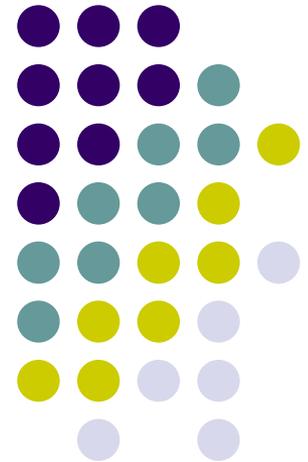


Catholic reflections on a case involving Huntington's Disease

Revd Kevin McGovern,
Caroline Chisholm Centre for Health Ethics:
Calvary Health Care Bethlehem,
26 October 2015



Caroline Chisholm
Centre for Health Ethics

Code of Ethical Standards



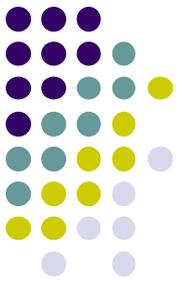
- II.2.23: “Catholic facilities should not **provide**, or **refer for**, abortions, that is, procedures, treatments or medications whose primary purpose or sole immediate effect is to terminate the life of a foetus or of an embryo before or after implantation. Such procedures, treatments and medications are morally wrong because they involve the direct and deliberate killing of an innocent human life in the earliest stages of development.”

Some Comments:



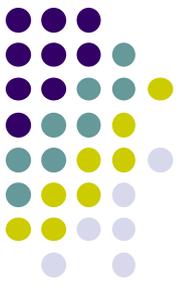
- It is possible to dismiss this as nothing more than a Catholic rule – and then to try to get around it.
- Are there real standards of right and wrong? If so, is it indeed morally wrong to abort an unborn child? Please consider.
- An unborn child is different from us in many ways. Even so, our ontological imagination tells us that an unborn child is a human being.
- This is a child, not a choice. An unborn child has a right to life.

Some Comments: (cont'd)



- Disability activists would be horrified that a life is being ended because it is a life with disability. Is a life with disability not worth living?
- Especially after parent(s) have bonded with an unborn child, termination can cause profound distress and psychological disturbance.
- Grief compounded by some measure of guilt can cause complicated grief, which is difficult to resolve.
- How can we protect the environment and vulnerable creatures if we fail to protect a human embryo? (Pope Francis, *Laudato Si'*, #117, 120)

Code of Ethical Standards (cont'd)



- II.2.24: “Women (and men) are often hurt by abortion. While not condoning the decision to abort an unborn child, Catholic healthcare services should **treat with courtesy and respect** all who seek assistance, and should **be ready to offer compassionate** physical, psychological, moral and spiritual **care** to all who have suffered from the trauma of abortion.”



Does abortion harm women?

Selena Ewing, *Women & Abortion: An Evidence Based Review* (Hawthorn, VIC: Women's Forum Australia, 2005):

- a “comprehensive evaluation of the international literature on abortion and its consequences for women’s health and wellbeing.”
- reporting on 168 peer-reviewed studies mostly from the 15 years leading up to the report
- There is “substantial evidence of psychological harm associated with abortion”:
 - “Ten to twenty percent of women suffer from severe negative psychological complications after abortion.”
 - “For a small proportion of women, abortion triggers Post-Traumatic Stress Disorder.”
 - “Abortion for fetal disability is particularly traumatic and can be psychologically damaging for women.”
 - “Abortion can have a net harmful impact on large numbers of women.” (all quotes from the summary on page 2)

Does abortion harm women? (cont'd)



Selena Ewing, *Women & Abortion* (cont'd):

- A section titled 'Harm resulting from abortion for disability or disease in the foetus' cites 10 peer-reviewed studies to conclude that “for women who abort because of disability or disease in the foetus, the procedure and the years afterward can be extremely traumatic, characterised by grief and guilt.” (p. 23)
- One study concluded that “termination of pregnancy due to foetal malformation is an emotionally traumatic major life event which leads to severe post-traumatic stress response and intense grief reactions which are still evident 2-7 years after the procedure.” (p. 25)
- Another study found that “among 196 women aborting for foetal abnormality, grief and post-traumatic symptoms did not decrease between 2 and 7 years after the event.... Pathological post-traumatic scores were found in 17.3% of participants.” (p. 24)

Traditional morality



- It is usually wrong to kill another human being.
- For the few exceptions to this general rule, two conditions must simultaneously be present:
 - i. Someone poses a serious and imminent threat to human life or to values virtually as important as life (e.g. liberty).
 - ii. The only way to eliminate the threat is to kill this person.
 - resisting lethal attack, enemy combatants in war, some obstetric cases (e.g. ectopic pregnancy), capital punishment in rare circumstances
- Whatever their condition, an unborn child usually poses nothing more than the usual risks of pregnancy. They are not a serious and imminent threat to life. It is morally wrong to kill them.

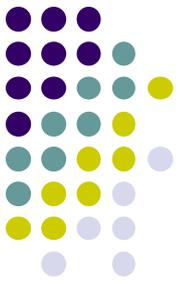
Advice on Counselling and Support



Bishops' Commission for Doctrine and Morals, Australian Catholic Bishops Conference, *Preliminary Advice on Pregnancy Support and Counselling Services*, 8 September 2006, <https://www.catholic.org.au/commission-documents/bishops-commission-for-doctrine-and-morals-1/246-bishops-commission-for-doctrine-and-morals-preliminary-advice-on-pregnancy-support-and-counselling-1/file> :

3. “Decision-making counselling is client-centred and non-directive...
 - a. Providing emotional support, time and space so that the client can make a decision that is reflective rather than panicked;
 - b. Assisting a client to talk through the problem(s) facing her by examining options and their implications for the client’s own values;”

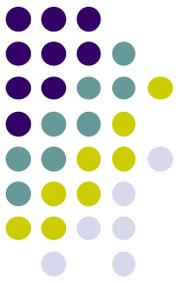
Advice on Counselling and Support (cont'd)



Bishops' Commission, *Advice* (cont'd):

4. “Decision-making counselling ought not to attempt to direct the patient... toward any particular decision.”
6. “Pregnancy counselling... does discuss the available options. It is appropriate in circumstances in which abortion is available that the counsellor does discuss this option and provide information about what may be involved in abortion, including demonstrated risks and ill-effects.”

Some Comments:



- In my opinion, this should include information about the risk of psychological harm after TOP.
- Again in my opinion, some consideration of the moral aspects of TOP is also necessary:
 - “Before this situation arose, what were your ethical views about abortion or TOP? What were your partner’s views?”
 - “What do you think traditional morality says about abortion? What do you make of this?”
 - “Whether or not you terminate, what are you likely to think about your decision a few years from now?”

Advice on Counselling and Support (cont'd)

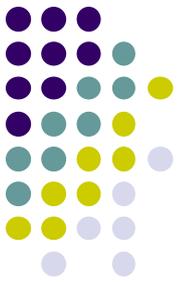


Bishops' Commission, *Advice* (cont'd):

9. “Any advice that the client seek medical assessment and/or management ought only be a recommendation for medical care, not for a particular service. That recommendation... may be made even if the client has indicated that she is seeking abortion.”

NB. See *Code of Ethical Standards* II.7.19 on conscientious objection. Without compromising care, conscientious objection should be respected.

Presenter & Support Services



Revd Kevin McGovern

Caroline Chisholm Centre for Health Ethics

Suite 47, 141 Grey Street

East Melbourne VIC 3002

T: (03) 9928-6681

F: (03) 9928-6682

E: kevin.mcgovern@svha.org.au

For pregnancy or post-abortion support, phone:

- Caroline Chisholm Society – (03) 9361-7000 or 1800-134-863
- Open Doors – (03) 9870-7044 or 1800-647-995