

less despair, depression and avoidance than those who undergo abortions.<sup>[4]</sup> There is always a better solution, including for oneself, than taking the life of one's own unborn child.



Would a woman be entitled to choose to abort if she somehow knew that continuing the pregnancy would make her suffer more? Or what if she is afraid that her baby will suffer, though she herself may wish to have the child? It is natural to want to protect one's child from suffering, and doctors of course should be concerned to treat any suffering for the baby there may be. However, no child should have his or her life deliberately ended because of parents' fears that he or she will suffer, whether momentarily at birth or as a result of a lifelong medical condition. When their child will die is not for parents to say: they do not own the child who is a separate human being with his or her own dignity and rights. It is not enough to love the child in some sense: he or she must be loved with complete respect and his or her bodily presence<sup>[5]</sup> cherished till the end.

We sometimes hear of respect for the remains of aborted children, which may be returned to the parents for burial or cremation after the abortion. Yes, indeed the child's remains should be respected – but how much more the living child, whose sacred life is what makes sacred those remains! The offer in advance by abortion providers of photographs, handprints and footprints to be taken from the dead child after the abortion is at best sentimental and at worst, deliberate emotional exploitation. This is vividly expressed by one grieving post-abortive mother, who describes the abortion clinic in these terms:

"Everything about the clinic was deceptive. The pictures they take and the way they try so hard to make what you're doing seem like your losing your baby naturally. But there is nothing natural or normal going on behind those walls."<sup>[6]</sup>

So many women grieve their babies after abortion: both babies diagnosed with a serious medical condition and far more often, healthy babies aborted for more clearly social reasons. As Ireland prepares to follow so many other countries in offering this catastrophic choice to pregnant mothers, let us all renew our commitment to support the women and men for whom that choice is a perennially painful memory. And let us support the women and men who today are facing a very distressing pregnancy, so that they may indeed see their child as a gift entrusted to them in this moment, but destined for eternity.

## REFERENCES

- [1] For more information, including details of local support, and a medical bibliography, see [www.perinatalhospice.org](http://www.perinatalhospice.org).
- [2] "I have been called a saint for carrying Luke. I have been told by many that they couldn't do what I did. I am not a saint and you don't know what you can do until you are faced with it." <http://www.prenatalpartnersforlife.org/Stories/AnencephalyStoriesIndex.htm>
- [3] Liz McDermott of One Day More, RTE debate, 23 May 2018. Ibid.
- [4] Cope H, Garrett ME, Gregory S, Ashley-Koch A. Pregnancy continuation and organizational religious activity following prenatal diagnosis of a lethal fetal defect are associated with improved psychological outcome. *Prenatal Diagnosis* 2015; 35(8):761-8.
- [5] Watt H. Abortion for Life—Limiting Foetal Anomaly: Beneficial When and for Whom? *Clinical Ethics* 2017; 12(1): 1-10; Watt H. *The Ethics of Pregnancy, Abortion and Childbirth: Exploring Moral Choices in Childbearing*. New York and Abingdon: Routledge, 2016.
- [6] <http://www.prenatalpartnersforlife.org/Second%20Thoughts/SecondThoughtsMyDarkestHour.htm>

## THE ROLE OF THE FAMILY IN BUILDING A CULTURE OF LIFE

The Second Annual Retreat for Young Catholics in Healthcare and Young Catholic Adults

Organised by  
The Catholic Medical Association's  
Committee for the New Evangelization

A day of prayer and reflection on the Catholic Church's teaching about the role of the family in building a culture of life and love!

11:30am Holy Mass (*Missa Cantata* in the Dominican Rite) followed by lunch (provided) and talks:

'The Family That Prays Together Stays Together' - the Life and Work of Fr Patrick Peyton - by a Marian Franciscan  
Reflections on Caring for my Dying Father - by a young nurse  
Catholic Manhood - by a Catholic man  
Catholic Femininity - by a Catholic woman

The day includes: a tour of the shrine, Rosary, and opportunity for confession  
5:45pm End

Register at:

[theroleofthefamilyeventbrite.co.uk](http://theroleofthefamilyeventbrite.co.uk)

Suggested donation for the retreat (includes lunch) £10



The Catholic Medical Association  
Supporting Catholics in Healthcare

Facebook: [facebook.com/cmaenglandandwales](https://www.facebook.com/cmaenglandandwales)

Email: [events@catholicmedicalassociation.org.uk](mailto:events@catholicmedicalassociation.org.uk)

Website: [www.semperidem.co.uk](http://www.semperidem.co.uk)

## LEARNING POINT

### NATURAL FAMILY PLANNING AND THE MIRENA INTRAUTERINE DEVICE.

#### *We were asked*

Can someone just summarise,...

How does the progesterone in Mirena affect the signs used in NFP?

#### *We replied*

The Levonorgestrel in Mirena obliterates cyclical variations in discharge, it is probably a little more serous in the first half of the cycle, and uniformly mucussy in the second half, with no dry periods. (anecdotal). It is unlikely physiologically to affect basal body temperature