



WISCONSIN CATHOLIC CONFERENCE

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SUPPORT WOMEN AND CHILDREN, NOT ABORTION CLINICS

By Barbara Sella, Associate Director

The recent news that the University of Wisconsin Hospitals and Clinics (UWHC), the UW Medical Foundation, and Meriter Hospital may open an abortion clinic at the Madison Surgery Center reminds us of the constant need to educate the public not only about the sanctity of all human life, but also about how a pro-life medical ethic responds to women facing difficult pregnancies.

Catholic medical ethics prohibits induced abortions in every instance, that is, deliberately and directly destroying a living child in the womb, and yet every day hundreds of women with life threatening or other complicated pregnancies are successfully treated in Catholic hospitals. How is this possible?

Catholic health care is guided by a set of *Ethical and Religious Directives (ERDs)*, which are issued by the U.S. Conference of Catholic Bishops (USCCB, rev. 2001).

Ethical and Religious Directive no. 47 explains how Catholic hospitals respond to direct threats to a pregnant woman's life, based on the principle of double effect:

“Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.”

In short, Catholic health care successfully treats women for cancer, infections, ectopic pregnancies, and other life threatening conditions because the act and intention is to cure them. Everything is done to preserve the life of both mother and child. Though in some cases the death of the unborn children is foreseen, it is never directly intended or induced.

But what of women who are carrying babies with such severe birth defects that they will either die shortly before or after birth, or they will experience serious medical complications for as long as they live? Some common examples of this include children with anencephaly, trisomy 18 and 13, severe spina bifida, and Down's syndrome.

A recently published book by Madeleine Nugent, *My Child, My Gift: A Positive Response to Serious Prenatal Diagnosis* (2008; www.mychildmygift.com), provides a guide for parents who have received a severe prenatal diagnosis. It also exemplifies the kind of pro-life care a mother and child can expect in a Catholic hospital.

Through extensive interviews with parents who have given birth to children with serious medical conditions, Nugent helps other parents deal with their anxieties and grief, consider all their parenting options, and provide lovingly for their children.

One of the most successful ways to prepare for such a birth is to create a birth plan for the medical staff. Another alternative to abortion is to enter a perinatal hospice, normally attached to a hospital, or to create a hospice experience with the help of family and friends (see www.perinatalhospice.org for resources and locations). Hospice workers are trained to communicate with birthing staff, to provide bereavement care, and to connect the family with resources in the community, including other families who have experienced the same loss.

Nugent's book concludes with a discussion of the options available to families whose special-needs children do survive. These include connecting to networks of families who have similar children, obtaining assistance from government and private agencies, or finding an adoptive family.

Although abortion is seen by some as the best solution to a difficult pregnancy or a child with special needs, there is another, better way—one that helps both mother and child.

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