

## SOME COMMENTS FROM THE MISGUIDED

As you know, Physician-Assisted Suicide is now legal in the state of Oregon. As I write this, only eight cases have been reported. Certainly, this does not reflect the landslide of cases we have been dreading, but still, eight cases are too many. Other states are planning referenda for the voters to decide what their wishes are in this matter, and I have no idea how all this will turn out. We can only wait, and pray.

Meanwhile, a bill is rapidly moving forward in Congress which proposes to discourage PAS by federal law. The bill is known as the Lethal Drug Abuse Prevention Act, and it is designed to punish physicians, pharmacists, and hospitals that assist in a suicide by prescribing lethal amounts of strong narcotics. "Punish" is not a strong enough word. "License revocation" would be more accurate. Sounds O.K. so far, doesn't it? But read on.

What the bill says is that if a physician prescribes a large amount of a narcotic drug, say large enough to kill a patient, he could be reported to the authorities by the pharmacist who has been given the prescription to fill. Now suppose I am prescribing a large amount of narcotics for a terminal cancer patient, as I do every day in my work with hospice; how will the pharmacist know what my intentions are? He won't. If he suspects that I may be planning to end a patient's life with this drug, he will be obligated to report me, for if my intentions are nefarious and he doesn't speak up, his own license is in jeopardy.

I have said it many times before, but I will say it again: the undertreatment of terminal cancer pain in this country is well-documented, and scandalous. There are several reasons for this, but one of the most important reasons is the fear of the regulatory agencies on the part of practicing physicians. The Drug Enforcement Agency and the state medical examining boards are terribly behind the times when it comes to what it often takes to control the pain of widespread malignant disease. Prescribe the appropriate dosage of a narcotic, which may be quite high in a case of advanced cancer, and you may well come under their scrutiny....and, believe me, you are guilty until you prove your innocence. Any practicing physician will verify what I am saying.

Is this bill the way to discourage PAS? No. There are many ways to help someone take his life without writing large narcotic prescriptions. Jack Kevorkian seems to favor carbon monoxide inhalation. Timothy Quill, in his celebrated case, prescribed sleeping pills

a few at a time, which the patient squirreled away over a period of time, and then took them all at one time to end her life. An injection of potassium or curare can be instantly fatal, or even simply a large bolus of air into the patient's vein. Now the doctor can't actually give the injection. That would be euthanasia, which is not legal even in Oregon (not yet, anyway). But Kevorkian and others have devised a number of ways by which the patient himself can administer the poison, ways by which this law, if it passes, could easily be circumvented.

By the time you read this, the bill will already have been acted upon, so I am not asking you to write to your representatives. But one never knows how things will go in Congress. Perhaps it will be delayed for a while, and we may have a chance to derail it. It is being vigorously opposed by the National Hospice Organization, the A.M.A., the American Society of Health-System Pharmacists, and a host of other health care groups. Not only do we think it will have no effect on dissuading doctors from helping their patients along to a quick death, but we are quite concerned that it could have a "chilling" effect on the adequate treatment of terminal cancer pain. And the timing couldn't have been worse, just as the pendulum was beginning to swing in the direction of more effective pain control, thanks to the spread of the hospice movement and the proliferation of pain management clinics across the country.

Don't let me mislead you. The senators and congressmen behind this bill are noble men, well-intentioned, pro-life, and strongly opposed to PAS and euthanasia. Apparently, it is their zeal in the promotion of respect for human life which has prompted them to push for quick passage of this legislation. In fact, Congressman Henry Hyde is the bill's sponsor in the House of Representatives. Hyde is a hero to all in the pro-life movement, and no one in government has done as much to protect innocent unborn human life, and I never in my wildest dreams ever expected to find myself on the opposite side of the fence from this man. And the National Right To Life Committee has come out in favor of this legislation. In a very brief and somewhat condescending article in the latest edition of their newspaper they brushed aside all our objections, and in rather cavalier fashion referred to all of us who oppose this bill as "misguided."

One last point. Most authorities on death and

dying agree that the single most important reason a person with incurable cancer would consider suicide is the prospect of a “bad death”....that is, dying in terrible pain. If the passage of this bill would in any way deter a physician from an aggressive attack on severe pain, it could well have just the opposite effect from that for which it is intended, and increase the number of requests for assisted suicide. I pray that I am wrong.



## RU 486 REVISITED

Some time ago I wrote about an abortifacient pill which had been developed in France. At that time this abortion pill, called RU 486, was highly controversial and its use was largely on an experimental basis. It is now being widely used in three European countries and in China, and a strong push is being made to introduce the pill into the United States. The clamor is loudest in California, which should surprise no one.

Two things need to be known about a new drug before it is approved by the FDA for prescription use in the U.S.: its effectiveness and its safety. It is generally conceded that this drug is highly effective in inducing an abortion when taken in the first seven weeks of pregnancy .... close to 90 per cent effective. Its safety? It has some annoying and sometimes prolonged side-effects, but generally it might be considered relatively safe for the woman..

But it is not at all safe for the developing babies. It kills 90 per cent of them! Another matter of grave concern is the 10 per cent of the babies who do not abort. The drug is highly teratogenic, which is to say that a very high percentage of these babies will have developmental abnormalities. (I hardly think that will deter the pro-abortionists, however. If the pill does not work, why they will most probably just proceed with the suction abortion. If they can't kill you pharmacologically, they damn sure can do it with their suction machines!)

Ever since I first read of RU 486 I have kept telling myself that "it will never happen here," for what major pharmaceutical house, given the legal climate of the times, would dare release a drug which could so easily lead to many huge lawsuits against it? However, I have recently learned that the National Academy of Sciences has issued a report urging Congress to pass a national product-liability law which would immunize drug companies from liability for injuries caused by drugs such as RU 486.

I would imagine that any plaintiff's attorney would tell you there is no way a law like that could ever be passed. And I would have agreed, ten years ago. But when the subject is abortion, all the rules change and precedents don't apply, and I am sure you must realize that. We must never make the mistake of underestimating the opposition and their ability to influence public opinion: today the National Academy of Sciences, tomorrow the national media, the entertainment industry, the NOW, the ACLU, the

AFL-CIO, and all those who would practically lay down their lives to protect baby seals and snail-darters. In fact, the clamor has already begun. In the war against the unborn, if anything can happen it will, and this frightens me.

I am sure I could be criticized for glossing over the potential harmful effects from this drug. It really can have some disastrous side-effects. In fact, Roussel-Uclaf, the manufacturing company responsible for this killer pill, recently issued a statement to doctors in France, urging them to install cardiac resuscitation equipment, in the event of a cardiac arrest from the pill, which has happened. My point is that we have gotten practically nowhere, for 17 years, by stressing the harm that can follow any one of the abortion procedures used at any stage in pregnancy, and there is little reason to hope that this tactic, however accurate and sincerely intended, will dissuade significant numbers from going ahead and taking the pill, if this is what they intend to do

No, if this pill is released here, God forbid, we are going to have to attack it in exactly the same way we attack mechanically and chemically induced abortions .... not negatively by pointing out the dangers, but positively by pointing out that we are dealing with a human life, and no social or economic or emotional problem overshadows this. This human life, once it has begun and no matter under what circumstances it has begun, is of God and from God .... and no law can ever change that.

The longer my involvement in the pro-life movement the more I have come to realize that Cardinal O'Connor was right. Everything we have been doing we must continue to do...keep ourselves informed and educate others (especially the young), write to and call our legislators, contribute our money and our talents, lobby, rally, march, demonstrate, and never give up. But, in the final analysis, the only way we can win, and the way that we will win, is through prayer and penance. O'Connor has called upon every pro-life Catholic in the country to say a rosary every day, for the unborn. That is the least we can do, and the most we can do.

## THE DEATH OF HUGH FINN

Perhaps you read about it. Hugh Finn was a young man, in his early 40's, a Roman Catholic, who sustained a terrible injury in a traffic accident in 1995, one which left him in what is popularly called a Persistent Vegetative State. All higher brain functions were totally and irreversibly lost, although he continued to breathe without assistance and his heart continued to beat, his "life" sustained by means of a feeding tube.

After three years, with no hope of any possible improvement in the future, his devoted wife asked his doctors to remove the feeding tube and allow him to die. She was certain that he would not want to be kept alive this way. He had actually prepared a Living Will opposing such life-sustaining measures, but had not yet signed it. However, his parents and his brothers all objected to stopping the feeding, and the inevitable followed...the case went to court.

Overnight, this became a high-profile case, and the media pounced on it, as they had with Karen Quinlan, Nancy Cruzan, Paul Brophy, and others. Everyone took sides, religious groups and politicians became involved, and as the Virginia Supreme Court pondered the case, demonstrators on both sides circled the courthouse with banners and placards, the type of scene that attracts all the TV networks. It quickly became a media circus, and that had to add to the pain for the family members on both sides. The Court ruled in Mrs. Finn's favor, the feeding tube was removed, and Finn died quietly eight days later.

How do you feel about discontinuing artificial nutrition and hydration in a case like this one? On the one hand, you have the entirely legitimate argument that this man was not actively dying, as would be the case of a patient with widespread cancer. On the other hand, you have the question as to just what our moral responsibility is in sustaining the respirations and heart beat of a person that is not now and will never be capable of conscious thought? I don't have the answer for you, but I find solace in the sure knowledge that no one else does either. You won't get the answer by calling the rectory. Nor the chancery. Nor the Vatican.

What I can give you are my thoughts on the subject, based on extensive reading and study of books and articles by ethicists and theologians, attendance at national seminars on medical ethics, consultations with my spiritual director, and, most importantly, ten years of full-time work with hospice.

I have attended a few cases similar to the Finn case, but much larger numbers of cases which present us with precisely the same dilemma that this one does.

They fall into two categories. First, the terminally ill cancer patient, wasting away before our eyes, and secondly, the elderly patient with advanced dementia (usually in a nursing home)...all with feeding tubes. Trying not to be too cynical, I would submit that the real reason for artificial nutrition in cases like these is twofold: the modern physician, trained to save lives but not to deal with death and dying and never trained to "let go," satisfies himself and the family members that he is "doing something," and they in turn feel relieved that something is being done and are spared the pain of loss, at least for a while longer. The emotional needs of the family has now become the focus, not what is best for the patient, not what he would undoubtedly say about it all if he could suddenly awaken for a moment from his comatose state, grasp the futility of what was being done to him, and express his own wishes.

Over the 12 years that I have been writing this column on the sanctity of human life, my mantra has always been: human life is God's most precious gift, and we have no right to take it. I still stand by that, but I would add: nor do we have the obligation, nor the right, to prolong a person's dying and delay his union with God....which is exactly what I think we are doing in these situations. But couldn't God perform a miracle, and restore this man to good health? Of course He could. But He wouldn't need a feeding tube to do so..

I must emphasize that there are many devout laymen, priests, theologians, bishops, and ethicists on both sides of this argument. When I was in medical school and in the early years of my practice the one single Catholic medical ethicist who stood out over all the rest was Fr. Gerald Kelly. In 1950 he wrote, "...no remedy is obligatory unless it offers a reasonable hope of checking or curing a disease." He felt that we are not obliged to use any means....whether natural or artificial....if it does not offer a reasonable hope of success in remedying that person's condition. In 50 years, in spite of all the technological breakthroughs, only the language has changed. "Ordinary or extraordinary" has become "proportionate or disproportionate." But Fr. Kelly's writings still reflect sound Catholic doctrine.

Fr. John Paris, professor of bioethics at Boston

College, is one of the most widely respected Catholic medical ethicists of the day. Writing in *America* magazine recently, he vigorously defends the court's recent decision in the Finn case. In one sentence he capsulizes his opinion when he refers to "...the 400-year-old Catholic teaching that no one need undergo interventions that are disproportionately burdensome or offer no realistic expectation of restoration to a functioning cognitive existence. The church's teaching on that topic....applied specifically to the issue raised in the Finn case."

Our respect for the sanctity of human life demands that everything possible be done to cure every sick person, and to provide physical, emotional, and spiritual comfort for the incurable. But over-aggressive treatment in the face of a hopeless prognosis is not compassionate care. Rev. Hank Dunn, chaplain of Hospice of Northern Virginia, puts it all very succinctly in his book, *Hard Choices For Loving People*: "Often....these treatments are not medically indicated, marginal in their benefit (if there is any medical benefit at all), increase the burden of living, possibly prolong the dying process, and are not required by ethics, medicine, law, morality, or faith."



## THE McCAIN-FEINGOLD BILL

Perhaps the sub-title should read, "The Constitution Giveth and the Congress Taketh Away."

For that is precisely what this bill would do....take away our First Amendment rights.

It is popularly known as "The Campaign Reform Bill," and that certainly has a good ring to it.

The word "reform" gets our attention, and our almost automatic approval, right away. Reform is like motherhood and apple pie. Everything needs to be reformed, we all agree, and especially political campaigns and the way they are financed.

But look past that inviting title and you will see that the McCain-Feingold Bill has a very dark side. In a nutshell, it would prevent organizations from publicizing a candidate's stand on specific issues. Let's say that Joe Jones is running for Congress, and he is strongly pro-abortion. Pro-life groups would be prohibited from mailing circulars or sponsoring newspaper or television announcements to the effect that Jones is in favor of abortion-on-demand.

Now this bill has been defeated. It never even got out of committee. But, have you ever noticed that when "we" lose a bill, we have lost it; but when "they" lose a bill, it keeps coming back, over and over again, until it is passed, in one form or another. This is the case here. Several similar bills are in the hopper, some worse than the original, and they are all still alive. Furthermore, many House Democrats are pushing hard for a "discharge petition," which, if passed, would force Congress to take action on the issue before it adjourns. You may be dismayed to learn that Rep. Chris John was one of 20 Democratic House members to sponsor a resolution (H.Res.259) to force a floor vote on the measures.

The National Right to Life Committee and its affiliates, and other pro-life and pro-family groups are strongly opposed to McCain-Feingold, which has re-surfaced with amendments which make it even less palatable, and all the other look-a-likes, which are being pushed feverishly, are crafted to deprive us of our constitutional right to express ourselves openly on matters of grave importance. Let your voices be heard....NOW.



## “DRUG OVERDOSAGE, LEGALLY PRESCRIBED”

The state of Oregon is the only jurisdiction in the world where assisted suicide is legally sanctioned, having been endorsed in a referendum by 60% of the voters in late 1997. After virtually no media coverage at all for the year, a report was recently published in the *New England Journal of Medicine*, ostensibly to let us know how things are going with this radical new law. Reading the report is unsettling. Reading between the lines is downright chilling.

Fifteen suicide deaths were reported. In each case the death certificate listed the cause of death as “Drug Overdosage, Legally Prescribed.” Is this number anywhere near accurate? No one knows, for the law does not even require that assisted suicides be reported to the state! Intractable pain has always been put forward as the main justification for doctor-assisted suicide, and yet pain was not a factor in a single one of the fifteen reported cases. If not pain, what was the reason given for requests for lethal drugs? Virtually all the cases were people who had strong beliefs in personal autonomy and chose suicide based primarily on fears of future dependence.

What sort of message does this send to the handicapped and the disabled elderly? It says that our society is coming to regard people who are dependent on others for their personal care as not quite worth the expense and the burden their dependency places on the rest of us, and that is a very dehumanizing message. This is why disability-rights organizations are uniformly opposed to assisted suicide.

And what about the relationship between these people and their doctors? The very first case reported was that of a woman who requested suicide help from her personal physician. He flatly turned her down. So she went to another doctor, who obliged her. The report states that six of the fifteen people sought lethal prescriptions from two or more doctors! That reminds me of the “woman and her doctor” myth that has been a big factor in the abortion argument for twenty-six years. This is a very private and very personal decision, it is claimed, one that should be made “between the woman and her doctor”.....when in actual fact the first “doctor” the average woman who chooses abortion sees is the abortionist, not her gynecologist!

And so it will be with assisted suicide. There will be doctors who will prescribe lethal drugs for you and there will be doctors who won't; it's as simple as

that. If you are suffering from a major depression and have decided life is not worth living, you need only find a physician who will write the prescription for you. That should not be too difficult. They will probably be listed in the Yellow Pages.

The report was obviously skewed. Each doctor interviewed was one who had assisted in a suicide, and so his bias can be assumed. Each death went fairly quickly and painlessly, we have been assured, and each was dignified. The families were all relieved. How grateful they must have been to have found a physician so understanding and compassionate!

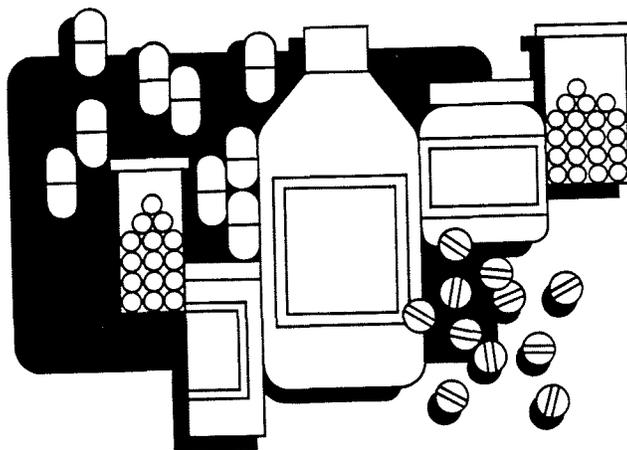
It gets worse. It has been reported that Oregon's health plan for needy people (Medicaid) will now pay the full amount for assisted suicide, but restricts the amount for long-term treatment. Some HMO's will pay for your doctor to kill you, but not for hospice care. Now **that** is really scary! Let this assisted-suicide movement pick up momentum, which it will, and we may well see this kind of thinking extend to Medicare reimbursement. Most Medicare payments go to cover final illnesses, which are typically drawn out and expensive. This would be a quick fix, an easy and effective solution to the huge economic problems we face as our population ages. State by state, financially crunched Medicaid programs may follow suit, and private insurers as well. The utilitarian ethic would rule.....the money and other resources go only to those who are productive, who can contribute in some meaningful way to society.

It can't happen here, you say? Yes, it can. Compare the moral climate of our country today with the America of the 1950's. In just two generations we have gone from a nation where patriotism and morality and self-discipline and two-parent families were the norm to a country where drugs and crime and promiscuity are rampant, and where the killing of unborn babies has become a way of life. We just don't shock as readily as we used to. We are becoming numb to the violence in our world....we see three murders every night on local TV news, then hundreds killed every day in ethnic wars in Europe and Africa....then switch to the Weather Channel to see if it will rain tomorrow. Finding babies' bodies in dumpsters hardly makes the front page any more. Today it is the man in Oregon who doesn't want to live, tomorrow it may be the woman in California whose family doesn't want her to live, and soon it will be the handicapped youngster the State of New

York doesn't choose to support.

This evil force which is taking us down the slippery slope has been aptly named the Culture of Death by the Holy Father. Don't underestimate it. It has seduced increasing numbers of judges, politicians, physicians, ethicists, and intellectual elitists into its ranks. It surfaced formally on that Black Monday in January, 1972, when we awoke to find that the Supreme Court, with bewildering suddenness, had forever changed the meaning our society would attach to life and death and previously accepted standards of right and wrong. This infamous decision has been reinforced time and again by federal court rulings from coast to coast. The *piece de resistance* came when our President recently vetoed, for the second time, the ban Congress had twice passed on partial birth abortion, that horrendous procedure which is tantamount to infanticide, in spite of unanimous medical testimony to the fact that this is **never** necessary to save the life of the mother. Physician assisted suicide has followed, and euthanasia will certainly be next.....first voluntary, then involuntary.

We must pray that the right to life, as guaranteed by our Constitution, be restored and forever protected. We must pray as though our very lives are at stake. They may be.



## ETHICS IN THE IVY LEAGUE

It was more than 20 years ago when I thought I had heard the ultimate anti-life statement, when the head of the CDC in Atlanta, a Nobel prize winner, declared publicly that a newborn should not be considered a "person" until several days old. This would give the parents time to assess his apparent wellness and decide whether to keep him or kill him. But along has come Peter Singer, an Australian philosopher, who feels that truly ethical behavior will not flourish until we all wise up and abandon the "fallacy," as he calls it, of "the sanctity of life."

Professor Singer argues outspokenly for the moral justification of infanticide and euthanasia, rejecting outright the universal belief that human beings are precious because God made them so.

In fact, he is the epitome of animal rights activism, and has been quoted as saying that a happy cat is more valuable than a deformed baby.

I am pointing all this out so that you may experience with me the shock of reading where Singer has just been appointed to a tenured professorship of ethics at Princeton University! Now, this did not just happen frivolously. His appointment was unanimously approved by the university search committee and by the university president, Harold Shapiro. The rationalization for this outrageous faculty appointment ...and you can see this coming...reflects the headlong rush toward "academic freedom" and "intellectual diversity," which is poisoning so many of our universities, religious as well as secular.

This man's philosophy represents the quintessence of utilitarianism, which holds that a human's worth is only proportionate to the good he can contribute to society and the world we live in. This distorted thinking has been around for a long time, although not championed as blatantly and as callously as Singer does. To hear highly intelligent people, especially teachers, talk like this is pretty scary, and it should make us realize how far we have gone down the slippery slope to moral nihilism.

But maybe some good can come of this. We might all be shocked into a deeper realization of just how extreme the pro-death forces have become and maybe spur us into more intense action. Also, this could backfire, as I suspect that many pro-abortion people will be embarrassed by this outrageous appointment, just as they were by the partial birth abortion procedure. And I have too much respect for, and hope

in, the young generation...the Roe generation...to believe that this man can convince the average collegiate that killing a happy cat is worse than killing a less-than-perfect baby. And maybe some of you might feel a little better now, that you couldn't afford to send your kid to Princeton!

We must not let this discourage us, but rather to encourage us to pray more and to work more toward restoration of sanity to our laws so that abortion be outlawed forever in civilized society. I will close on a more positive note by quoting the words of Eunice Kennedy Shriver, which appeared in the April, 1968 issue of *McCall's* magazine:

"If we reject the Hard Society, and choose instead the way of love,  
We can move swiftly toward creating a country where  
material pursuits are not the end of our lives,  
Where no child is hungry or neglected,  
Where early marriages without firm roots, and early  
divorces for fleeting reasons are fewer;  
And where even defective children are valued,  
because they call forth our power to love and  
serve without reward.  
Instead of becoming the Hard Society, we could  
become the just and compassionate one;  
Instead of destroying life, we could destroy the  
conditions that make life intolerable.  
In this society,  
Every child, regardless of his capacities or the  
circumstances of his birth,  
Would be welcomed, loved, and cared for...  
And abortion would cease to preoccupy us, because  
it would not be necessary."



## SPIRITUAL PAIN

When we think of pain, we usually think of physical pain....the pain of a burned finger, or a broken bone, or a gall stone attack. But there is another type of pain, more complex and less easily recognized, more difficult to deal with, and almost invariably an accompaniment of the dying process. It is usually referred to as "suffering." Pain is not the same as suffering. Pain is physical, although it may have an emotional component. Suffering is mostly emotional; physical discomfort, when present, is strongly overshadowed by psychological, social, and spiritual factors. The mind, the will, the intellect, the spirit....are involved in suffering. Lower animals may experience pain, only humans suffer.

Dame Cicely Saunders, the founder of the modern hospice movement, refers to this kind of pain as "spiritual pain." A good term, spiritual pain. The pain of the spirit. The pain of the whole person. It is almost invariably present in the dying patient, to one degree or another, and results from all the frightening and depressing thoughts that flood the mind as death approaches....the fear of escalating physical pain, the loss of independence and control, the regrets about the past, the prospect of leaving loved ones to fend for themselves, the uncertainty about the after-life. To grasp fully the meaning of life is not easy; it can be infinitely more difficult as death nears. Nothing in the past can be undone, the present is pretty bleak, and there is no future. That is spiritual pain.

For all its marvelous accomplishments in the curing and prevention of illness, modern medicine cannot be proud of its record in healing spiritual pain. Many physicians, out of a sense of compassion, simply cannot bring themselves to the point of telling their patient that his illness is a fatal one and his time is short, especially a long-time patient and friend. Many cancer patients become jubilant when told that their malignancy is "in remission," without a completely honest explanation of what the word means; to them, "remission" may mean "cure." Other patients may be given a false sense of optimism when told, "The scan shows your tumor has shrunk." This is not to imply that the attending physician should be all doom and gloom, nor give no cause for hope; but it is entirely possible to be thoroughly compassionate and at the same time honest and forthright.

It is in the area of dealing with spiritual pain that hospice does its finest work. Alleviating physical pain and other distressing symptoms is the primary

challenge, of course. But what we do best, what our families remember us for, is not what the doctors do with pills and liquids, but what the nurses do, and what the social workers and chaplains and volunteers do, to help the patients prepare for their death....and, perhaps more important and more appreciated, help the families prepare for the death.

Sometimes healing and spiritual peace just happen on their own. To realize that healing may "just happen" is important, for even though the caregivers are often of great help, it is the dying who heal themselves. The greatest fear in dying is the fear of dying alone. Families intuitively know this, but they need to be reminded of its critical importance as life ebbs away. Often just being there, and listening, is all that is necessary, with frequent words of encouragement. Families need to be helped to understand that the patient's questions should always be answered; he may not have to be told everything, but everything he is told should be the truth. Hope can be given, but not false hope.

Dying, as unwelcome as it is, can often be a great opportunity for growth for the patient, and for the family. And an opportunity for healing. How often we see long-standing disagreements and grudges and even open hostilities melt away as the family members are drawn close together by the approaching death. Many families tell us that they have never felt so close, and so loved and so loving, as during those last days and hours. These families, the bereavement counselors tell us, always grieve better after the death.

Those who advocate assisted suicide and euthanasia would deprive both the patients and their families of this beautiful process of healing spiritual pain. Caring for a loved one who is dying can be a real labor of love, a last loving gesture which can have many psychological and spiritual rewards for both the dying person and the caregivers. To die well, in peace and with dignity, is to die in the presence of family and friends, free of spiritual pain. To help this happen is the goal of hospice.

## SCIENCE VS. MORALITY

You may be aware of the intense interest in the scientific community in attacking certain diseases by injecting the patient's afflicted organ with cells taken from human embryos. The conditions thought to be most susceptible to this radical procedure are Parkinson's Disease, Alzheimer's Disease, Stroke, and Diabetes. However, in spite of four years of research and wildly optimistic predictions, there has not been a shred of proof that any of these diseases are helped by implantation of embryonic cells. Oh, there seemed to be a remote possibility that Parkinson's victims under the age of 60 might benefit, but there was no demonstrable improvement in a single person over 60....which is the age when virtually all people with this affliction begin to show symptoms.

But this has not deterred the researchers at all. In fact, there has been a surge of interest in human stem cell research. Stem cells are cells taken from early embryos (within 8 days of conception) and which are undifferentiated. This means that they may be "coaxed" into becoming liver cells, or brain cells, or pancreatic cells which manufacture insulin. Theoretically, these cells could grow and multiply and replace damaged cells, helping to restore the organ to its normal function.

Now, you can see where this is taking us. There has been increasing pressure on Congress to authorize federal funding of stem cell research. The growth of human embryos, which we believe are already ensouled human persons, will be instrumentally interrupted (killed, that is) before the eighth day of life to provide the cells for these experimental procedures. Now, before you rush to judge the scientists too harshly, think for a minute of the millions of people with a family member suffering from one of these ailments, and the emotional impact the prospect of cure must have on them. Also, understand that a lot of powerful high-profile organizations are supporting this....the American Cancer Society, the Juvenile Diabetes Foundation, the National Spinal Cord Injury Association, and many, many others.

It seems to me that if research in this area is to go on, the obvious place to begin would be with the lower animals, the sub human primates. That is the source from which have come hundreds of pharmaceutical and surgical advances over the years, which is how it should be. Ah, but think of the animal rights activists.

These people really believe that an adult rhesus monkey is more precious than a tiny human embryo, and their well-funded lobby may carry more weight than the pro-life lobby. I am not sure about that, but I would be nervous about putting it to the test.

However, there is another viable alternative. Stem cells have been found to be obtainable from the bone marrow of **adults**. Specifically, two different articles in scientific journals this year have described how adult stem cells have been coaxed to develop into liver cells, or cartilage, fat, or bone cells. Now **that** is exciting news! Why is that avenue not being encouraged more? I am not sure, but I suppose that it is because embryonic cells are much easier to come by, and most people don't think of a tiny embryo as a human being. And the Department of Health and Human Services has already approved the test-tube creation of human embryos for the exclusive purpose of producing stem cells. Now federal funding of this research is being deliberated.

My purpose in writing this is not to warn you about where we are headed in the matter of using human embryos for scientific research. We are already there! We are already at the point where our nation is willing to destroy human life for the sake of potential medical advancement. A human life can be sacrificed for the possibility of saving another human life. Is there no respect at all for the human embryo, or is it regarded as just another cellular complex, like a piece of skin?

We must stay informed on what the researchers are up to, so that we may know how to direct our prayers. We must constantly reaffirm our belief that life begins at conception and is of priceless value at any stage of development. We must continue to pray for the innocent unborn. And we must pray for our country.

I will close with a quote, and I forget the source, "I tremble for my country when I reflect that God is just." Oremus.

## WHAT WE CAN LEARN FROM LITTLETON

The terrible tragedy in Denver shocked us all. Everyone....parents, school officials, law enforcement people, news anchormen, school kids and parents everywhere were asking the same questions. How could this happen at an upper class suburban school? Why didn't the parents of the boys know what they were up to? Why was there no security at the school? Where did they get the guns?

Then the finger-pointing began. Hand guns should be illegal. It's those violent video games. It's the movies kids are watching, full of violence and sex. It's the heavy metal and gangsta rap music the kids listen to. It's the breakdown of the family unit. It's the caste system in the schools, where kids are ranked by their affluence or their athletic ability, where groups look down upon each other. It's the bullying in the schools, and the kids who are put upon build up all these violent feelings. It's the Internet, where everyone who is computer savvy can learn to build pipe bombs.

As I write this, our government is having a "summit" meeting to explore all these areas and come up with solutions, and I suspect they will recommend more laws and more counselors and more government control, as though this will solve the problem. Don't hold your breath.

There is one thing that no one seems to have noticed, and that is that school shootings like this one have invariably occurred in public schools. There have been several others in the past few years, although none have been as large as this one. And none has taken place in parochial or private schools. In these schools our children can pray, study the Bible, and learn absolute standards of right and wrong. The pupil grows up knowing that he has an immortal soul and must answer to his Creator for his sins. These schools don't tolerate diabolic symbols as just teenage fads.

We have certainly taken God out of our schools. No public prayer of any kind can be offered, not even at sporting events, canceling a custom that goes back decades. No Christmas plays are allowed in any way that tell the beautiful story of the Nativity. This has spread to include our universities as well. This year Swarthmore College has changed the wording of its diplomas, removing the phrase "...in the year of our Lord;" Yale University has made co-educational dormitories compulsory. And recently Georgetown, once the proud flagship of Jesuit universities, invited

the despicable Larry Flynt to talk on campus.

Nor has the public sector been spared. No creches are allowed on public property during the Christmas season, the astronauts can't read the Bible as they encircle the earth, and government employees can say "Happy Holidays" but not "Merry Christmas."

When we drive God out of our world we are creating a moral vacuum. This Culture of Death, as the Holy Father has called it, in which our children are growing up, which advocates contraception, abortion, and euthanasia so avidly, is telling them that life (including their own) is worthless. When we attack and ridicule and eliminate the sources of moral, social and spiritual order, people are going to embrace chaos. And that is what our young people have seemed to be doing, as we look at the horrors of today's youth culture....the violence, the sexual promiscuity, the drugs, Marilyn Manson, body piercing, and the adoption of Nazi and Satanic symbols in open defiance of morality. In fact, Harris and Klebold may be only the tip of the iceberg,

Peggy Noonan, the prominent author and speech-writer, described well the pressures our young people are under in our Godless world, in a recent article in *The Wall Street Journal.*, aptly entitled "The Culture of Death."

Your child is an intelligent little fish. He swims in deep water. Waves of sound and sight, of thoughts and fact, come invisibly through the water, like radar; they go through him again and again, from this direction and that. The sound from the television is a wave, and the sound from the radio, the headlines on the newsstand, on the magazine, on the ad on the bus as it whizzes by....all are waves. The fish, your child, is bombarded and barely knows it.

Then she goes on to describe bits of phrases from only one of the sources, the news, that the child is bombarded with every day...."was found strangled and believed to be sexually molested"... "had asked Kevorkian for help in killing himself".... "court battle over who owns the sperm".... "and the procedure is, in fact, legal infanticide." And then she concludes:

This is the ocean in which our children swim. This is the sound of our culture. It comes from all parts of our culture, and all the people in it, which is everybody.

And this is the culture in which our young people are growing. The Culture of Death, a spiritual vacuum. The secular humanists are winning. If you would care to examine just how far our nation has sunk morally and spiritually in just fifty years, I would suggest you read Tom Brokaw's recent book, *The Greatest Generation*. It took just two generations for us to fall from the great nation we were at the end of World War II to the amoral country we are today....where licensed physicians are killing babies, children are having children, and boys are killing their classmates and their teachers.

I can't believe that the tragic violence in Littleton was an aberration, but was rather a sign of more terrible things to come. Somehow we are going to have to turn our young people around, and point them to God, for they are the future of our country. And our big government will not be able to do it with more laws and more grief counselors and more policemen and a "war on violence." Our children must be taught and reminded that God loves them, and that He is present at every moment of their lives....at home, in the classroom, on the playgrounds, and on dates. This will never be done by Congress, or the courts, or governmental "task forces." It will have to be done primarily in the homes, and in the classrooms, and with prayer and sacrifice.

## THEY SHOOT ABORTIONISTS, DON'T THEY?

That's us. Pro-lifers. A Buffalo, N. Y. obstetrician, Dr. Barnett Slepian, who regularly performs abortions is killed by a sniper's bullet, and the entire right-to-life movement comes under fire. We didn't pull the trigger, but with all our anti-abortion rhetoric, our sidewalk counseling, our relentless attacks on abortion-on-demand at conventions and seminars and in thousands of articles in the print media and letters-to-the-editor and to our congressmen...why we have "created an atmosphere" of hate and loathing that would drive a man to shoot another man in cold blood. We are all in sympathy with this killer...the killer with the rifle, not the other one. Symbolically, we are holding his coat while he loads his gun. We are accessories after the fact. We are all guilty. That is what they are saying.

Who are "they?" The elitists in the entertainment field (whose ability to sing or dance or act or make funny jokes somehow qualifies them as authorities on politics, foreign and domestic policy, and morality, and role models for our young people), the radical feminists (who rank abortion-on-demand as the greatest advance for women since woman's suffrage), the secular humanists who infest our courts and our university faculties, and the print and electronic media. Mostly the media. In recent years they haven't even bothered to try to hide their strong pro-abortion bias, and the rest of their agenda is pretty scary as well.

Let's look at the *New York Times* for their reaction to the shooting, for they epitomize media prejudice. They repeatedly claim that pro-life activists use incendiary language to stir up the masses against abortion, and yet that is precisely what they are doing when they cite the murder of the abortionist as a prime example of a "depraved" act by one of the "anti-choice fanatics." And how do they describe the killing of millions of unborn babies? They refer to abortion as "a constitutionally protected service." And yet, in the same issue (October 26) where they directed these inflammatory words toward us, they carried a front-page editorial on how expensive adoption has become (\$15,000 to \$20,000) because unrestricted abortion has drastically reduced the number of available infants!

We have been called lots of things...religious fanatics, fetus-lovers, racketeers, wild-eyed zealots...

Now, I suppose, we shoot people who disagree with us. And did you notice how all the reporters

invariably referred to Dr. Slepian as "an obstetrician, who delivers babies and who has helped a lot of babies and their mothers?" He is not just an abortionist...he delivers babies, too. Somehow that seems to make his killings more acceptable: He delivers three babies one day, then aborts two. That puts him one ahead, right? Hardly. To him who is given more, more is expected. I just couldn't trust a man to deliver my grandbaby, no matter what his training, knowing he had killed two babies earlier in the day.

The shooting, of course, was inexcusable, and I know of no one in the pro-life movement who would condone it. The sudden death of this man would effectively deny him the opportunity for repentance and redemption. Also, this executioner instantly becomes a "victim," and you can be sure that a lot of fence-straddlers out there immediately sympathized with him, and might be easily seduced by the editorial writers and the TV anchorpersons into seeing us as the evil ones. I am sure that the pro-life movement suffers a bit, and has its ranks diminished, whenever something like this happens.

And how many times has it happened? In the past five years, three abortionists have been shot, three abortion clinic employees, and one clinic "escort." During that same span of time, roughly six million innocent babies have been killed. Six million babies and seven "victims"...guess which side draws the most attention from the news people, the courts, and our government?

Why? Because **it's the law!** And if it's legal, it must be O.K., right? Wrong. It is incredible how many people equate morality with legality. A prime example is the American Medical Association. It resigned from that august body in 1974, in response to their policy statement on the *Roe v. Wade* decision: they said, in effect, that it's the law of the land now, and we must abide by it. I would estimate that the majority of physicians in this country would never consider performing an abortion, but would have no qualms about referring a woman to an abortion clinic, if that's what she wanted. That is what we have feared from the beginning...the longer we have this horrible law on the books, the more people gradually begin to accept it, the more it becomes a little more tolerable, and maybe the less we believe we will ever be able to repeal it. It should frighten us all that we now have a whole generation of young people, everyone less than 26 years of age, who have never

known abortion to be illegal.

The more I think of it the more I have come to realize that abortion-on-demand is truly demonic.

And I think of Jesus' remark to the disciples when they returned from a mission to report that they had encountered a demonic-possessed that they could not seem to cure. He told them that this kind of demon could be driven out only by prayer and fasting. I think the same can be said for legalized abortion.

We must never give in, or give up. With God all things are possible.