

"It is already now the person  
it will become..."

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# Introduction

- April 2005, at the Mother House of the Brothers in Rome. For some days now about ten journalists have been at work here covering the death of Pope John Paul II and the election of his successor. On this particular morning the pressroom is calmer and I have gone to talk to three journalists from French public radios who are not working in St. Peter's Square. All are impressed by the stature of the dead Pope and sing his praises; then in the course of a sentence one of them adds: "...but he was conservative; his position on abortion...". Having assured myself that all the microphones were turned off, I said to them: "Gentlemen, you are all fathers of families; could you - off the air - answer this question? When you knew your wife was pregnant, when something began to move in her womb, when you saw the transformations in her body...did you imagine anything other than a little piece of man or woman? Did you not begin to make plans, did you not talk about names, whether it would be a boy or a girl, what kind of temperament it would have, who it would resemble...? a new original human space, did it not become bigger and grow in your imagination...? Well then, what was Pope John Paul II trying to tell us?"
- The International Convention on the Rights of the Child stipulates in Article 6:
  - "1. The participating States recognize that every child has an inherent right to life.*
  - 2. The participating States will ensure in every way possible the survival and the development of the child."*We can clearly see what the Convention means when it uses the word 'child. We can also understand the long debates which preceded this text and which posed formidable questions about the embryo, about its appearance, its formation, the stages of its growth and also about its elimination...
- The International Convention is of necessity a compromise text. We understand this. But we can't just leave it at that... especially we who are parents and educators, who are the passers on of life, the indicators of Meaning. Especially we

Christians, who historically, founded the concepts of the dignity of the person, of respect for all human life, especially the most humble, the most exposed and most fragile...who founded them on a God of relationships who gives Himself freely as a gift, gratuitous and definitive.

Also, more than for others, our responsibility is today engaged in difficult and urgent debates which are put before persons and societies by the sciences and notably by the technical and dazzling progress of biology.

- We need to develop two indispensable attitudes.

First of all respect for and listening to different points of view but above all taking on board the profound sufferings and questions of Meaning which are often hidden behind the debates which deal with the origins of life as well as with the last stages of the human journey.

Then we need good sense and increased clear-sightedness. Here it is above all a question of trying to face up intellectually and spiritually, to the arduous questions which touch upon philosophy, life sciences and theology. This requires an effort of the intelligence.

And as Christian educators we are obliged to do this. What is at stake is considerable.

Why?

Because there is a new scientific and deterministic wave which is invading all contemporary debate: "Science has said...! The techniques are available! Is there anything left to debate?" Opinion is bludgeoned by this type of reasoning and dazzled by authorized documentaries and demonstrations made by science experts who are at least blinded by the theoretical and practical possibilities of their own investigations or, at worst, who are encouraged and pressed by industrial laboratories who are clearly aiming at profits.

- We must fight against this abdication of thought and its laziness in the face of the thrilling advances of sciences and technologies. The great human issue with which we are all confronted, personally and institutionally, today and tomorrow, is concerned with the idea which we have of human life and of the respect which we owe it.

We can clearly see that over the last forty years especially, the general mentality has greatly changed: before, LIFE was received willy-nilly as something which we did not decide totally, as a gift (welcome or otherwise), as a sudden development to which one had to submit and face up to...; today, Life is presented as a choice, which we decide on, which we program, which we weigh up and which we can eliminate... Before, Life was subject to a triangular relationship. Today it is locked in a dual relationship. Here we are able to understand all the blind alleys this can lead to, sources of so much suffering. Women in their bodies, more so than men, are at the centre of this problem which has not yet developed all its implications. But already our basic attitude towards the Life-which-is-arriving has been inevitably modified: while we used to be spectators of a life which presented itself to us as being independent of us, today we are the actors and deciders of that same life; those who authorize or refuse to authorize its arrival. In the long term, is this role human? Is it really our role?

- The MEL booklet which I am introducing here - under the evocative title borrowed from Tertullian, a Christian jurist from the Second Century - is meant simply to provoke reflection and to encourage all Lasallian educators to resolutely 'invest' in the fields of philosophical, theological and scientific thought in regard to the questions which touch notably upon the origins of life.

This booklet opens a door and presents two complementary and necessarily limited but enlightening contributions:

- the first is a text by Fr. Alain Mattheeuws, SJ, a biologist by formation and professor of moral and sacramental theology at the Institute of Theological Studies in Brussels.
- the second comes from Br. Auguste Thérond, a French Brother who has worked forcefully for more than 25 years with health professionals in giving information to young people and psychological and material support to young mothers. He draws his information mainly from Europe and the USA. He presents to us here, elements of assessment that are usually hidden by the organs of information which are addressed to public opinion.

We thank these two authors for their reflective and practical commitment which we are happy to offer to our readers to stimulate their own reflection and educational commitment.

We end by offering you a useful glossary for this debate and some less well known biographical information necessary for our information.

Obviously all the points of view presented here are elements in a debate for ways of thinking and acting which have still to be constructed. This is what we wish!

Br. Nicolas Capelle

# I. Fundamental considerations

**Alain Mattheeuws s.j.**

Professor at the Institute of Theological Studies (IET)

## The human embryo, enigma and mystery

This article is concerned with ethical and religious attitudes towards the embryo. The respect that is due to it is based on its human origin which remains enigmatic (I). The position of the Magisterium is very clear on this subject (II). Personal theological reflection can stimulate our thinking on this matter (III).

### **I. The enigmatic nature of the origin**

Thanks to scientific and, in particular, to biomedical research, we have a large amount of new data about the coming into existence of human beings, on what an embryo is, on what constitutes it, and on the phenomena presiding over its growth. Even if it is possible for us to dissociate the conception of the embryo from marital intercourse, we perceive intuitively that the "cradle" of a human being cannot just be any act. The conception and growth of a human being belong to the category of human acts. This gives rise to some very searching ethical questions about what we are and what we wish to become, while yet respecting all the while the humanity we share with others. Each of us was at one time a human embryo.

If scientific observations are becoming more and more precise, they should serve to enlighten our judgments, but they cannot take the place of ethical and religious reflection. The definition of what is human does not fall within the competence of natural science. To reflect on what an individual is, on what a person is, on a creative act is, falls under the heading of ethics, philosophy and religion. The definition of a man includes all that he is in all his component parts. Our present knowledge about the embryo can leave certain options open: the characteristics of the individual, the identity of the individual with the person, the refusal or

acceptance of the idea of the "potential person", the precise moment of God's creative act. The human embryo belongs to our species: we need to study it more deeply; it has not yet revealed all its secrets. Perhaps it is not for us to determine the exact moment when it begins to live? We need simply *to recognise it and note a whole series of visible indications*.

Even if one does not believe in the immediate "animation" of the embryo, that is, in the presence of the spirit or soul in it at the very first moment of its existence, one cannot deny that the human pre-embryo or embryo is a "potential person", or, in the words of the French National Bioethics Committee (1986), "a person in the process of becoming". It is this person "in the process of becoming" that people want to use today as part of a process which will kill it in the name of scientific research. It must be obvious to everyone that this is to make an idol out of scientific progress. And do we not also become the slaves of economic factors and all sorts of competition to acquire prestige whether academic, national or pharmaceutical? This reduction of what is human to the state of biological material contains the seed of eugenic totalitarianism which is already present in the most recent advances in cloning.

Its enigmatic character and its appearance which we still find disconcerting cannot serve as an alibi for our denying its dignity and risking its unilateral destruction. In the face of such a serious question, human wisdom advises us "*when in doubt, abstain*". This "protective" principle reflects the seriousness of the question. How, in fact, can we believe that an embryo can become a person if it is not a man at the very start? The criteria which designate the right moment to recognise it as a person all belong to a reductive view of time. And so, if there are questions and doubts regarding the status of the embryo, these doubts cannot *de facto* and therefore *de iure* be resolved to the disadvantage of the embryo. When there is a doubt *de facto*, prudence dictates to our conscience to plead for the maximum respect: you don't fire into the undergrowth if you think that what is moving about might be a person.

If we take the Christian point of view, things are even more striking. Every embryo, in the form in which it shows itself to us, or in the form we come to know at the present time, is in fact *the result of a creative act of God*. As soon as a human embryo appears, there appears also God's creative plan for a human person. This

plan of God must be respected. For Christians, the unconditional respect for the status of the embryo reflects respect for the creative work of God. Moreover, all people are created in Christ (Heb 1,2). He is called to be in the Only Son. The status of a child of God, recognised by faith, confirms the personal love that he has a right to expect from his parents and from all people.

## II. The Catholic View

The doctrine of the Catholic Church regarding the human embryo is presented and explained in two major documents: the Instruction *Donum Vitae* (DV) of the Congregation for the Doctrine of the Faith (1987); and the Encyclical *Evangelium Vitae* of Pope John Paul II (1995). We give a brief summary of these two documents.

**1. The fundamental moral principle** is stated in DV I,1:

“A human being must be respected - as a person - from the first moment of its existence”.

“From the moment the ovum is fertilised, a life begins which is neither that of the father nor that of the mother, but that of a new human being who develops by itself. It will never be made human if it is not made so then. This eternal truth is confirmed by modern genetic science. It demonstrates that from the very first instance the programme is fixed indicating what this living creature will be: a human being, this individual human being, with characteristics already clearly determined” (DV I,1). Recent advances in human biology have recognised that, in the zygote resulting from fertilisation, the genetic identity of a new human individual is already constituted.

The Magisterium of the Church has not pronounced on the philosophical question of when life appears. It does, however, pose the following question: “How could a human individual not be a human person?” (DV I,1), and it maintains that, from a moral or ethical point of view, the product of human conception demands the unconditional respect due to all human beings. From that moment, we must recognise the rights of the person, which include in the first place, the inviolable right of all innocent human beings to life. Since it must be treated *as* a person, the embryo must be defended in its integrity, cared for and healed as far as possible, like any other human being, in the context of med-

ical care. It is a patient to be treated just as any other patient deserves to be.

## **2. As a consequence:**

2.1. Medical research must refrain from *operations on living embryos*, unless there is moral certitude that the life and integrity of neither the child to be born nor of the mother will be harmed, and on condition that the parents have given a free and informed consent for the operation on the embryo. If human embryos are still living, whether viable or not, they must be respected like all human persons: experimentation on embryos which is not directly therapeutic is illicit. In the case of clearly therapeutic experimentation, that is, if what is involved is experimental therapy for the benefit of the embryo itself as an extreme attempt to save its life and, through lack of other valid forms of therapy, the recourse to remedies or procedures not yet completely tested can be licit.

2.2. It is immoral *to produce human embryos* for use as disposable biological material. We must highlight the particular gravity of the voluntary destruction of human embryos obtained in vitro by artificial insemination or the fission of twins, for the purpose of research only.

Observation or experimentation procedures which damage human embryos or expose them to serious and disproportionate risks, in vivo or in vitro, are morally illicit. It is not moral to use as research material embryos produced in vitro for transfer to uterus which are supernumerary.

2.3. Attempts or projects aimed at fertilisation between human and animal gametes, or the gestation of human embryos in the uterus of animals, the theories or projects to construct artificial human uterus, are morally opposed to the dignity of being human which belongs to the embryo. In the same way, theories or attempts to obtain a human being without any connection with sexuality, through the fission of twins, cloning, parthenogenesis, should be considered as being contrary to morality, because they are opposed to the dignity of both human procreation and conjugal union. The freezing of embryos constitutes an offence against the respect due to human beings. Certain attempts to interfere with the chromosomal or genetic makeup are not therapeutic, but lead to the production of human beings selected according to sex or other pre-established qualities. This manipulation is contrary to

the personal dignity of the human being, to his integrity and his identity. It cannot be justified in any way by the possibility it might be beneficial to future humanity.

**3. Civil Law:** embryos produced in vitro for transfer to uterus which are supernumerary.

According to the Catholic Church, the State must recognise *the right to life and the physical integrity* of all human beings from conception to death. Civil law cannot tolerate - in fact, it must even forbid - human beings, even at the embryonic stage, being used as objects to experiment with, mutilate or destroy under the pretext they appear to serve no purpose or are unable to develop normally. This precludes the State from using for scientific research embryos produced in vitro for transfer to uterus which are supernumerary. Legislation must forbid also embryo banks.

### **III. The Embryo: the poor and the weak**

The ethical problem posed by the human embryo is none other than that of *the recognition of the other*. We know from human experience how burdensome all recognition is of other people in everyday life: to allow oneself to be challenged by the "face" of another person, to respect him, to love him is a gratuitous act which commits us even before reason makes it self-evident that this is the way to proceed.

The recognition of a person in the embryo has ontological, ethical and religious dimensions. It concerns the embryo as a being, but it is inseparable from a human attitude of acceptance, justice and love. This recognition is not blind. It is helped by bio-medical considerations, but it originates first of all in a humanitarian acceptance: how could an embryo reveal itself completely for what it is - a person - if its fundamental right to life is not recognised? What it is now we were at one time. The value of "humanity" must be universal and unconditional. It concerns every person and all persons. The definition of the humanity of a person is not a matter left to a person's discretion. A person does not create a person: he recognises him. Theories establishing parentage such as bio-medical definitions do not define what the embryo is in itself. They recognise it or they do not; they confirm it or they invalidate it. That is the task of *our human liberty* in the face of the creative act of God.

In fact, every embryo is in the hands of God. Both the infinitely great and the infinitely small depend on him. To speak of God the Creator is to affirm not only that he is at the beginning of all things, but that he sustains their existence. When we consider the place of person as a spiritual being in creation, we cannot believe that the conception of the embryo, its life and its growth were unknown to God. Psalm 139, 13-15, states this link clearly: *"It was you who created my inmost self, and put me together in my mother's womb; for all these mysteries I thank you: for the wonder of myself, for the wonder of your works. You know me through and through, from having watched my bones take shape when I was being formed in secret, knitted together in the limbo of the womb."* This divine knowledge of the universe establishes a direct link between the human embryo and its Creator. *God knows the embryo because he created it.* The fruit of human conception is a child as an embryo (a being with life in it), not because God resigns himself to it, but because God wants it. God always wants the human embryo which is conceived because he is the ultimate source of our existence and our most profound origin. "Human life is sacred because from its origin it has involved the creative action of God" (*Donum Vitae*, Introduction, No 5)

In the human embryo which he creates the Creator affirms himself also as Father. In each human embryo he sees someone who will love him one day, freely; someone who will respond by filial love to the gift made to him. Historically, this grace is offered to us in the Only Son Jesus Christ. Every person is destined to be "a son in the Son", to be in the new and eternal covenant. *In every human embryo, God sees the image of his Son.* The affirmation is full of meaning. Every conceived human embryo participates in the eternity of the creative and saving plan of God (Ep 1,3-4). Beyond the circumstances and events which condition or explain our coming into the world, God himself is our beginning and our end. "You have made us for yourself, Lord, and our heart will find no rest if not in thee", as St Augustine said.

The gift that is the human embryo, with its mystery, is entrusted to our humanity and to the world such as it is. What we have been offered is certainly not nothing. It is a whole world of existence and of meaning, whose *innocence* is only one particular sign given to all men and women of good will. Its poverty is entrusted

to our friendship. Its face is not spectacular. For a long time it remains difficult to perceive with our human eyes, and at times, its modesty resists long scientific observation. This mysterious gift - mysterious because unobtrusive - presents itself to us for our recognition in a humble body. In the germ plasm and invisible to the naked eye, and in its genetic force and potential for growth, this embryonic body is the seed and the pledge of all future giving. The conceived embryo is the supplicant par excellence. By virtue of the recognition received, it will live, will be able to give thanks one day, and make a gift of itself in its turn. Fragility, vulnerability, weakness, its surprising appearance are the language of a supplicant. The human embryo is a living parable of the creative and loving will of God who entrusts his work to us. "The only way to be just towards life is to respect the smallest of living beings". To respect the smallest in the unfathomable mystery of its being, is not to immerse oneself in the archaism of sentiments or the sacralisation of nature, rather it is to strive patiently to gain a better knowledge of the beginning, and the end of a human existence and to respect these in everyone, as we respect them in the poor and the weak. Such is the mystery of the human embryo and its mission for our generation: to be the guardians of the universality of values and of the Other on which we all depend.

## II. Elements of appreciation

Pointers contributed by Auguste Therond, fsc. France

When does human life begin?

Etienne Emile Beaulieu, professor of medicine, initiator and famous propagandist for the abortion pill RU 486, declared on January 16<sup>th</sup> 1992:

*"Yes, a zygote (cf Glossary) is a living human being."*

This declaration fits in with what all biologists, doctors and scientists have learnt, that is, that "the embryo is a human being during the first two months of its development in the mother's uterus".

All this fits in with the declaration of Professor Jérôme Lejeune before the American Senate, which asked him, during a session on April 23<sup>rd</sup> 1981, at what moment human life begins:

*"The nature of a human being from conception to old age is not a metaphysical hypothesis but is something truly experienced"* and the illustrious professor goes on to clarify: *"that a student who could not distinguish a human embryo from that of a monkey, in the first few months, would be failed in his exams."*

The little English baby, Louise, who reached her 27<sup>th</sup> birthday on July 25<sup>th</sup> 2005 and the little French girl Amandine, who reached her 23<sup>rd</sup> birthday in February 2005, were the first "test-tube babies" and are the experimental proof of this as are the 100.000 "test-tube babies" born as a result of 'in vitro' fertilisation between 1982 and 2002! During the fertilisation of an ovule by a spermatozoid in a test-tube, Drs. Edwards and P. Steptoe for Louisa and Dr. Frydman for little Amandine were expecting a little boy or girl and not a female monkey or a chimpanzee.

The humanity of a being is not judged by its weight or qualities. It is either human or not. It is a member of our species. There is absolutely no doubt: human life begins from the moment of fertilisation, that is to say from the fusion of the membrane of the ovule

(the female cell) with that of the *spermatozoid* (the male cell). From that moment a new life originates, because all the necessary and sufficient information for defining a human being has been brought together. The fact that this human being passes through the various stages of every human life: *embryo, foetus, baby, adolescent, adult, old person*, changes nothing in the nature of the human species.

In front of the 174 ambassadors accredited to the Holy See, out of the 191 member states of the UNO, Pope John-Paul II expressed himself in the following manner:

*“The human embryo is an identical subject in the infant who is going to be born and the one who is born from this embryo. This is why nothing which violates its integrity and dignity can be admissible at the ethical level.”*

Who, in 2005, is familiar with the “Declaration of the doctors of France”, conceived and edited by themselves, surrounded by top philosophers and legal experts, a declaration made public on June 5<sup>th</sup> 1973? As a reminder, here it is:

*“At every instant of its development, the fruit of conception is a living being, essentially distinct from the maternal organism which receives it and nourishes it. From fertilisation to old age it is this same living being which develops, matures and dies. Its distinctive features make it unique and irreplaceable.*

*Just as medicine remains in the service of a life which is coming to an end, in the same way it protects it from the moment of its beginning. The absolute respect to which patients are entitled does not depend either on their age, their illness nor the infirmity which could be overcoming them. Faced with the distress which tragic circumstances can provoke, the duty of the doctor is to do everything possible to help both the mother and the child. This is why the voluntary interruption of pregnancy for eugenic reasons or to resolve a moral, economic or social problem is not the act of a doctor.”*

This text, in well-chosen and measured terms, without condemnation, was signed by 18,000 doctors thirty years ago.

## Testimony from practitioners

One of the most striking “witnesses” of our times and who will remain in its history, if only for his films which scream out the truth, is without any doubt, Professor Bernard Nathanson. He knows what he is talking about since it was he, in the USA in 1968, who, together with Lawrence Lader, Betty Freedan and Caroline Brighter, was *the founder of the National Abortion Rights League*.

Later on, Nathanson, became director of the biggest VTP (Voluntary termination of pregnancy) centre in the western world, where he had 35 doctors and 85 nurses under his orders. Some of them carried out up to 20 abortions a day. In the space of two years, Nathanson himself carried out 5,000 abortions and presided over more than 75,000. He shows nowadays, how, with his three other protagonists, he launched on the media imaginary, dishonest, ambiguous surveys showing that 50 to 60% of Americans were favourable to abortion when, in fact, only 30% were in favour at that time. *“We falsified the number of illegal abortions”* he says. *“While there were estimated to be about 100,000 throughout the United States, we repeated endlessly in the media, that there were more than 1,000,000 every year.* Official statistics prove that, at the time, between 200 and 250 women died every year from clandestine abortions. We stated over radio and TV that 10,000 women died every year.”

Bernard Nathanson produced two films: *“The Silent Cry”* which shows in ultra-sound images, the progress, in real time, of an abortion by suction, and *“The Eclipse of Reason”* which projects true pictures of a *living being, a member of our species, who is killed by the very hands of the abortionist...* unbearable images of barbarism, such as they are discovered and sometimes described by horrified members of health bodies.

*“The Silent Cry”*, now translated into nine languages, has become the most widely distributed documentary in the world. We should promote this videocassette which can be obtained easily. About *“The Silent Cry”*, which came out in 1985 and which has so greatly helped *“Pro-life”* movements throughout the world as well as young students in medical faculties, Prof. Jérôme Lejeune wrote:

*"This irrefutable document is a terrible argument. Whether it is the atomic bomb, the crematorium ovens or the horrors of present wars, those who have seen can no longer remain silent". As Nathanson says: 'Every person who has seen "The Silent Cry" becomes an eye-witness of what an abortion really is.' The "testimony" of Doctor Nathanson is extremely important.*

John-Paul II received Prof. Bernard Nathanson in private audience. The latter gave the Holy Father a copy of the video "The Silent Cry". On June 4<sup>th</sup> 1991, at Radom airport in Poland, the Pope made reference to this document in the following terms:

*"Forgive me, my dear brothers and sisters, if I allow myself to go further. To this cemetery full of the victims of human cruelty in our century, another extensive cemetery must be added: the cemetery of those who were never born, the cemetery of the defenceless, of those whose own mothers did not know their faces when they consented or even gave in to the pressure of those who demanded that their lives be taken away even before they were born. But they already had life; they had already been conceived; they were developing under the heart of their mother without sensing mortal danger. And when this threat became an undeniable fact, these defenceless human beings tried to defend themselves. The camera was able to record this despairing combat of a child about to be born in its mother's womb. (I once saw such a film, and even today I cannot free myself from the memory.) It is difficult to imagine this horrible drama with all its moral and human eloquence."*

Since then, Nathanson has produced another film, *"The Eclipse of Reason"* which shows what an abortion is, no longer by ultrasound images, but directly, such as seen by gynaecologists, obstetricians, medical students, nurses and young people in nursing-care institutes.

#### **The testimony of a medical student:**

"The teaching we got in the domain of abortion was brief and lasted only a week but I will never forget it. The first three days were devoted to the course properly so-called, the fourth to observation and the fifth to practice.

To pass this last part, we had to carry out an abortion by suction under the direction of a doctor in preparation for the abortions we

would have to carry out ourselves after obtaining our diploma. The patient was pregnant with her third child.

'See if everything has come out...' ordered the doctor after I had finished the suction. Following his instructions I picked up the jar into which everything had been extracted and poured its contents into the container.

'Now, look carefully...' said the doctor. 'It is important that everything should have come out'. I looked into the container to find a heap of remains of that which, some minutes earlier had been a thirteen- week foetus. I could make out the remains of arms, legs, trunk, skull. I tried to reassemble it to see if any part was missing. Most of the pieces were so torn up and bloody that there was no longer anything human about them. Suddenly my eyes caught sight of a little hand which measured less than a centimetre. I was startled at the sight of four fingers and a miniscule thumb ending with translucent nails. I knew then what I had just done: I had killed a human being".

### **The testimony of prominent professionals:**

- Prof. Milliez writes: "*Abortion is murder regardless of the date of pregnancy.* The fact that we have many murders throughout the world, does not mean that we can consider abortion as lawful."
- An opinion which is authoritative is, without doubt, that of Prof. Nisand, who was in favour of abortion and was appointed by the French Minister at the time, Martine Aubry, to produce a report on VTP (voluntary termination of pregnancy). Here is what he wrote to the latter: "*One might think that certain women would dare to ask for a VTP because of a minor and curable malformation or because it was not of a suitable sex, since from now on we will be able to detect this very early*" And he continues: "*We say that the Chinese are rotten swine because they do away with little girls in rivers, but a little girl in the womb is the same thing... I am a doctor. My concerns are not those of the feminist lobby. A person in charge of family planning said to me: "What's it to you if a woman wants to have an abortion because of a hare-lip?..."*

*Carrying out an abortion on a normal child with developed bones, for a reason that I cannot approve...no! One cannot*

*accept that people pay no attention to what doctors think. We are not simply useful for emptying wombs! There are people at the end of the cannula!..."*

- Pioneer of the first French "test-tube" baby, Amandine, born on 24.02.1982, professor Frydman expressed himself as follows on July 28<sup>th</sup> 2000: *"The State extols the great principle of Respect for Life and for the dignity of the person, while at the same time it flaunts its transgression by allowing the "selecting of children to be born."*
- *Pascale Le Ports*, a gynaecologist at Saint Malo Hospital writes: *"At twelve weeks one does not always succeed in removing the foetus by suction. One has to have recourse to more complicated surgical procedures. Fewer and fewer doctors are willing to accept pregnancy terminations. Doctors are human beings. At twelve weeks you must know that you are extracting the foetus bit by bit. I can no longer bear little hands in the jar! That's what it is about."*
- Doctor Chantal Chevallier, a militant feminist, wrote to Lionel Jospin: *"If, for 20 years we have carried out the totality of VTPs (up to 12 weeks) at Saint Dizier, we believe that if is changed to 14 weeks, it will be difficult, if not impossible for us."*
- Chantal Dupont, another gynaecologist, also claims *"that at 12 weeks, an abortion is in no way conceivable."* She adds: *"Fifteen centimetres from the head to the feet, this is already a little man with fingers, eyes, a sex organ. I'm frankly not sure I can do that. Already at ten weeks I grumble."*
- The Secretary of State for women's rights from 1991 to 1993, Madame Veronique Neiertz has left her name on the law punishing the hindrance of abortion by a fine of 2,000 to 30,000 francs and years in prison. Nevertheless she writes: *"The society which offers women abortion as the only solution, could offer them another freedom, because refusing to give life to a child is, for a woman, a total horror, it's a threat of death for herself."*
- Retired surgeon-gynaecologist, Dr. Maurice Caillet, addressed the following letter on September 30<sup>th</sup> 1999 to Martine Aubry, who was at that time Minister of Employment and Solidarity.

“Different articles in the press refer to the intention of the Government to take up again the law of 1975-1979 on VTP. *As a militant for the abolition of the law of 1920 and a pioneer of the application of the VEIL law, in 1975, I am allowing myself to submit to you the following reflections. The main causes of the VTPs which I have been led to carry out, are problems of housing and employment; of debt, of abandonment by the father, and more rarely a rejection by the family of a girl who is too young: in all these cases, the solution should not have been surgical but social.*

The VTP is an act against nature for the doctor as well as for the nursing staff, since their vocation and formation is for defending life. It is a sickening act, whatever the technique, since we are forced to see fragments of embryos already having human form: experience has shown that few care personnel are capable of playing this destructive role for long. The VTP causes psychological sequels which are sometimes irreparable, in the mother who has been forced by circumstances or those around her, to destroy the child which she wanted, consciously or unconsciously. The solution is not to extend the limit of the present law to twelve weeks, but to avert recourse to VTP by a series of measures...”

## An international reality

In 2005, abortions for every 100 live births...

Romania	260
Russia	170
Ukraine	160
Bulgaria	155
Latvia	110
Croatia	80
Czech Republic	70
Hungary	60
Germany (Eastern part)	50
Lithuania	50

Albania	33
France	31
Denmark	26
Sweden	26
Norway	25
United Kingdom	23
Italy	22
Finland	18
Germany (Western part)	15
Spain	12
Greece	12
Holland	10
Poland	2

Every hour *on our planet* 17,000 new lives are born. During that same time 6,000 other tiny creatures, removed from their mother's womb, are deprived of the right to be born.

The UN estimates at 50 million the number of abortions carried out each year in the world. So much so that the year 1999 was the year when we reached the total of *one billion innocents eliminated*. Monuments stand here and there to commemorate this sad anniversary!

*It is estimated that each year there are:*

- 2,000,000 abortions in Japan
- 1,700,000 abortions in Russia
- 1,500,000 in the USA
- 500,000 in Poland
- 500,000 in Romania
- 220,000 in France
- 150,000 in England
- 100,000 in Sweden

## VTP: 12 methods of elimination

**1 - IUD (coil):** a device in plastic or copper, placed in the uterine cavity, which prevents the "nidation" of the fertilised egg (embryo). It ought to be considered abortive and not contraceptive.

**2 - The morning-after pill:** a toxic chemical product of hormonal type (oestrogens, oestroprogesterones, or progesterones) which like the IUD has as its aim to prevent the fertilised egg (embryo) from implanting itself in the uterine wall. The final result is the expulsion and the loss of this embryo.

**3 - Abortive pill Ru 486:** also a toxic chemical product used for 5 to 7 week abortions. Often associated with prostaglandin. The CEO of Roussel Uclaf, Edouard Saking, concedes: "Ru 486 is not easy to use. A woman wishing to end her pregnancy by this method has to "live" with her abortion for at least a week. It's a real psychological ordeal." The Ru 486 interrupts the nourishing of the foetus and provokes its death without any other intervention. The expulsion of the child is often painful and haemorrhagic.

**4 - Abortion by vacuum extraction:** with a domestic-type "Hoover" (vacuum cleaner), but 23 times more powerful, the body of the unfortunate baby is dismembered of arms and legs, then extracted. Since the head is sometimes too big to pass through the hollow cannula of the 'vacuum cleaner' it is smashed with a forceps. (This is demonstrated in the documentary film "The Silent Cry" of Doctor Bernard Nathanson.)

**5 - Abortion by curettage:** This technique is carried out by means of a long instrument, the extremity of which ends in a narrow spoon, hence the name 'curette'... Introduced into the uterus, its aim is to rake the uterine wall to evacuate foetal debris. It is sometimes used in association with dilation and sometimes with vacuum extraction. It is to be noted that not all D&C (dilation and curettage) are abortions. This method is used to surgically deal with haemorrhages in non-pregnant women.

**6 - Abortion by hysterotomy:** Just as for a birth by caesarean method, the abdomen and uterus of the mother are surgically

opened. But while a caesarean is carried out to save the life of a baby, a hysterotomy has as its aim to eliminate it. Some doctors use the placenta to smother the baby.

**7. Abortion by hypertonic solution:** This abortion consists of extracting through the abdomen and the wall of the uterus, with the help of a long 8cm. needle, 60 centilitres of amniotic liquid. After this operation, 200 centilitres of salted hypertonic solution is injected into the pocket. The baby breathes in and swallows the liquid which burns his throat and his delicate skin. He tries to escape with terrible contortions. His agony may last several hours. Under the effect of the solution his body turns red, giving rise to the derisory name "tomato" given to it by certain abortionists. The woman then goes into labour and delivers, 24 to 48 hours later, a dead or dying baby.

**8. Abortion by dilation and evacuation (D&E):** the neck of the uterus is opened much more widely than in the vacuum extraction and curettage methods. The method requires special instruments for pulling off the arms and legs of the baby and for crushing its skull inside the uterus. The dissected and crushed parts of the body are extracted from the uterus with a tong. No anaesthetic product is used.

**9. The method known as D&X (Dilation and eXtraction):** or abortion by partial birth differs from the preceding method in the sense that the body of the baby is extracted entirely with the exception of the head. The baby is held by the leg by means of a forceps. Then, with his hands, the abortionist pulls the baby out of the uterus, the head remaining inside. Scissors are placed at the base of the baby's skull, pushed in by force and moved apart to enlarge the hole created. After having removed the instrument, the practitioner inserts a suction catheter and sucks out the brain of the baby. Once the brain has been emptied, the head has become small enough to pass through the neck of the uterus. The abortionist can then extract the child fully. In 1992, the promoter of this barbarity, Dr. Martin Haskell, claimed during a seminar, held on 13/10/92, to have carried out more than 700 abortions by this method.

**10 - Abortion by prostaglandin:** This chemical technique is used to provoke premature uterine contractions. The hormone is injected into the amniotic sac surrounding the child. The mother can

also take it in the form of a suppository or pessary. This starts a process which ends with the delivery of a stillborn child or one too young to survive. Prostaglandin is sometimes used in conjunction with the pill RU 486.

**11 - Abortion by injection of dioxin and potassium chlorate:** Television has shown us live, a documentary revealing how to use an ultrasound probe to administer directly to the heart of an 'undesirable': twin, triplet or Down's syndrome child... a fatal injection of dioxin or potassium chlorate. This method is also used to avoid the doctor having the "formidable ordeal" of a living birth after the absorption of prostaglandin or hypertonic solution. This method "guarantees" the delivery of a stillborn baby.

**12 - The English method called "cooked chicken":** this consists of cutting the umbilical cord in the uterus and thus letting the baby, having no more nourishment, die over a period of 24 to 48 hours. The result is that it softens and takes on, effectively, the appearance of a cooked chicken, easy to remove through the natural channels.

## New awareness

But the wind is changing in the world!

For example, North American behaviour is beginning to change!

- In the first half of the 90s, pro-abortion opinion in America reached its summit: 34% in favour of abortion on demand and 48% in favour in most circumstances.
- the latest Gallup Poll on abortion reveals that: in the South 64% of opinion is against abortion. In the Centre: 58% of the States are pro-life, in the East 44% and in the West 39%.
- According to another poll carried out by The Polling Company, 54% of American women are opposed to all abortions. In the previous poll they were only 43%. The women in the 18-24 age group are the most "pro-life" of all after the 65-74 age group which is 65% "pro-life"!

- At present 77% of Americans are in disagreement with the legal situation on abortion where the latter is legal whatever the circumstances.
- Today, young Americans are less and less favourable to abortion... much less favourable than were their elders ten years ago. This is what emerges from several studies and particularly from one carried out by the University of California among 282,549 students of 437 high schools.

While ten years ago, in 1993, two students out of three (67%) believed that abortion should be legal, now, ten years later only one out of two shares this point of view. A recent survey by the New York Times / C.B.B. News, shows that among 18-29 year olds, there are now only 39% who believe that abortion should remain generally accessible while in 1993, 48% shared this point of view. (New York Times: 31.3.03).

Besides, we know more and more the different consequences of the trivialisation of VTP.

- We now know that all women, to different degrees, regardless of country, culture, belief or lack of belief, undergo various problems after an abortion. Even though, at first, some say they feel relieved, liberated, little by little, regret, remorse, guilt and loss of self-esteem creep in. This is followed by loss of appetite, insomnia, nightmares, depression. All these symptoms arise and increase during simple everyday occurrences such as the sound of a vacuum cleaner, an unexpected encounter with a child, the sight of a baby-basket, of a cradle, a shop with clothes for toddlers, an ad for baby clothes, the shouts of children... not to mention the sad and dramatic anniversary of the abortion or the date on which the child would have been born.
- In 2005, the American Food and Drug Administration (F.D.A.), responsible among other things, with controlling medication, ordered more severe warnings against the risks of infection or serious uterine haemorrhages resulting from abortions by RU 486. From now on, among the serious risks mentioned will be: serious infections and haemorrhages and even death possibly arising after the termination of pregnancy. Deaths have been recorded and listed in Canada, the USA, the United Kingdom, Sweden and Spain. The F.D.A. has already

received 676 declarations of secondary effects related to RU 486, including 17 extra-uterine pregnancies and 72 severe haemorrhages and serious infections.

- By going over 34 scientific studies carried out since 1960 in about 15 different countries, and more especially in the USA, Canada, Japan, China, Russia and Denmark, we know nowadays, that there is a highly significant statistical relationship between abortion and breast cancer.
- From now on, doctors, gynaecologists, obstetricians and psychiatrists are becoming alarmed by this well-known P.A.S. (Post-Abortion Syndrome). They are beginning to speak and trying to condemn the damage provoked by the death-inducing, unnatural act that is the VTP. The British Medical Journal, in January 2002, opened its columns to Doctor D.C.Reardon and his colleague J.R.Coogle on the subject of the depressions resulting from pregnancies terminated by abortions. Their study focused on 4,463 women followed up for a period of nine years after their abortions. This research shows without a shadow of doubt, that women who have had abortions are 138% more exposed to depression than women who allowed their pregnancy to run its full course.
- In the month of May 2003, another study was carried out by the same doctors joined by paedio-psychiatrist Philippe Ney, a specialist in Post-Abortion Syndrome, a study based on 138,666 cases of abortion or delivery among women living in poverty. This study shows that admissions to the psychiatric service for depression, recurring depression or manic-depressive illness were much more frequent among women who had aborted than among those who had kept their child.

## The Arbitrary Nature of the Laws

- Legal limits to abortion from 12 weeks up to the time of birth, by country.

China	9 months
Japan	9 months

United Kingdom	28 weeks
Holland	21 weeks
USA	18, 24, 28, 32 weeks

(varying according to the States and up to 32 weeks with the D&X abortion)

Sweden	18 weeks
Italy	13 weeks
Denmark	12 weeks
Spain	12 weeks
France	12 weeks
Finland	12 weeks
Luxembourg	12 weeks
Norway	12 weeks
Germany	12 or 22 weeks

This extreme variability of the time-periods allowed, which runs from 12 weeks to the eve of the birth, shows obviously the weakness and the arbitrary nature of the laws on abortion while we know nowadays that life begins from the formation of the zygote, the fusion of the ovum and the spermatozoid.

The stand other monotheistic religions take on these issues

Religions and Bio-ethics	Magisterium of the Catholic Church	Protestantism	Orthodox	Judaism	Islam
Artificial insemination by donor	refused	accepted for heterosexual couples	refused	forbidden as a general rule	forbidden because opposed to natural law
Artificial insemination with husband's sperm	refused but not seen as having the same negative ethics as insemination by donor	accepted	allowed	authorised on condition medical necessity is proved	authorised
Test-tube baby	refused	accepted for heterosexual couples	refused	forbidden as a general rule	forbidden
In vitro fertilisation with husband's sperm	refused but less firmly than for test-tube babies and if there is respect for all embryos	accepted	admitted on condition that there are no extra embryos	authorised on condition medical necessity is proved	authorised
Loan of uterus (free)	very firmly refused	no a priori moral response	very firmly refused	forbidden	forbidden
Hiring of uterus (paid)	very firmly refused	refused	very firmly refused	forbidden	forbidden
Donation of sperm	refused	accepted	refused	forbidden as a general rule	forbidden

<b>Religions and Bio-ethics</b>	<b>Magisterium of the Catholic Church</b>	<b>Protestantism</b>	<b>Orthodox</b>	<b>Judaism</b>	<b>Islam</b>
<b>Donation of ovum</b>	refused	accepted	refused	totally forbidden	forbidden
<b>Donation of embryo</b>	refused	accepted	refused	totally forbidden	forbidden
<b>Post-mortem insemination</b>	very firmly refused	refused because of the moral problem of creating an orphan	refused on principle. Depends on the case	Strongly discouraged but not forbidden	authorised if husband's sperm
<b>Insemination of an old woman</b>	refused	reluctance	refused on principle. Depends on the case	authorised if husband's sperm	authorised if husband's sperm
<b>Freezing of embryos</b>	refused	if it is limited in time	refused	authorised	authorised if it conforms to ethical moral and spiritual norms. Involves responsibility of doctor
<b>Destruction of embryos</b>	very firmly refused	accepted	refused	authorised, even desirable in so far as the gift of an embryo is forbidden	forbidden
<b>Research on embryos</b>	accepts all research with therapeutic aims for the embryo itself and rejects all others	accepts if it is matched with rules for rapid destruction and non-commercialisation of embryo products	automatic refusal	authorised. The supernumerary embryo has no potential for life	forbidden

<b>Pre-implantation genetic diagnosis (on the embryo)</b>	firmly refused because it would lead to discarding of the embryo	accepted in purely therapeutic cases	refused	authorised	authorised when aim is therapeutic and non-selective
<b>Pre-natal diagnosis on foetus</b>	accepted in so far as there is no link established between discovery of an anomaly and a VTP	accepted	accepted in so far as it does not lead on to an abortion	assessment case by case by rabbis	authorised when there is a therapeutic, non-selective aim
<b>Therapeutic operations on the embryo</b>	accepted if there are not disproportionate risks	accepted, but disproportion between the cost and the real importance of the embryo	refused	authorised	authorised when there is a therapeutic aim
<b>Therapeutic operations on the foetus</b>	accepted if there are not disproportionate risks	accepted, but disproportion between the cost and the real importance of the embryo	allowed	authorised	authorised when there is a therapeutic aim
<b>Sexing and selection of spermatozooids</b>	very firmly refused	divided opinion, reluctance	allowed	nor formal opposition when reasons are serious (for example diversification of sex of children)	authorised
<b>Sexing and selection of spermatozooids</b>	very firmly refused	divided opinion, reluctance	allowed	nor formal opposition when reasons are serious (for example diversification of sex of children)	authorised
<b>Choice of embryos for selection purposes</b>	very firmly refused	dangerous and absurd	refused	authorised if there is medical indication	forbidden

# Glossary

**AIH:** artificial insemination with the husband's sperm. Also referred to as homologous fertilisation.

**AID:** artificial insemination from an external donor. Also called heterologous fertilisation.

**Anthropology:** the grouping of sciences which study what man is, in order to pick out at the same time both his particular characteristics (in different cultures) and his fundamental traits, proper to his nature and common to all.

**Blastocyst:** Corresponds to a stage some 15 days into embryogenesis. It follows the morula stage (see below) The blastula is a fluid filled sphere of cells. This stage precedes the formation of the "embryonic bud" and nidation.

**Blastomere:** initial non-differentiated cell resulting from the division of the fertilised egg. This segmentation into 2, 4, 8, 16 blastomeres lasts for three days and ends in the formation of the "morula".

**Chromosomes:** name given to the X-shaped rod-like structures which appear in the nucleus of the cell in division. The number of chromosomes is fixed for each living species. For humans it is 46 (23 of paternal and 23 of maternal origin). The 23 chromosomal pairing determines the sex (XX for women, XY for men). The chromosomes are the support of the genes which characterise the species.

**Cloning:** reproduction of an individual from one of its cells.

**Cognitive:** which concerns the faculties of knowledge.

**Egg:** cell resulting from the fusion of two gametes (fertilisation). This word is a synonym of zygote.

**Embryo:** term used to refer to the product of human conception during the three months after fertilisation. At the fourth month one refers to a foetus.

**Ethical:** the word 'ethical' comes from Greek; the word 'moral' comes from Latin. The two words are often used interchangeably even if some nuances can be given to them.

**End:** that for which a thing or a being exists or is made; that which beings tend towards, consciously or unconsciously, that which is; the final dynamism of an action or attitude.

**Fivete:** fertilisation in vitro with transfer of an embryo. It is one of the techniques of M.A.P. (medically assisted procreation). This technique is also called "test-tube baby".

**Foetus:** term used to refer to the child to be born, from the fourth month of pregnancy.

**Gamete:** term used to describe the germinal (reproductive) cells. For human beings we speak of spermatozoid (man) and ovum (woman). Their union (fertilisation) produces an egg, also called a zygote.

**Genome:** the ensemble of genes carried by the chromosomes. They contain the gene-pool of the individual.

**ICSI:** this technique consists in having a spermatozoid penetrate an ovum in the test-tube. The ovum is kept immobile by micro-aspiration while the operator injects the spermatozoid by means of a micro-pipette.

**Intrinsic:** what is proper to the object or subject under consideration; what belongs to it and essentially defines it.

**In utero:** what happens in the interior of the uterus, of the womb (for example, natural fertilisation)

**In vitro:** what happens outside the uterus, in an artificial environment (for example, fertilisation in a laboratory).

**Licitness:** moral or legal term indicating what is licit or permitted. Its opposite is illicitness. Thus it is said artificial insemination is morally illicit.

**MAP:** medically assisted procreation.

**Morula:** embryonic stage of fertilised human egg made up of sixteen cells. The cellular divisions give the egg the appearance of a small mulberry or blackberry (Latin 'morum'). This stage corresponds generally to the third day after conception. The embryo is still free in the genital channels (the tube). The nidation then takes place at the next stage (blastocyst).

**Nucleus:** central part of the cell. It contains the rolled-up chromosomes, the carriers of the gene-pool of each individual.

**Ontology:** part of metaphysics, a philosophical science, which reflects on what 'a being is as a being', independently of its particular determinations.

**P.I.D.:** Pre-implanting diagnosis. Carried out in the course of in vitro fertilisation with transfer of embryo. It allows for verifying the characteristics of the fertilised eggs before implantation

**P.N.D.:** prenatal diagnosis with a view to discovering malformations or genetic illnesses.

**Somatic:** which concerns the body; what is purely organic. This term is opposed to 'psychic' or psychological. When we speak of "somatic cells" we wish to distinguish them from the "germinal cells". The human body possesses both somatic and germinal cells.

**Sperm:** used to signify both the spermatozoid and the seminal fluid emitted by the man on ejaculation where it consists of prostatic liquid (coming from the prostate and spermatozoids (coming from the testicles).

**Substantial:** essential, what relates to the substance, to the essence of the thing being considered. To speak of 'substantial' is to affirm that one is at the heart of the "thing in itself".

**Therapy:** part of medicine dealing with the manner of caring for the sick. Somatic therapy deals with the cells of the body. Germinal therapy is concerned with the reproductive cells. Any modification brought to the gametes by germinal therapy is transmitted by heredity.

**Ultra-sound scan:** recording by ultra-sound the position of diverse organic structures. This technique is frequently used to display and observe the foetus during the phases of its development in the uterus.

**Uterus:** female organ found between the bladder and the rectum, destined to contain the fertilised egg from nidation up to its full development and delivery.

**Zygote:** synonym for the fertilised egg. Twins coming from the division of the same egg are called mono-zygotes. They have the same gene-pool. Hetero-zygote twins or "false twins" come from two eggs fertilised simultaneously. Their gene-pools are different.

# Bibliography

- *L'Eglise unanime au service de la vie. Editions Tequi, Paris 2002. (The Church unanimous in the service of life)*

800 pages which gather together documents devoted to human life, coming from the Magisterium (Paul VI - John Paul II), Episcopal Conferences from all over the world, from Cardinals. Bishops... This sum of positions taken by men of the Church, with whom, from now on are joined geneticists, gynecologists, and obstetricians wishes to bear witness in favour of the one who has neither lawyer or union to defend him or her: the unborn child.

- *Lexique des termes ambigus et controversés sur la famille, la vie et les questions éthiques, 1008 pp. Editions Téqui, juin 2005. (Lexicon of ambiguous and controversial terms with regard to the family, life and ethical questions)*

This *Lexicon* is trying to remedy a “*manipulation of the language*” present in the great debates of society. Too often the imagination of the citizens is turned upside down without them noticing... Isn't it easier to carry out an “*embryonic reduction*” than an abortion? To have an “*extra-marital adventure*” than to be an adulterer? To eliminate a “*zygote*” or a “*cellular mass*” rather than an embryo? This “*doctoring of words*” is used to distort the truth. To remove this cosmetic doctoring of words is to favour the emergence of a just and objective reflection.

With a preface by Cardinal A. Lopez Trujillo, President of the Pontifical Council for the Family, the *Lexicon* brings together the contributions of 72 specialists of different nationalities. The project which gave birth to the *Lexicon* dates back to the International Conference in Cairo on population and development (1994) organized by the United Nations. Mgr. Jean-Pierre Ricard explains that “*some of the participants at this Conference noticed (...) that a curious language, almost coded, was being used, in which certain expressions, apparently anodyne, but in fact ambiguous or with a double meaning, were turning up regularly and could change the true intentions of the organizers of the Conference. These same participants also noticed that this manipulation of language was not confined to the Cairo Conference, but seemed to have become a habit in this particular sector of the UN.*”

*Conscious of the fact that uninformed persons could let themselves be caught up in this semantic game in other international meetings, and vote, without realizing it, in favour of motions opposed to their convictions, these delegates asked the Pontifical Council for the Family to publish a kind of lexicon of those words with an ambiguous or double meaning which were being used”.*

- \* <http://soslavie.free.fr>
- \* <http://www.priestforlife.org>
- \* <http://www.all.org> (American Life League).
- \* <http://www.abortion/breast/cancer.com>
- \* <http://www.afterabortion.org>.

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