

AIDS — A CHRISTIAN RESPONSE

Respecting all human life is not always easy. Usually it is, especially if it is innocent and young and under threat: the child with leukemia, the abused child, the unborn baby. But with other groups it may be quite difficult, for we may have to rise above our preconceived ideas and our biases and fears and overlook the sin and focus on the sinner. One such group certainly fits in this category, and that is the people with AIDS. Their numbers are large, and increasing at an alarming rate. We cannot simply choose to remain uninvolved and look the other way.

There has been a widespread feeling of repulsion towards AIDS, and the people infected with it, among a great many Americans, even those in the Christian community. This has come about primarily because of the universal awareness of the most common method of acquiring and spreading the disease, and our human tendency to look at the sin and not the sinner (in spite of our pious intonations to the contrary), partly because of abysmal ignorance and misunderstanding about its contagiousness, and partly because of our deep-seated uneasiness about being in contact with someone who is dying. Consequently, AIDS has become the modern-day equivalent of biblical leprosy. The victims are somehow perceived as unclean, as untouchable, as deserving of their fate because of past sins, even as despicable people who should be run out of decent society.

Prominent evangelists have publicly suggested that AIDS might be a plague sent by God as punishment for sexual promiscuity, a rather insulting indictment of our loving Father, a throwback to a formerly held concept of a vindictive God that has long been discarded by most Christians.

People with AIDS have picked up on the message that the Christian community despises them, and this understandably fuels the flame of resentment in them, making them feel even further isolated and ostracized. It has been my experience that AIDS patients are typically mad at the world, at the government, at the medical profession, and at God. This makes it more difficult to relate to them, and even more to love them.

Let us examine this attitude of repugnance that is so prevalent everywhere. Much of the reason for it is based on ignorance of how the disease is contracted, and more importantly how it is NOT contracted. AIDS is communicated primarily by homosexual and heterosexual intercourse, especially in the promiscuous. Infected drug users can transmit it by

sharing needles. Some people acquired it through blood transfusions received prior to the early 1980's (during the past few years this risk has been reduced almost to zero). Young mothers may transmit it directly to their newborn infants. The causative virus must be put directly into the bloodstream for the disease to be transmitted. You can NOT become infected through casual social contact not by sharing a room and bathroom facilities, not by sharing eating and drinking utensils, not by touching or hugging or kissing. There is much misunderstanding about this, and for evidence we need only to recall the shameful stories of children being barred from schools for being infected.

Ignorance or misinformation about the communicability of infectious disease is often the source of unwarranted public fear and panic, and this has never been as noticeable as with AIDS. Mix one part ignorance and one part fear and add a dash of public hysteria and you have a recipe for a huge impediment to a really Christian outreach to a segment of our population who needs us very badly.

What I am asking for is a better understanding of the epidemic we are facing. Educate yourself, especially on how this disease is NOT transmitted. Then educate others. Spread the word, and let us eliminate the quarantine mentality about AIDS. Examine your mind and your heart and see if you can discern whether your attitude is Christ-like or judgmental. I have wrestled with my own feelings and I am not at all sure I am where I should be with this problem.

These people need more than what they are getting from health care professionals and support groups. They need to know that we really understand and accept that AIDS is not a sin. It is a disease. While this in no way implies that we accept the aberrant promiscuous behavior which has placed so many of them in this predicament, we accept them all as creatures of the same God to whom their lives are just as precious as our own. If you cannot get to this point, try doing this: think of the analogy I mentioned earlier and say to yourself I am Jesus, and here is a leper. How will I treat him?

LIVING WILL

I have previously stressed the importance of each one of us drawing up a Living Will. This is a document which details our wishes as to what limits we would want put on extraordinary measures to sustain life should we be in certain circumstances and unable to make these decisions for ourselves. Specifically, these situations fall into one of two categories: either we are terminally ill (from cancer, end-stage heart or lung disease, or whatever), or we are *non compos mentis* (from senility, advanced Alzheimer's Disease, or prolonged and irreversible coma from head injury or stroke).

Now, if you do not specify your wishes in advance, in writing, your loved ones may well be faced with psychologically and emotionally overwhelming decisions as to what extremes your doctors should go to sustain your life. Do not assume that the doctors will be of great help in these circumstances. The modern physician is excellently trained to sustain life, but poorly versed in the morality and the ethics of being passive and letting nature take its course.

There are those in the pro-life movement who have opposed Living Wills, perhaps seeing them as cracks through which too many people may fall. It was reassuring to read the statement recently released by the Catholic Bishops of Louisiana, entitled "Approaching Death: The Moral Choices," which addresses this subject and endorses the idea, and you should get a copy and read it. And then you would do well to make out your Living Will and Durable Power of Attorney.

The first category is relatively easy: the person who is terminally ill, say, from cancer. All surgical and medical measures have been exhausted, and the patient is nearing death. I do not mean easy in the sense that it is not a terrible plight for the patient and the family, but rather in the sense that the decision to abandon extraordinary means to sustain life should be rather obvious and straightforward, as far as the patient and the family and the Church are concerned. There comes a time when only comfort measures are indicated. Even at this point the medical profession may fail you, and you will find doctors who would still recommend artificial nutrition and hydration, as though death, clearly inevitable now, is an enemy to be fought at all costs. There are still some who view hospice care as "primitive," and who feel as though no one should die without an i.v. infusion and a

feeding tube. Be prepared to stand up to them. Read the bishops' statement.

It is the other category which often presents an ethical and moral dilemma: the patient who is mentally incompetent because of irreversible brain damage. The problem is no different whether the brain is not functioning from injury or disease. What do you do with the aged nursing home resident with profound senility who refuses nutrition? Or the woman with Alzheimer's Disease for seven or eight years who has elected not to eat? Or the man with the closed head injury, comatose for five years, sustained only by artificial hydration and nutrition? Do you force-feed the senile patient? May you discontinue artificial food and water in the brain-damaged patient after so many years?

The bishops clearly state that artificial feeding and hydration are not the same as mechanical ventilation, and should be continued if the patient is not terminally ill. However, they go on to say that they may be withdrawn if they "...have become extremely burdensome..." to the patient or the family. I submit that "burdensome" covers not just finances, but emotions as well. I can think of no heavier burden than that of having to care for a parent, or a spouse, or a child, whose higher brain functions have long ago been wiped out and will never return.

I have no answers for all these questions. Even bishops disagree on some of the thorny decisions that advances in medical technology have presented us with. My own conscience is clear on every one of these hypothetical cases, but you may feel differently. Every case must be individualized. Certainly, we can agree that all human life is sacred in the womb, the nursery, the rocking chair, or the hospital bed and we must never do anything to shorten that life. On the other hand, medical science is moving forward at a bewildering rate, and we must not let it become simply a challenge to us to see how long we can prolong a human life and delay a Christian's union with God.

PROLONGING DYING

One of the ironies of modern medical progress is that dying and death have often been made more difficult and drawn out. Dying used to be much quicker and easier. If you contracted pneumonia, or scarlet fever, or if you had a heart attack or if you fell off a horse, if you didn't survive you usually died quickly.

Today, you may be helped to survive serious illness, or major surgery, or a bad injury; and, of course, this is good news. The bad news is that you have been saved to be subject to the many degenerative and malignant diseases that afflict the elderly, and dying from these conditions is so often a prolonged process. The same technology that saves us for the ravages of old age often may delay death repeatedly when both the body and the spirit are ready to depart this life. Medical science has made it more difficult for people simply to die naturally from their underlying disease.

Once a person has entered into the irreversible process of dying, it is not our moral obligation to keep his heart beating as long as it is technologically possible. The ventilator that sustains respirations that have been temporarily suppressed by whatever pathology was not developed to keep a body "alive" whose mind has left and will never return. Artificial feeding was designed to build up the debilitated patient for corrective surgery, not to force a few days or weeks of viability upon a moribund patient who is trying to die. Scientific medicine has placed these and other obstacles in the way of a peaceful death, often making the dying process painfully drawn out and both physically and emotionally exhausting for the patient and/or his family.

The modern physician is highly trained to delay imminent death. The elderly senile nursing home resident who develops a fever is not first examined there, but rather hospitalized and studied extensively and treated vigorously. Several specialists typically will be called in, and each will test and treat some more, and in time the patient may be "well" enough to move back to the nursing facility, only to return to the hospital later.

Multiple extended hospitalizations during the last year of life are the rule rather than the exception. Every potentially fatal illness is treated as if it were reversible, and as if it must be reversed. All this simply reinforces the idea in doctors' minds, first planted there during their training, that death is the

enemy, death is a defeat. Every life must be "kept going" regardless of the inevitability of the approaching demise, regardless of the cost, figuratively and literally. To do less is to practice out-of-date medicine.

This over-aggressive attack on the patient's final illness is perhaps the strongest weapon in the arsenal of the euthanasia proponents. They are saying, in effect, don't let someone you love have to go through this; let us put her to sleep quickly and painlessly. The prospect of avoiding a nightmarish death in the sterile environment of a hospital room, with tubes in you everywhere and surrounded by machines that gurgle and beep, gives a lethal injection in the arm a certain appeal. There is a huge difference between killing and allowing to die, and too many people don't fully grasp this. Backing off from aggressive treatment in the face of a hopeless prognosis is both good common sense and good morality. And it is good medicine.

Death is not a defeat. As much as we don't like to think of it, especially our own, it is a natural part of life that we must all pass through on our journey to God. Because every life is a gift from God, we must respect and protect every life, and every death as well. We have a moral obligation to protect not only the right to be born but the right to experience, as well, in all its fullness, the mystery of death.

We may and should pray for a peaceful death; better yet, we should pray for the gift of acceptance. I hope and pray that after I die, if my death is not a sudden one, people will not say, "He was a fighter. He never gave up." I would rather they say, "He accepted death so beautifully." Dylan Thomas wrote, "Do not go gentle into that good night Rage, rage against the dying of the light." Good poetry. Bad advice.

OPERATION RESCUE II

I think it is time to look at Operation Rescue again. Much more will probably have happened by the time this column appears, but, as I write this, there is an uproar in Wichita, Kansas. More than 1900 pro-life protesters have already been arrested, and the federal judge there has come down pretty hard on these people, who, right or wrong, are speaking up vigorously for what they believe in, and risking their freedom in the process.

There is no question that these rescuers are well-meaning; they are caring, compassionate, and courageous Christians who are standing up for their beliefs. Their ranks include people of all ages and from all social strata, and from all Christian religions. In some rescues clergymen and even a few bishops have participated. What kind of results are they producing? Favorable, if you look at each rescue operation individually: they may report that 11 women were dissuaded from having abortions in one day at one location, 15 more at another. I don't sell short these results. Every life saved is a victory. But I am more concerned with the big picture. What effect is Operation Rescue having on public opinion nationwide?

First, let us look at the polls. They consistently show that roughly one-fourth of the American people are unalterably opposed to abortion-on-demand, one-fourth are just as passionately pro-abortion, and half of the people lie somewhere in between. Reflect on that figure for a moment: half of the population is neither pro-life nor pro-abortion, in the strict sense of the meaning of these labels. It is not that they are all lukewarm on the subject, or undecided; but rather it is that they are not strongly opinionated one way or the other. Perhaps they feel the decision should be entirely left up to the woman, or they may oppose abortion with certain exceptions, or they may accept abortion only very early in pregnancy, and so forth. Let's call them the uncommitted. It is not that they have no strong feelings, for many of them do; it is just that they are not completely committed, in either direction.

This is a most important group, the uncommitted, because they are many and they are "reachable." When *Roe v Wade* is overturned, and this appears very possible now, each state may have its own laws, and these people are the ones who might influence their state legislatures to go one way or the other. This, then, is the target group. These are the people

who need to hear and see the pro-life message, the people each one of us might be able to influence favorably, and even convert. Don't waste your time and energy on the committed abortion rights people. They are just as convinced that they are right as you are that they are wrong. You will not change them

What effect is Operation Rescue having on the uncommitted? I don't know the answer to that, but I am uneasy that it might be having more of a negative effect, primarily because of the media coverage. I know you are already acutely aware of the inexcusable media bias toward the abortion rights group, and it has never been more obvious than in this situation.

The ABC *Nightline* program last night was a classic example: the federal judge on the case, and the Harvard law professor brought in to side with him, were both portrayed as sober and dignified jurists, an impressive library of law books behind them, the very picture of law and order and peace and justice, their views heavily implied as representing authoritative public opinion. The defense attorney, in sharp contrast, was interviewed outside, against a backdrop of protestors all holding up signs, and made to look like, well, a lawbreaker. The only thing missing was an ex-priest to present the view of the Catholic Church on all this! It was sickening.

I hope I am wrong, and that more and more people become favorably impressed with the rescuers, and the extremes they are going to, to wake up the public to the horrors of abortion clinics. These people are to be admired greatly for their sincerity and their bravery, for doing things that most of us would never have the courage to do. History tells us that all worthy movements ... the American Revolution, the abolitionists, the labor movement, the civil rights movement ... succeeded only when enough people came forward who were so dedicated to what they believed in as to be willing to lay down their lives for their cause. Let us be thankful that we here in Acadiana have never been put to that test, and most probably never will be.

INITIATIVE 119

Initiative 119. It sounded harmless. In legal terms, the word “initiative” is defined as “...the right of citizens outside the legislature to introduce or enact a new law by vote, especially by petition.” But this particular initiative, recently voted upon by the people in the state of Washington, was far from harmless. This was the proposal to legalize euthanasia. It was very far-reaching, and that is perhaps the main reason it was voted down: it did not simply propose that suicide be made legal, but that doctors be allowed to “assist” a patient in the act, even to the point of administering a fatal injection to a patient who requests it.

Now you can dress that up in all the euphemisms you want, and you can be sure that the proponents did exactly that, but what it proposed was that physicians be allowed to kill a patient who was terminally ill. Now even the organized medical profession was in opposition to this, although I am cynical enough to suspect that their opposition was not so much a matter of ethics as a fear of all the possible legal problems such a law could create. To most analysts it appeared that the proposition was going to pass; in fact, just a few weeks before the election, the polls predicted a 61% Yes vote.

The good news is that it did not pass. There have been a lot of reasons given for this that we won't go into, for no two groups of people ever view an election result the same way. The pro-life forces are ecstatic over this “resounding defeat,” but I am less than jubilant over a 54 to 46 win. To me that is hardly a landslide.

The bad news is that people in California are currently collecting signatures for a similar proposal, and I am always leery about what the people of that state are voting for (You may recall that abortion was legal in California two years before *Roe v Wade*.). And the push will come not just from that one state. Others will follow. A bill has already been filed in New Hampshire that will allow terminally ill patients to commit suicide, although physicians would not be allowed to administer lethal injections.

But you can be sure that propositions as far-reaching as Initiative 119 will follow. How will they fare? I am afraid to speculate, but I will give you a hint: the *Boston Globe* released the results of a poll recently which found that 64% of Americans favor physician-assisted suicide for terminally ill patients who request it.

The scariest aspect of all this are the phrases “terminally ill,” and “...who request it.” Space will not permit musing on that subject, but I know you realize what a slippery slope we find ourselves on when we speak of people who are near death, and the ramifications of just this facet of the problem could keep lawyers and ethicists and theologians and doctors arguing endlessly.

I bring all this up to remind you that the fight to take away from the sanctity of human life is not at all confined to the abortion business. Abortion is more than the tip of the iceberg, but it is only a part of the problem we face. The elderly, the handicapped, the retarded, the unwanted...all are under threat from the forces of secular humanism, and, as God's creatures, we have to do all that we possibly can to protect them.

MERCY-KILLING, OR MERCY?

In this age of uncertainty, we can be sure of one thing: we are a schizophrenic society. This is very apparent at one end of the life cycle: we spend hundreds of thousands of dollars to save the life of an extremely premature infant of less than two pounds birth weight, and at the same time we freely allow the abortion of an even more mature and healthy preborn baby. We see the same paradox at the other end of life's spectrum: doctors are getting more and more proficient at extending life expectancy, and yet we are proceeding inexorably toward decriminalization of voluntary euthanasia.

Both abortion and euthanasia are rooted in secular humanism, which puts man's laws above God's laws. Both use seductive euphemisms to disguise their godless motives. Both push for their goals with "hard" cases, and their ultimate aims are the same: if a life is unwanted, kill it.

You are well aware of the success of the pro-abortion movement. What you may not realize is how rapidly the euthanasia movement is spreading. Not yet legal in any state, although that might change in Oregon on November 8, it is already a reality. Some doctors are now helping some of their patients to end their own lives: a few openly, most in secret. Furthermore, polls consistently tell us that two-thirds of American physicians are in favor of physician-assisted suicide "for selected cases"....the woman with advanced cancer, the man with a progressive neurological disorder, the quadriplegic...if they have expressed the desire to die. These patients represent the medical profession's greatest challenge, and they are turning away from it, to kill the incurable patient.

The advocates for physician-assisted suicide will typically present as their model case the patient with cancer whose disease continues to progress in spite of all available therapy, and who is in physical pain and mental anguish. Which is more humane, Dr. Kevorkian asks on national television, to let this patient suffer excruciating pain for the last six months of his life or to put him away quickly and painlessly?

There is another alternative, Dr. K., which is more humane, legal, and morally licit. These patients are being invited to kill themselves at the very stage in their illness when their pain is escalating and their spirits are at their lowest, and their distraught families are in complete emotional disarray. To suggest that these people have no other way to turn is to insult those who work tirelessly on pain and symptom

control: pain centers and specialists in pain control, caring medical personnel of every specialty, Home Health agencies, and the rapidly growing worldwide hospice movement. I know of no other circumstance in which doctors and nurses have a better opportunity to be Christ-like, to summon all their professional skills and all the compassion and sympathy and love that they can muster, than when they are called on to treat an incurably ill patient.

Hospice epitomizes the Christian response to euthanasia. Nurses, social workers, clergymen, aides and volunteers reach out to their dying patients at this most vulnerable time in their lives, when they most need to know that people really care about them. The patients and their family members are helped to understand their feelings and express them, and in the process many families are brought closer together perhaps than they have ever been. Spouses may be encouraged to express their love in ways they may have long ago forgotten how to do. Animosity between parents and children or between siblings often surfaces and melts away, as the approaching death prompts them to overlook past petty misunderstandings and to focus on the reality of death and the depth of the powerful bond between family members.

Meanwhile, the hospice symptom-control protocol will almost always provide gratifying physical relief for the dying patient. In the light of God's mercy and love, protracted death is often hard to understand and accept, both for the patient and the family, but it often takes time for things that need to be said and for broken relationships to heal.

For doctors and nurses today helping people get well is relatively easy. Helping them die is far more difficult, but can be infinitely more rewarding. Most of the skills you learned in training are not terribly important now. You must call on all the talents and the gifts God gave you, so that you can look right through the emaciation, the pallor, the disfigurement, and the despair, and see only the person, and project your care and concern, and repeatedly remind the patient that insofar as possible you will not let her suffer, or die alone.

If terminating suffering were the sole aim of the euthanasia proponents, their thinking might at least be understandable, although unacceptable. But common sense and historical precedent tell us that they will never be satisfied to stop there. Once the

first barrier comes down others will fall, and the next targeted groups will be the sick elderly, the demented, the retarded, the deformed, and eventually anyone they deem less than perfect. To think for even a moment that they will stop with the terminally ill is to be dangerously naive.

Dying will be the greatest challenge each of us will ever face. Almost as difficult may be dealing with death of someone very close to us. We must pray for the strength to accept God's plan in every instance, and never let mercy-killing slip in and become a part of our way of life under the guise of humanitarianism. Life is only God's to give, and only His to take.



THE NEW FRANKENSTEINS

Some months ago a panel of “experts” was appointed by the National Institute of Health. It is known as the Human Embryo Research Panel, and it was carefully hand-picked: each member was known to be already in complete agreement with the main purpose of the group. In colloquial terms, it was “stacked.” Their stated purpose has been to recommend approval of, and taxpayer-funding for, human embryonic research.

Now we are talking here about creating human life in a test-tube solely for research purposes. They are recommending the creation of embryos specifically for experimenting with them and then destroying them. They have conceded that the embryo must be less than 15 days old; before that point in development there are few restraints on the range of experiments suggested. They have no moral respect for embryonic life at any stage. On many occasions, they have referred to the embryos as “human tissue”... basically a raw material for research, not having any human status at all.

This is far worse than abortion-on-demand. In some of those cases at least some argument can be made for the distraught woman with an unwanted pregnancy who doesn't know which way to turn. Here we are talking about governmental approval of the artificial creation and destruction of human life, created and destroyed at will, for the sole purpose of highly speculative research that may or not be of help to anyone down the line. And this is worse than in-vitro fertilization, where it can at least be argued that there is a remote possibility that a much-wanted pregnancy might result. In trying to justify their ghoulish shenanigans they imply that all this could lead to a higher success rate for IVF, thus shamelessly exploiting the hopes and dreams of childless couples.

The fact that there has been so little public outcry against the NIH panel says something about how our society has become so ethically indifferent; but it says even more about the bias of the news media and their ability to filter out information they don't want us to hear, while flooding us with things they think we should hear. The media have helped influence Americans into worrying more about educating our young people about “safe sex” than in the ethical health of the society that is doing the educating. I am sure you have neither heard nor read much about this panel, unless you subscribe to national Catholic magazines and newspapers.

Under some pressure, perhaps, the panel has excluded some proposals, but only the outrageous ones that would likely turn many more people against them. They have not approved of cloning (not for the present, anyway), they are not recommending experimenting with eggs from aborting fetuses, and they have not approved cross-species fertilization. That means they will not attempt to fertilize a human egg with a monkey's sperm. Thanks, panel!

Even these limitations they have put upon themselves should give us no encouragement at all. The slippery slope will happen here, as it always does. The panel next year could well recommend going much further, if this group's recommendations are accepted and approved by Congress.

It is an interesting coincidence that as these “cognitive elite” relentlessly pursue their frightening plans for creating and destroying human life on an agar plate, Mary Shelley's story of Dr. Frankenstein and his obsession for creating human life has been revived again by Hollywood. There is a parallel here, as scientists just can't seem to resist the challenge of playing God. But the movie stories are fictional. The Frankensteins on the NIH panel are quite real, and therefore more frightening. They must not be permitted to approve these experiments.

THE FREEDOM OF CHOICE ACT

For almost 20 years now, since the Supreme Court decision of 1973, the pro-life movement in the United States has been dedicated to the elimination of abortion on demand. Our original objective was the passage of a constitutional amendment which would make abortion illegal nationwide, as it had been since the birth of our nation. We felt, naively, that all we would have to do to accomplish this would be to educate the public on the beginning of human life and the real nature of abortion and they would clamor for the restoration of sanity to our laws and the recognition of the sanctity of human life.

Of course, it has not turned out that way, for a variety of reasons, and the thrust of the pro-life effort has shifted in the direction of putting up as many obstacles to abortion as are legally possible, state by state....parental notification, no federal funding, etc. Meanwhile, the election of pro-life presidents in three successive terms has resulted in the long-awaited shift in the philosophical balance of the Supreme Court, and everyone on both sides now expects the Roe v Wade decision to be overturned. This will not end the fight, however, but merely change the site....from Washington to the 50 state capitols; for the Court is expected to say, in effect, that it will be up to each individual state to pass its own laws regulating abortion.

I think we might have settled for that. But we must never underestimate the clout of the multi-billion dollar abortion industry. They have had the media in their corner from day one, and heavy financing, and they have steadily strengthened and enlarged their base in Congress. This summer there will be introduced The Freedom of Choice Act (HR 25, S 25). This bill, if passed, will be an absolute disaster. Its proponents are marketing it, in their words, "...to codify Roe v Wade," but this is misleading. This radical bill says that no state can take away the right of a woman to terminate her pregnancy in the first six months FOR ANY REASON. No exceptions.

What about the last three months? The bill explicitly grants a woman the unlimited right to an abortion during the last trimester for "health" reasons. In the Doe v Bolton decision of 1973 health has been defined "to include all factors, even emotional factors, considered pertinent to a woman's 'well-being'." Even the modest restrictions that have been placed on abortion in various states....spousal consent,

waiting periods, parental notification, etc....all of these would be overruled by this law. The unborn would be in worse jeopardy than they now are under Roe.

What are chances of its passage? Excellent, I'm afraid. The votes are there, in both houses of Congress, although probably not enough to override a presidential veto, which is virtually a certainty. But the prospect of the passage of such a far-reaching federal law hinging on a few votes here and there is very real, and alarming. The election of a pro-abortion president, or a few more pro-abortion congressional members, would be all that is needed. It is vitally important that you let your representatives in Washington know how you feel about this bill.

TWENTY YEARS

For the first time since *Roe v. Wade* we now have a pro-abortion president. There are those who claim that whoever sits in the Oval Office does not have all that much influence on the abortion issue. It may still be too early to argue the point, but I think the election of Clinton will have a disastrous effect. His advisers are all pro-abortion, starting with his wife. His Surgeon General has told the pro-life people that she would advise them to “get over their love affair with the fetus.” We have lost the presidential veto now, which in the past has done much to save a lot of babies’ lives. In fact, with one executive order Clinton has removed just about all of the obstacles to abortion on demand that various states had succeeded in putting into law. He has promised to sign the Freedom of Choice Act if it passes Congress.

Let us examine for a moment how we stand now, twenty years after abortion was legalized in the United States. The abortion party is back in power, and both houses of Congress are solidly pro-abortion. All federal judgeships from now on will be pro-abortion, as will all Supreme Court appointees. The print and electronic media are more biased and more vocal than ever, and never pass up an opportunity to demean everything the pro-life movement stands for, even crisis pregnancy centers! The entertainment industry has been openly pro-abortion. That shouldn’t carry any weight, when you stop to think of it, but it does. For some reason that escapes me, anyone who can act or sing or pick a guitar automatically becomes an authority on moral and social problems, global warming, and the ozone layer. Our young people are being bombarded by movies and TV sitcoms and rock concerts that glorify the hedonistic life style, and abortion has become another form of birth control.

On the other hand, the Protestant denominations have gradually over the years moved into the pro-life camp, but too quietly, and not unanimously. The fundamentalists and evangelicals are solidly anti-abortion, and outspokenly so, many on the front lines, where dedication and commitment can be very costly. Our Church, of course, has always condemned abortion as sinful, but polls consistently show that Catholics fare no better than Protestants in their opposition to abortion. Are they being taught forcefully enough?

So where do we go from here? I think there are two ways we could look at the future...as very bleak or as very challenging. Never known for optimism, I

personally feel that future historians may well look at Clinton’s election as the spark that ignited the pro-life movement, that “awoke the sleeping giant,” that finally got a lot of people involved in the struggle to protect the unborn. Several things will have to happen if this is to be accomplished. First, our strategy will have to shift from legislation to education. We will have to reach every young person, before his or her mind has been set, and teach them exactly what abortion is, and what it does...to both victims. We have to teach them that legality does not equate with morality. We have to point out that all the social problems abortion was said to resolve are still with us, and worsening: “unwanted” babies, teen-age pregnancy, child abuse, poverty.

More of you are going to have to get involved. We need young people. Our kids have to be informed, and kids are more apt to listen to young people. I have a suggestion as to what some of you can do. If you have a child in the seventh grade or higher, call the teacher, or the school principal, and ask for permission to contact the Acadiana Right to Life office and arrange for a speaker to visit their class. We have some beautiful movies and tapes that tell the awesome story of the beginning of life, the story that every teen-ager should see and hear. The safe-sex people have certainly reached the schools with their message. I can tell you what their secret is...commitment.

Those of you who have been involved will have to guard against what Helen Alvarez calls “compassion fatigue.” Twenty years of effort and we are still at Square One. Don’t let yourself get discouraged. We know that eventually we will get all this turned around. It’s just taking longer than we had thought it would.

THE RIGHT TO DIE II

The right to life is universally accepted by all believers in our country, is guaranteed by our Constitution, and to all in the pro-life movement and the majority of Americans this right is felt to extend to the unborn. But do we have a right to die? The facetious answer would be that we not only have that right but we have every reason to believe that every one of us will be allowed to exercise that right some day. But the phrase is usually used in connection with those faced with a painfully slow death, particularly the terminally ill, the demented elderly, and the permanently unconscious (popularly termed the Persistent Vegetative State).

I approach this topic with caution, as I hold degrees in neither theology or ethics, and in discussing this subject questions arise and situations present themselves which defy consensus even among the experts. Furthermore, medical-moral and ethical problems can be and frequently are impacted by federal laws, state regulations which differ from one state to another, and court decisions which are often contradictory. But just because no one has all the answers is not to say that we should not address the questions and try to formulate some sort of game-plan to deal with them when they present themselves in our lives, as they most assuredly will.

Let us start with something we can all agree upon. People are living longer. They are not dying of infectious diseases and accidents in their early years. Paradoxically, the same explosion in medical technology that has made this possible has at the same time made it possible to sustain life longer, even lives that have entered the irreversible process of dying. The same technology that has saved so many curable patients has at the same time made it possible to prolong the lives of the incurable. The same ventilator that saves the life of a man with temporary pulmonary failure can keep a hopelessly dying patient "alive" for a painfully long time. The intravenous nutrition that builds up one patient for corrective bowel surgery can keep a terminally comatose cancer patient "alive" for another week or two. The tube feedings that help nourish the post-operative patient back to good health may keep the severely demented Alzheimer's patient "alive" for months, or years. The blessing can become a curse.

I would like to focus on just one group, and that is the people who are near death from malignant disease. All possible modalities of therapy have been

used and have failed to halt the progression of the cancer. All that remains now is what is called palliative treatment relief of pain and any other untoward symptoms, plus emotional and psychological and spiritual support for the patients and their families. At this point, some important decisions should be made, and the patient, if competent, should be the one to make them. Should he die at home, is that what he would prefer? Should artificial nutrition and/or hydration be considered? If he should suddenly go into cardiac arrest, should CPR be instituted?

Ideally, all this should be discussed ahead of time, when the patient is still capable of thinking and speaking for himself. But all kinds of obstacles present themselves. Many doctors have considerable difficulty telling their patient that there is no more hope for a cure, and this is understandable. Many families insist that the patient not be told everything..... the diagnosis, perhaps, but not the true outlook. And a patient himself may often not ask the question he doesn't want to hear the answer to, and may remain in denial until the end. Dealing with your own death is always difficult, but much more so if you have not come to accept its inevitability.

I feel that I have a right to die, with dignity. If I am not granted the blessing of a sudden death, I hope to be spared the indignity of being hooked to ventilators and tubes and infusions whose only purpose would be to defer my funeral for a couple of weeks. Just as important, I would prefer to spare my family the emotional trauma of having to make wrenching decisions about my treatment, decisions that too often wind up coming from the heart rather than from the head. I want nothing done to me that will hasten my death, nor do I want anything done that will prolong my dying.

If you agree, you would do well to consider executing two documents a Living Will and a Durable Power of Attorney, so that your wishes, which should be paramount, are carried out. Now this means thinking about your own death, which no one likes to do. But we draw our strength from the sure knowledge that death is the beginning and not the end. We were all born to die. Death is a victory, not a defeat. At least, that's what Jesus taught us.