

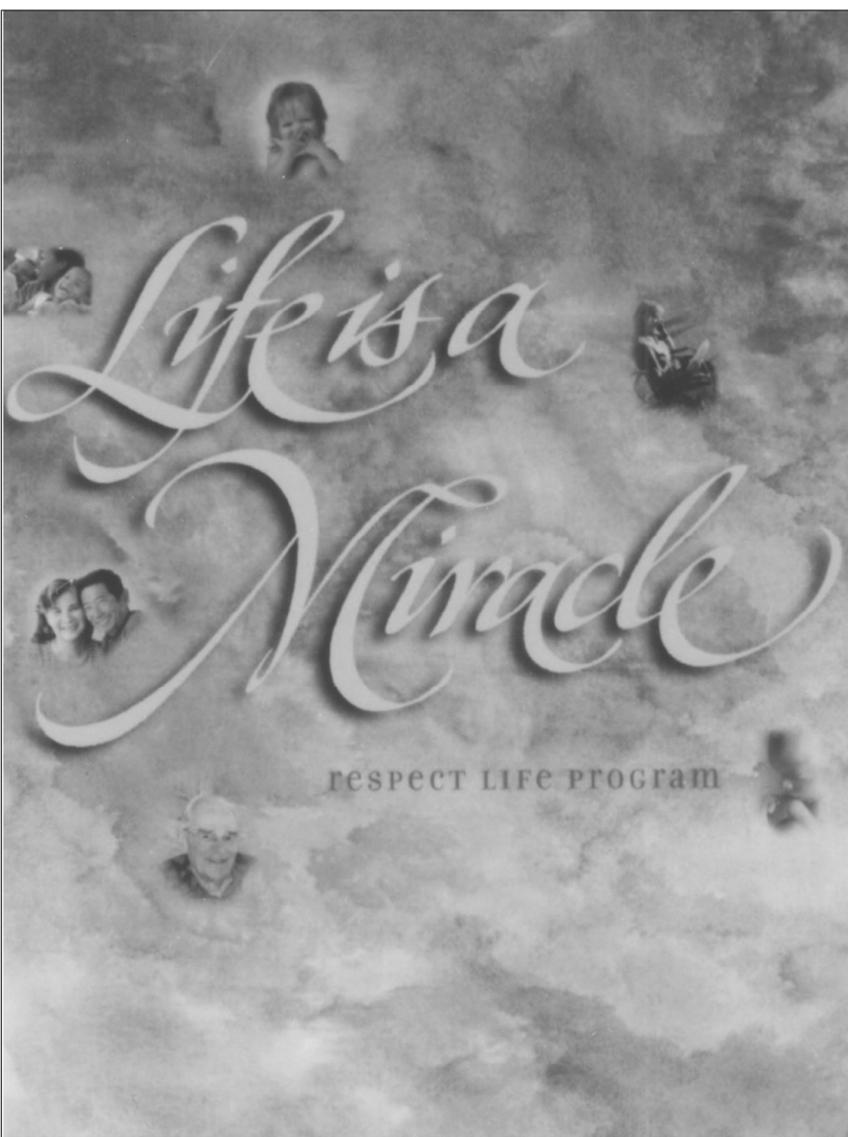
# CATHOLIC CALENDAR.

A page devoted to local Catholic interests

September 26, 2003

Vol. 29, No. 14

Lake Charles, La.

Internet Address: <http://lcediocese.org>

Every human life is a miracle, unique and irreplaceable. So let us rededicate ourselves to upholding the sanctity of human life. October 5, 2003 is Respect Life Sunday.

## Backyard Theology: A Visit with Bishop Braxton, Sunday, Oct. 12

Bishop Edward K. Braxton invites Catholic young adults between the ages of 20 and 35 to an informal visit with him at the Diocesan Residence, 3835 Lake Street in Lake Charles, Sunday, Oct. 12 from 2 p.m. to 4 p.m.

The gathering will be held on the back lawn of the residence, weather permitting.

Modeled on meetings that Bishop Braxton frequently had with young adults at his rectory when he was a pastor in Oak Park, Ill., "Backyard Theology" is not a class or a lecture. It is an opportunity for the partici-

pants to dialogue with Bishop Braxton about any topic they want to discuss.

Questions about theology, the Catholic faith, scripture, liturgy, vocations, Catholic moral teachings and the many challenges the Church is facing around the world, in the United States and in Southwest Louisiana are invited.

In order to determine an approximate number of participants, please call before Monday, Oct. 6, with your name and telephone number to your church parish office.

## Multiple Abortions

**Fr. Frank Pavone**  
Priests for Life

You have probably heard the statistic that almost half of the abortions that occur each day in America are repeat abortions. In other words, almost every other woman walking into an abortion mill has had the procedure before.

But how many times before?

Of the abortions reported in 1999 to the Centers for Disease Control (CDC), 26.2% of women who aborted had experienced one previous abortion; 11.2% had two previous abortions, and 7.5% had three or more previous abortions. The situation may be even worse than this, because the reports that states make to the CDC are voluntary, and the largest abortion state, California, does not report. Forty-six states do report, and this led to a total count of 861,789 legal induced abortions in 1999. That means that in one year, by the most conservative data available, 64,634 abortions were performed on women who had had three or more previous abortions.

Why would a woman have multiple abortions?

Several factors can account for this. Dr. Philip Ney points out that pregnancy, like sleep, is a biorhythm. If you are awakened in the middle of the night, your body says, "Go back to sleep." Many who abort, therefore,

feel the urge to get pregnant again. A biorhythm has been interrupted. Many want a "replacement" or "atone-ment" baby.

Yet once pregnant again, they realize (or someone else makes them realize) that the same circumstances that led to the first abortion are still in place. Hence, another abortion follows. Often the mother, pregnant the second time, thinks, "I aborted my first child. I'm not worthy of being a mother. I don't deserve this child." And she goes to the abortion mill. Repeat abortions are a sign of ambivalence, and at times of self-punishment.

Dr. Theresa Burke also explains, "Repeat abortions and replacement pregnancies are two common ways in which women reenact elements of their abortion trauma" (Forbidden Grief, p.110). As Dr. Ney puts it, "Tragedy is repeated not because we do not understand, but because we are trying to understand" (Deeply Damaged, p.118). In other words, an underlying conflict, perhaps created by a previous trauma, is unresolved. We find we cannot resolve it by simply replaying it in our minds. So we re-live it. This happens in many arenas of life. The sexually abused child may become seductive; the child who lacked touch and affection may seek an emotionally cold partner, and so forth. We repeat what we

don't understand, in the hopes of mastering it.

Repeat abortions can be repulsive even to people who call themselves "pro-choice" and even to those who work in abortion mills. Sometimes our own reaction is an exasperated, indignant, "How can she do that?!!!" But we should change the question and ask instead, "How can I help you to heal?" That question expresses the heart of the pro-life movement, a movement that knows that the destiny of mother and child are forever intertwined, and that we can't love one without loving the other.

Let the healing begin.

## Physician-assisted Suicide: The Wrong Approach to End of Life Care

By  
**F. Michael Gloth, III, M.D.**

The nation's largest and most influential medical organizations, the American Medical Association and the American College of Physicians, as well as many smaller physicians' groups, are on record as opposing physician-assisted suicide. Physician-assisted suicide is a crime in forty-five states, by statute in 39 states and by common law in the remaining six. Hawaii, Nevada, Utah, and Wyoming have no controlling law. Yet Oregon has approved the practice and some Oregon physicians are legally writing prescriptions to help patients kill themselves.

What is Physician-assisted suicide?

Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and information to enable the patient to perform a life-ending act - for example the physician provides a potentially lethal medication and information about the lethal dose and how to administer it, aware that the patient may commit suicide. Physician-assisted suicide is distinct from active euthanasia where the physician himself directly acts to cause death.

Arguments favoring physician-assisted suicide

Advocates of euthanasia and physician-assisted suicide sway many in the general public with data showing that inadequate pain control is given to patients who are dying with painful conditions.

Arguments concerning loss of autonomy and impaired quality of life are also offered to justify physician-assisted suicide. Advocates add that systemic changes to medical care, such as improved palliative care, won't benefit the individual currently dying in discomfort.

Reasons to oppose physician-assisted suicide

Catholic teaching condemns physician-assisted suicide because it, like murder, involves taking an innocent life:

*Suicide is always as morally objectionable as murder. The Church's tradition has always rejected it as gravely evil*

*choice: To concur with the intention of another person to commit suicide and to help in carrying it out through so-called "assisted suicide" means to cooperate in, and at times to be the actual perpetrator of, an injustice which can never be excused, even if it is requested (The Gospel of Life, no. 66).*

Furthermore, the chief argument - that assisted suicide is needed to avoid the excruciating pain and suffering that may accompany a terminal illness - is based on a fallacy. Advances in pain management now make it possible to control pain effectively in dying patients; only rarely is it necessary to induce sleep to relieve pain or distress in the final stage of dying.

Federal Law

The Pain Relief Promotion Act passed the House of Representatives in 2000, but was not brought to a vote in the Senate. The bill promoted pain management and palliative care through the education and training of health care providers. It also banned dispensing federally-controlled drugs with the intent to assist in a patient's suicide. It provided a safe haven for physicians who dispense pain control medications in accordance with the federal Controlled Substances Act.

The Federal Courts

In 1997, the U.S. Supreme Court ruled that state laws that criminalize physician-assisted suicide are not unconstitutional. It simply declared that criminalizing physician-assisted suicide is a matter that each state may decide for itself.

In November 2001, U. S. Attorney General John Ashcroft issued a directive entitled "Dispensing of Controlled Substances to Assist Suicide" (the "Ashcroft Directive"). The directive concludes that assisted suicide is not "a legitimate medical purpose" for drugs controlled by the federal government under the Controlled Substances Act.

In April 2002, U.S. District Judge Robert Jones permanently restrained the Ashcroft Directive, stating that the U.S. Attorney General had "overstepped the authority of the federal Controlled

Substances Act when he declared that physician-assisted suicide was not a 'legitimate medical purpose.'" The Attorney General has appealed Judge Jones' decision and the case is pending before the 9th Circuit Court of Appeals as of this writing.

The role of physicians

If physician-assisted suicide were accepted as standard practice, the American College of Physicians believes it would both undermine the physician-patient relationship and improvements in end of life care.

The AMA maintains that physician-assisted suicide is fundamentally incompatible with the physician's role as healer, it would be difficult or impossible to control, and it would pose serious societal risks. Its legalization would bring pressure to bear on terminally ill patients who fear their illness is burdensome to their family or caretakers.

Instead of participating in assisted suicide, physicians should respond aggressively to the needs of patients at the end of life. Multidisciplinary interventions should be sought, including specialty consultation in pain control, hospice care, spiritual support, family counseling and other assistance. Patients near the end of life deserve to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.

There is, of course, a final reason some advocate for physician-assisted suicide. It is cheaper to kill a person than to provide care. Yet a physician's first obligation is to "Do No Harm." Until that is replaced with "Save more money," it will be difficult to support physician-assisted suicide.

*Dr. Gloth is Associate Professor of Medicine at Johns Hopkins University School of Medicine and president of Victory Springs Senior Health Associates, Inc. He is the former President of the Hospice Network of Maryland and is Board Certified in Hospice and Palliative Medicine. Dr. Gloth currently serves as the Associate Medical Director for Carroll Hospice in Maryland.*

## Pope's Anniversary schedule set

VATICAN - The Vatican has announced the official program for the celebration of the silver jubilee of Pope John Paul II, which will take place at the Vatican on October 15-19.

The four-day celebration will include a meeting of the College of Cardinals. The highlight will be a Mass in St. Peter's Square, concelebrated by the Holy Father with the cardinals, on October 16 at the very hour when John Paul was elected to the papacy 25 years earlier.

The events of the jubilee celebration will open on Wednesday, October 15. That afternoon, the prelates who are coming from all around the world to attend the celebration - the cardinals, presidents of episcopal conferences, heads of the Roman Curia, and patriarchs - will meet for the first of six assemblies at which different prelates will speak on the major challenges facing the

Church today.

Cardinal Bernardin Gantin, the retired former dean of the College of Cardinals, will address the first such assembly, speaking on the role of the Pope and episcopal collegiality. The other speeches will be by Cardinal Jean-Marie Lustiger of Paris, Cardinal Alfonso Lopez Trujillo, president of the Pontifical Council for the Family, Trujillo, Lebanese Patriarch Nasrallah Sfeir, Cardinal Ivan Dias of Bombay, and Cardinal Angelo Sodano, the Vatican Secretary of State.

Pope John Paul II is scheduled to meet with the cardinals on the morning of October 16, in the Clementine Hall of the apostolic palace, for the formal promulgation of his new apostolic exhortation. The new document, concluding the deliberations of the worldwide Synod of Bishops that gathered in Rome in 2001, is dedicated to the role of the

bishop as head of his diocese.

On Friday the College of Cardinals will continue its meetings and discussions.

Pope John Paul will attend the final session of the cardinals' consistory on Saturday morning, October 19. The Pontiff is expected to address the cardinals; he will also receive a formal message of congratulations from them.

On Saturday evening, there will be a prayer vigil in the Paul VI auditorium, dedicated to the Church's missionary effort. Pope John Paul is not expected to attend.

The celebrations will conclude on Sunday, October 19, when the cardinals will join with Pope John Paul once again for a Eucharistic liturgy in St. Peter's Square, and the beatification of Mother Teresa of Calcutta.

## Twenty Sixth Sunday in Ordinary Time

At that time, John said to Jesus, "Teacher, we saw someone driving out demons in your name, and we tried to prevent him because he does not follow us." Jesus replied, "Do not prevent him. There is no one who performs a mighty deed in my name who can at the same time speak ill of me. For whoever is not against us is for us. Anyone who gives you a cup of water to drink because you belong to Christ, amen, I say to you, will surely not lose his reward.

"Whoever causes one of these little ones who believe (in me) to sin, it would be better for him if a great millstone were put around his neck and he were thrown into the sea. If your hand causes you to sin, cut it off. It is better for you to enter into life maimed than with two hands to go into Gehenna, into the unquenchable fire. And if your foot causes you to sin, cut it off. It is better for you to enter into life crippled than with two feet to be thrown into Gehenna. And if your eye causes you to sin, pluck it out. Better for you to enter into the kingdom of God with one eye than with two eyes to be thrown into Gehenna, where their worm does not die, and the fire is not quenched."

Mark 9:38-43,45, 47-48



(This page paid for by the Diocese of Lake Charles.)