or in your social club, and certainly not in your circle of friends.

The Supreme Court decision of 1973, and the events that followed, have changed all that. As the strident cries of "unwanted pregnancies" and "a woman's right to her own body" filled the air, the American Medical Association and other doctor groups gradually shifted from their traditional stance and succumbed to the pressures of the "new morality." In less than the span of one generation, we have

witnessed a complete attitudinal change among large numbers from the noblest of professions. Innocent unborn babies, once afforded most careful attention and protection, are now being scraped or sucked away from the womb, or scalded to death with chemicals, and discarded like so much rubbish, by men and women so highly trained to protect and preserve all human life.

This is not to indict all physicians, certainly not; but the ranks of those who will kill for a price have been sufficient to account for more than a million and a half abortions each year in our country, whose Constitution has always guaranteed protection to every human being within its boundaries. Symbolic of the prostitution of the medical profession in this area is the fact that the Hippocratic Oath has been "modified" in recent years, and I am not being facetious. A phrase has been deleted from the original version, which hangs on our office wall, the one which reads "...Furthermore, I will not give to a woman an instrument to produce abortion."

There is no way that this carnage could have come to pass without the support of the doctors. Make no mistake about it, abortion in this country has become a huge financial industry. (I personally feel that if abortions were free, we would have no problem of any magnitude at all.) On behalf of all of my colleagues who still believe in the sanctity of unborn life, I mourn for our profession.



A REAL HORROR

In the early days of the right-to-life movement we often disagreed among ourselves as to whether we should show the “abortion slides” in our educational presentation the ones depicting fetuses aborted at various stages of pregnancy. Some felt that these pictures were too graphic, too offensive and shocking, and that we should confine our audio-visuals to the ones which stress the positive side of the pro-life argument: the awesome story and the miraculous beauty of the developing life before birth.

And yet I always felt, and still do, that we should never gloss over the real horror of abortion. It should upset you, and offend you, and shock you, when an unborn baby is killed. And the 15 millionth one should upset you as much as the first one.

Complacency is our worst enemy; and it is our human nature to become complacent about things, things which upset us at first but which bother us less and less the more we hear of them. Statistics hardly do a thing to us when we have heard them a hundred times. A million and a half abortions a year, 500 deaths on a holiday week-end, 60 deaths in an airline crash somewhere on the other side of the world we may flip the dial to another channel and forget these things in a minute.

If you have become complacent on the subject of abortion, I have a story for you that just might shock you out of your complacency, maybe even into activism. It is a horrible story, and my hesitancy to relate it reminds me of our reluctance to show the abortion pictures. But you should hear it, so you will know the depths to which some have sunk in their blatant disregard for the sanctity of human life.

Several weeks ago the *New York Times* reported on events which took place recently in an international pro-abortion convention in Spain. Three thousand radical and militant feminists from around the world had gathered there to protest an anti-abortion law the Spanish government had passed last year. In order to dramatize their strong pro-abortion stance and gain publicity for their cause they staged the following event: while the convention-goers sat silently in the main auditorium, two pregnant women were taken into an adjourning conference room, previously set up as an abortuary, and were aborted. The remains of these mutilated babies were placed in jars and brought into the auditorium and lifted up for display to the audience, and the hall “rocked with cheers.” One of the abortions was filmed, and the

video tapes were replayed at intervals that afternoon for all to see.

This gruesome story is reminiscent of ancient Rome. In the uncommon event that a gladiator managed to kill a beast, he would face the crowd in the Coliseum and raise his hands in a gesture asking for his freedom. If they responded with a thumbs-up sign, he would be set free; thumbs down meant he was to be killed. History records that quite often it was the jeweled hands of the women who would seal his fate with a thumbs-down sign. Like the women in Spain, women and men and doctors and judges the world over have signaled thumbs down to life.. Perhaps they don't cheer over each abortion, but their crime is no less grievous. What more has to happen, how many more must be killed, how much further must our civilization sink before good people cry “Enough!”?

Of course, this took place in Spain, in another part of the world. It could never happen here, could it?

MARCH FOR LIFE

(The following is a text of a talk given at the March for Life rally in Lafayette on Jan. 19, 1986)

I have been invited to represent the medical profession on today's program. But I am afraid I can not do that. I can not speak for the medical profession on the subject of abortion, because the doctors in America today do not present a united front at all on this issue. Once we did. In fact, doctors all over the world did, from all the way back to the time of Hippocrates until just a few years ago. They were all "pro life."

The practice of medicine was not a business. It was much more than that. It was a vocation.

All of a doctor's talents and energies were directed toward a single end: the preservation of the health, and the comfort, and the life of his patients. Every patient entrusted to his care was to be protected.....unborn or newborn, young or old, rich or poor, loved or unloved.

This was not just his duty, or his obligation; it was his privilege. They were all "no choice" doctors then; confronted with a life, especially one in danger or under threat, he had no choice but to protect it. Abortion was a dirty word. And an abortionist was a dirty person.

But when the law was changed in 1973, many doctors' attitudes changed with it, some of them, incredibly, overnight. Something that had always been not only illegal, but detestable as well.....suddenly, now that it was legal, somehow it must be O.K.

Now many doctors in the pro-abortion camp are activists, like we are; but many, many more of them are rather passive and accepting and unemotional about abortion-on-demand. I am even more intolerant of these lukewarm ones, who have allowed themselves to become hired executioners, who will kill for a fee. They don't wear black robes and hoods, but rather white surgical gowns and masks, and they will snuff out innocent unborn human life for a handful of silver!

And now my profession has teamed up with the pharmaceutical industry and they have developed a pill which a pregnant woman can take, in the privacy of her home, and self-induce an abortion. It is now being tested in California, and early reports are that it is both effective and safe.

So, as I stand before you today, I can not say that I am proud of my profession. But I am proud that I

am here today, and that I am one of you, and that we are not afraid to stand up in public and speak out openly in defense of innocent unborn human life.

And, as I say that, I wonder just what we will accomplish today. Perhaps our march from here to City Hall will not win us a single "convert." Perhaps we will just draw a lot of curious stares.

Perhaps we will delay traffic at a few intersections on the way and upset some impatient people.

Or maybe we will get lucky and capture the "gold ring" that every public demonstration reaches for: 30 or 40 seconds on the evening television news!

But we are not out here today to win converts. We are here simply to witness....to witness publicly to the sanctity of human life....to re-dedicate ourselves to the fight....to renew our pledge to use all our resources and all our strengths to help overturn this bad law, a law which future historians will surely record as the most abominable pieces of legislature ever perpetrated on the American people by the Supreme Court. And if each one of us goes away from today's activities just a little more determined, just a little more resolved, just a little more "pumped up," then we will have succeeded.

I had intended to stop at this point, but St. Paul's words in the first reading at Mass this morning were so appropriate for this occasion that I was prompted to add this post script. As I look out on this great crowd here this afternoon I see people of different age groups, of different faiths, and of vastly different social and economic backgrounds, and I would suspect that many of you might be thinking, "I want to help, but how can I help?" Time does not permit me to tell you just how you can help, but I **can** tell you that you **can** help, in some way.....because you have the Spirit. Paul says it so well, as he always does, in Chapter 12 of his first letter to the Corinthians:

"There are different gifts, but the same Spirit;
There are different ministries, but the same Lord;
There are different works, but the same God who accomplishes all of them in everyone.
To each person the manifestation of the Spirit is given for the common good."

GOD'S PROPERTY

A television news story one day featured a tiny infant who had been born quite prematurely, with a birth weight of just over one pound. The birth had taken place in Los Angeles two months previously, and through the miracle of modern medical technology the baby had survived and was thriving; he now weighed a little more than four pounds, and was ready to be discharged home.

It was a very emotional scene, the kind T.V. loves to do and Americans love to watch with the proud parents holding their baby, flanked by the Neonatologist, the Pediatric I.C.U. head nurse, and a beaming hospital administrator. The announcer pointed out, almost parenthetically, that the hospital bill for the intensive care of this "miracle baby" was somewhat in excess of \$200,000, but no one seemed to care about that at the moment. Flash bulbs popped, T.V. cameras ground away, and everyone obviously felt real good about the whole thing.

I did too. But I could not help wondering how many babies had been killed in Los Angeles, many right there at the same hospital in all probability, during those eight or nine weeks everyone was fighting to save this baby; and very probably babies were aborted who were larger and more mature than this little preemie when they were killed.

A woman scheduled to have a Caesarean section on a Wednesday morning could conceivably change her mind and have her baby killed by abortion Tuesday night, and this would be quite legal. The Court says that an unborn baby is not a person, but a pregnant woman who is on Welfare can receive benefits for her unborn baby. If a man kills an unborn baby with a knife or a bullet, he will be charged with murder; but an abortionist can, in effect, do the same thing with his curette and get paid to do it.

Fifteen million babies have been killed in this country by abortion since 1973. Fifteen million. What would have become of these babies had they been allowed to live? The pro-abortionists would have you believe that this great mass of humanity would have become the dregs of society: unwanted, unloved, unwashed, unemployed; a massive drain on our economy and on our consciences. Perhaps many would have been. But many would have been bright children by now, full of promise for the future: many would have become scholars, or artists, teachers, athletes or writers, or priests. Priests? Would some have become priests? Could we have killed some

priests?

Don't let yourselves be swayed by the news media, whose bias on this issue is nothing less than incredible. Don't let yourselves be influenced by the talk of rape, and incest, and "the life of the mother"..... rare "hard" cases, continually put forth as a smokescreen for the wholesale slaughter of millions of babies. Be aware of the true facts about abortion: 99.1% of the abortions being done in this country are done for convenience, to save reputation or embarrassment or money, to salvage a last year at college or a vacation to Florida

Education is vitally important. Many, many people still just don't understand. Human life is a continuum one long, continuous process that begins with conception and ends with death. Fertilized ovum, embryo, fetus, infant, child, adult, senior citizen all "human" at every stage, all alive, all "meaningful," all wanted, all loved by the Creator. Hands off, world, this is God's property!



THE SICK ELDERLY

Over the past two years this column has dealt with the sanctity of human life. While most of the articles have centered on the subject of abortion, I have repeatedly pointed out that the Right to Life movement is equally concerned with respect for human life whenever and wherever it is under threat ... and this includes euthanasia (both active and passive), artificial insemination and in-vitro fertilization, organ transplantation, and a host of thorny variations of these subjects which present us with far more questions than answers. The technology explosion in all fields of medicine in the past few years has added much weight to our decisions, for doctors are becoming increasingly proficient at sustaining life at its two extremes: the premature infant and the sick elderly.

I call your attention to two articles which appeared in recent publications. One was the cover article on "Preemies" in the May 16 issue of *Newsweek*, and the other an article by Daniel Callahan in the July issue of "*U.S. Catholic*." Both articles are very provocative, and each challenges us to answer a question that is arising with increasing frequency in our society today: how far do we go, and to what expense do we go, to preserve human life? Is there a limit? If so, who sets the limit? And where do we set the limit? If there are limits, are they economic, or ethical, or both?

Space will not permit discussion of both articles. I would like to focus on Callahan's piece, and perhaps talk about preemies in a future column. Callahan's article is a real zinger. In just two short pages he offers a partial solution to a problem which no one claims to have the answer to: he makes a good case for putting limits on governmental subsidy of health care for the elderly. This is not at all to suggest withholding treatment, even expensive treatment, for treatable illnesses in the elderly; he refers specifically to such extreme measures as organ transplants and extended intensive-care stays for people in their late 80's or 90's who have lead a full life and who are now quite obviously near its end. He is opposed to this trend, arguing that "...from a religious perspective the value of human life and the dignity of the elderly lies not in the length of life but in the kind of life one lives."

I have never been much for line-drawing, but I agree with Callahan that at some point we are going to have to draw the line. There is no foreseeable end to the inevitability of more expensive life-extending

care, and the Medicare system is not a bottomless economic pit. The huge expenses will be passed on to our children and their children, and we have to think of how this may unfairly affect their right to a full life of their own.

I don't want to dwell too long on the economics of the sick and dying elderly. Look at it from the really important perspective, the Christian viewpoint. Is it really the Christian thing to do, to rush a senile octogenarian from the nursing home to the ICU, and "keep him going" for two weeks on ventilators and pumps and tubes while his family drinks coffee incessantly in the waiting area down the hall? We all want to die with dignity. I submit that this is as undignified as death can become.

What Callahan is calling for is actually the providing of a higher quality of life for the elderly, by transferring the emphasis away from acute-care medicine to better long-term home and nursing-home health care. "That kind of approach," he goes on to say, "would not be an assault on the dignity of the elderly if done out of respect for the needs of other age groups and a more unified vision of the life cycle."

If we are genuinely concerned with the sanctity of human life, perhaps we have to re-think our attitude about death, especially in the elderly. Death is not a defeat. It is a victory, in which a person passes from one phase of existence to another; it is not the end of a life, but the beginning. When death is inevitable, we have no obligation, nor even a right, to delay this soul's union with God, for which it was created.

Being human, we are saddened when death comes to someone we love and we often struggle against it, and pray against it, perhaps to assuage our own grief and our feelings of guilt, perhaps because each death is an uncomfortable reminder of our own mortality. But being Christian, we should rejoice that for our loved one the long pilgrimage is over, all physical suffering and emotional fear and depression are gone forever, and another soul is now one with God,

TO MAKE THE PATH LESS LONELY

In my last column I spoke of the nationwide epidemic today of treating terminally ill elderly in hospital settings. I spoke of the all too familiar scene in the modern hospital: an elderly, moribund patient, surrounded not by family members but rather by pumps and ventilators and tubes. I would like to focus now on a far different scene: the dying patient, in his own bedroom at home, with his family around him. To me, there is no question as to which of these two alternatives more clearly recognizes and appreciates the dignity and the sanctity of the human life as it approaches death.

Now, as a physician, I certainly do not want to give the impression that I am opposed to modern, hi-tech medicine. Practically every day we hear of some new discovery in this field or that, one which will help fight disease or relieve suffering or prolong useful life. Advanced medical technology does not dehumanize people. People dehumanize people, by using medical technology inappropriately. Fortunately, there is growing sentiment in this country toward allowing people who are beyond medical help to die at home. At the forefront of this movement is hospice.

Centuries ago, during the Middle Ages, a hospice was a way-station for travelers, the medieval equivalent of the first-aid stations set up today along the route for marathon runners. Over the years this gradually evolved into special care facilities and ultimately, in this century, to the founding of St. Christopher's Hospice in London, which might be thought of as the "mother house" for hospice facilities all over the world. The movement spread to this country and has proliferated quite rapidly in the past decade. In 1976 there were six hospices in the U.S.; today there are more than 2500. Hospice of Acadiana, which serves Lafayette Parish and a portion of St. Martin Parish, was formed in 1982, and began actual service in 1984.*

Hospice of Acadiana is oriented to home care of the dying patient, and the emphasis is on the provision of whatever care and help possible for the patient and the family. Their approach is multi-disciplinary and involves skilled nurses and nurses' aides, physicians, ministers and priests, social workers, a bereavement team, and perhaps most important of all....a Volunteer Corps. These volunteers come from all walks of life and all social and economic levels, but they all have one thing in common. Commitment.

Commitment to service to men and women whom they have never met, and whom they will soon never see again.

At the head of the Hospice team are the nurses. They visit each patient at least twice a week, but as often as several times in one day, if necessary. The physician's role is primarily to relieve pain, and to alleviate depression and anxiety, and this may require frequent home visits.

The social worker also plays a key role, particularly in supporting and counseling the family, as they encounter the many unfamiliar and unwelcome problems that occur with a prolonged and fatal illness. Spiritual needs are met or arranged for by the chaplains. The bereavement team serves a vital function, and they routinely provide follow-up support for family members for one year after death of the loved one.

Some volunteers offer their time for the many administrative duties inherent in an operation of this scope. Volunteers who will be visiting patients in their homes first undergo an extensive and intensive training program to better equip them to provide emotional as well as social support to the patient and the family.

All of these people, however, can and do provide much more than what their job description demands. They add quality to the life that is ebbing away. They enhance the dignity of this human life. This life is important to them, every minute that it goes on. Just their presence, and their touch, can mean so much. The human touch can be healing; it can be sacramental. It is not that important what you say. Your presence and your concern and your caring speak louder than words.

Human life is sacred in all its stages....in the womb, in the nursery, in the hospital bed, in the wheelchair, in the deathbed. Nowhere in my experience have I seen this more appreciated or better exemplified than in the hospice movement. Hospice is really not about dying, it is about living....making every moment count, making quality time of whatever time is left, "making the path less lonely" for another one of God's creatures.

I look back over my life and I see how many ways the Lord has blessed me. I was born into a beautiful

** In this year, 2000, our service area now covers seven parishes.*

Catholic family, I was given the very best in Catholic education; He gave me the mind and the disposition to complete training in Medicine, and then the health and stamina and the drive and all those wonderful patients to complete 35 years of medical practice; and now He has blessed me with the privilege of working for Him and with Him in what I see as a higher calling, to minister to people who need Christ more than they have ever needed Him before, alongside people whose dedication and commitment make me feel very humble.



THE SLIPPERY SLOPE

Continuing the discussion about mercy-killing

Euthanasia is often included in discussion on abortion; and well it should be, for both involve the taking of life that is not ours to take. One happens to be legal, the other illegal (at present), but Perhaps most of you will never be involved, directly or indirectly, in an abortion decision; so you might be opposed to it, but not particularly enthusiastic about getting involved in stopping it. they are both morally wrong. But it is safe to say that you will be directly involved with death; your own, for instance. The last time I checked, the death rate in this country was still 100 percent.

You should think about death, especially your own. I probably did not have to say that. As you grow older, you will think about death more and more, without any prompting from me. Some day you may well have to face a dilemma with one of your family members, and perhaps some day your family may have to face a dilemma with you. How many people so casually say, "When my turn comes, I don't want to be put on any machines!" and yet, when their time comes, they cling so tenaciously to life! You should be aware of changing attitudes, trends, and proposed legislation that might influence the way you will die. Much is being said and done behind the scenes on this subject, and we must not let it happen that we awaken one morning to find that mercy-killing is now legal, as happened with abortion.

No matter how completely we may have grasped the true Christian attitude toward life and death, no matter how often and how sincerely we may say that we are looking forward eagerly to eternal union with God, when our time comes we will in most instances be quite reluctant to turn loose, to leave our family and our friends and plunge into the unknown. Unless death is quite sudden, we will have time to become frightened, to dread the process of dying itself: the physical pain, the emotional depression, the grief in the eyes and in the hearts of our family members. The mercy-killers know this, and they prey upon our doubts and our weaknesses in this area. They promote their philosophy with "hard cases," just as they did with abortion: the elderly man helplessly and hopelessly wasting from Alzheimer's disease, the grandmother with terminal cancer, the comatose boy with the head injury.

But be careful what you concede to these people! Their real target is a much broader one, and includes

all people who are living lives which, in their judgment, are not "meaningful" (how I hate that word!): the senile, the retarded, the babies with congenital malformations. Once you have allowed a single life to be "terminated," no matter how pathetic it appears to be, you are now standing on a "slippery slope," and it will become progressively easier for you to condone the taking of other "meaningless" lives. The right to die may quickly become the right to kill.

The decision not to prolong life that has apparently entered the irreversible process of dying is often not an easy one. The dilemma does not face the physician only; the family must help in the decision, and the priest, and the patient also, if he is still competent. Ironically, rapid advances in medical technology and in the pharmaceutical industry have made these decisions more difficult than they once were. In the past it was usually a simple question of using ordinary means to preserve life, but not extraordinary means. But what used to be extraordinary is now ordinary: pacemakers, respirators, dialysis, etc. Moreover, what starts out as ordinary may become extraordinary: it would be commonplace to put the young boy, head-injured from a motorcycle accident, on a respirator, and feed him intravenously; but should his coma become prolonged into weeks and months, these measures might gradually become perceived as extraordinary.

A new specialty in medicine has arisen..... exterminative medicine..... as abortion clinics thrive all across the country. These same doctors and administrators would just as soon kill a life at the other end of the spectrum, if it were legal and if they were paid a fee. We can thwart their shameful goals by focusing on Jesus Christ. His death was anything but dignified, or peaceful, or merciful. We have no "right" to a happy death. It is certainly acceptable, and praiseworthy, to pray for a peaceful and painless death, but we have no right to expect it.

The family of a dying patient will invariably plead with the doctor, "Don't let him suffer!," and the family physician will most certainly do whatever he can to allay the physical pain, and the emotional upheaval; but morally, and legally, and ethically, he may not "put him out of his misery." He must walk the fine line between prolonging life and shortening life. In ideal circumstances there develops a bond, an understanding, between the doctor and the family, a

bond which surpasses confidence and trust, from which the family comes to realize and appreciate that the physician will somehow always do the “right” thing; all the while remembering that this life, though it is fading and wasting, is precious to the patient, to the family, and to God.



WAKE UP, EDITORS

A recent edition of a national Catholic magazine featured a column on its editorial page which was quite perturbing in many respects, and which should be answered. The article's title itself, "Prolifers, Wake Up," gives a strong hint as to its tone and content, and to its between-the-lines messages.

The author finds much fault with the pro-life movement. We are accused of naivete, of poor and distorted perception of the opposition, even of self-deception. It is written in the third person, with people working to stop abortion referred to as "them," not "us." Is it asking too much that the people who put together one of the major Catholic periodicals consider themselves part of the pro-life movement?

The opposition is certainly not handled unkindly. Planned Parenthood, we are told, is "middle class and respectable," and the National Abortion Rights League "belies its radical image." But what really rankled is the author's reference to "the Pro-Choice Movement," using the very euphemism these people have concocted to disguise their real purpose. "Pro-choice" is nothing of the kind! Half of the people involved in abortions have no choice in the matter whatsoever.

The sharpest jibes of all are saved for President Reagan, and for his "sermons to his pro-life congregation." They can attack Reagan as often as they care to, but please not in the context of an article about abortion. The writer questions the sincerity of Reagan's pro-life stance; for how could he be against abortion when he is trying to get Congress to send aid to the Nicaraguan Contras and when he denies welfare benefits to poor women?

This leads me to the main point I want to make. Much has been said by many of our bishops, and by the national Catholic press, about the "seamless garment" theory: to be truly pro-life is not to be just against abortion and euthanasia, but also to be against capital punishment, nuclear weaponry, war, and poverty. I do not ascribe to that. To me, abortion stands alone, the most despicable crime in the history of our nation, and is not to be lumped together with the other moral and social evils.

If you feel compelled to go to the streets to demonstrate against capital punishment, that is just fine with me; just don't question my sincerity if I don't go with you. None of us can do it all. Some feel called to work with the poor, some with the retarded, some with the unchurched. This is the way it is

supposed to work. I feel drawn to do what I can to stop people from killing babies before they are born. Let us not quarrel among ourselves. Let us pray for each other. Back to the article again.

Admittedly, the right-to-life movement is not your typical well-oiled machine. It is not too well organized, and many different pro-life groups waste much valuable time arguing with each other. We are true amateurs at what we are doing. We are poorly funded, and that is an understatement; we have no United Way or Community Chest support, no second collection, no subsidy from the Catholic Church or from any other denomination; our operating expenses are met entirely by donations from the members themselves and their friends.

The glue that holds us together and the source of our energy and our strength and our dedication is our conviction, our gut-level feeling, that what we are fighting is wrong, and what we are doing is right. While we all have the same goal, we often disagree among ourselves as to how we might best reach it; but Congressmen often disagree, as do the College of Cardinals. Our methods and our tactics, and even our way of saying things, may not always be pleasing to the newspaper editors, and to the television anchorpersons; but we are not in this to please them, or anybody else. In the end we will be judged by the only One we are trying to please

This one particular column was singled out, not because it stands alone, but rather because it represents a trend, albeit a harsh one, that I have perceived in many quarters in the national Catholic press a tendency to dissect the pro-life movement, to nit-pick it to pieces, to focus on its weaknesses and its oversights and its mistakes. No one has yet been able to slow the abortion steamroller in the thirteen years since we have legalized killing not the Church, not the Fundamentalists, not the courts, and certainly not the press. Our greatest hope lies in the right-to-life movement, which is steadily growing and strengthening in spite of some big odds. We would be better served if the national Catholic press would themselves "wake up" and support us, as our own diocesan newspaper has done, and leave the backbiting to the pro-abortionists, who do it so well.

THE ST. PAUL OF RIGHT TO LIFE

No one is stronger in his convictions than a convert, whether we are talking about a convert to a religious belief, or to a social cause, or to a political party . If you are looking for an activist, look for a convert. The prototype of all converts was St. Paul. From one who vigorously persecuted Christians he became the most dedicated and forceful and convincing activist in Christian history.

Dr. Bernard Nathanson has become the St. Paul of the right to life movement. If you had to point a finger at the two or three individuals who more than anyone else were responsible for legalized abortion in the United States, Dr. Nathanson would be one of them. A brilliant medical student and then young obstetrician, he did his early training in the east, and he responded to that familiar scene of abject poverty he was exposed to by developing a philosophy so often identified with secular humanists. He became convinced that the humane way to help poor families was to encourage the women to abort their young. He was one of the founders of NARAL, the National Abortion Rights League, and in his first book, "*Aborting America*", he documents his ascent to the lofty throne of king of the abortionists. He was in charge of the largest abortion mill in the United States, and in the years 1971 and 1972 he performed, or presided over, the abortion of 60,000 unborn babies.

Dr. Nathanson's conversion was slow and deliberate, and not at all as dramatic as St. Paul's, but it has been just as complete. He gradually came to realize, with the understanding that was coming to him through the developing science of Fetology (the study of the unborn) that he was not just scraping blobs of tissue from the wombs of his clients, but that he was in fact killing unborn human lives. His first book chronicles his first step, in which he stopped performing abortions, "except for a few close friends." He still disdained the Right To Life movement, and he made sure that his readers understood this.

But he kept an open mind to the explosion of new facts that the fetologists were uncovering about life before birth, and he finally grasped at the intellectual level the inescapable reality that this tiny embryo was indeed alive and human, and this life most certainly begins with conception! His conversion was now complete, and his second book, "*The Abortion Papers*," tells us how and why he has swung over completely to pro-life activism. He is

now one of the most effective spokesmen for the Right To Life movement, and he is in constant demand for lecture tours, talk shows, pro-life conventions and seminars.

His most noteworthy contribution to the protection of the unborn has been the sensational film that he prepared, "*The Silent Scream*," which reveals quite graphically, by means of real-time ultrasonography, the actual killing and abortion of an unborn baby. The response on the part of the press to his film has been overwhelming, and this one movie has had a more profound effect on the national conscience than 12 years of rhetoric by thousands of pro-life speakers. It has put to rest for once and for all the argument that what is killed in abortion is not fully alive nor fully human.

While Dr. Nathanson is without doubt the most visible and most effective public figure who has switched sides in the abortion controversy, there have been many, many others like him. There is even a national organization now, gaining in voice and numbers, called Women Exploited By Abortion, composed of women who have previously undergone abortions and have since come to understand the seriousness and the real meaning of what they have done, and have now become an ardent and active organization whose sole purpose it is to counsel women who are considering abortion.

And this is what gives us confidence. The numbers of the opposition do not frighten us, nor does the bias of the secular news media, nor the ravings of those strange people who would kill innocent unborn babies in the name of "human rights," nor even the apathy of the lukewarm.

We may not have the press, we may not have the politicians, we may not have the votes yet. But we have the Truth, we have the reliability of God's love. Without Him this would be quite impossible. With Him all things are possible.

