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Avoidable Deaths?

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Avoidable Deaths?

– *Context for the Abortion Debate*

Pádraig McCarthy

The survival instinct is strong. We know that, ultimately, death is not avoidable, but we can find ways to avoid death at a particular time. My mother, a smoker, had lung cancer and died in 1979, two weeks before her 73rd birthday. Her death at that time might be termed ‘avoidable’, for example, if she had never started smoking.

There were about 57,321,000 deaths in the world in 2015, as estimated by the World Health Organisation¹ – about 8 deaths per 1,000 population. In Ireland, there were 29,952 deaths registered in 2015² – about 6.5 deaths per 1,000 population. How many of these could be termed ‘avoidable’? Does Irish society today show a greater level of care for human life than it did 50 or 100 years ago? What about worldwide society?

Life expectancy has increased remarkably over the past 100 years. The Irish Central Statistics Office table shows that in 1910-12, average life expectancy for a man was 53.6 years; for a woman, 54.1 years. In 2010-12, it was 78.4 for a man and 82.8 for a woman.³ Many factors have contributed to this: decreasing infant mortality rates, better nutrition and housing, advances in medical care, etc.

We investigate deaths which may have been avoidable, especially of a child around birth, or of a pregnant woman, to find how such incidents can be avoided. We are concerned too at avoiding deaths on the roads, sea and air, and in industrial situations and farming. We are concerned when we are touched by people who, for whatever reason or for no known reason, take their own life. We are concerned at homes found to be a fire risk. Ships patrol the Mediterranean for people in danger of drowning. Emissions into the environment can bring premature death. ‘Avoidable’ means we can do something about them. Enormous resources of time and money and human effort are expended to save people trapped in the event of earthquakes or mining accidents.

1 http://www.who.int/healthinfo/global_burden_disease/projections/en/

2 http://www.cso.ie/multiquicktables/quickTables.aspx?id=vsa02_vsa09_vsa18

3 <http://www.cso.ie/en/releasesandpublications/er/ilt/irishlifetablesno162010-2012/>

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These are indications that our care for human life has improved significantly; but there are also contradictory indications.

THE INTERNATIONAL SCENE

The Death Penalty is a clear example of avoidable death. Following the carnage of the First and Second World Wars, Protocol 13 to the *Convention for the Protection of Human Rights and Fundamental Freedoms* of the Council of Europe, is very clear at article 1: *'The death penalty shall be abolished. No one shall be condemned to such penalty or executed.'*⁴ No derogations or reservations are allowed. Acceptance is necessary for joining EU.

The United Nations General Assembly on 20 December 2012 adopted a resolution on the death penalty. As of June 2016, of the 195 independent states that are UN members or have UN observer status, 103 have abolished it for all crimes.

The *Sustainable Development Goals 2016-2030* take up the task of the *Millennium Development Goals*. The Preamble states: *'We are determined to end poverty and hunger, in all their forms and dimensions, and to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment.'*⁵

At the Maternal, Newborn and Child Health Summit, Toronto, Canada in May 2014, President Jim Yong Kim of the World Bank Group, pointed to progress made, and added: *'The maternal and child mortality rates in the least developed countries are about 30 times those in high-income countries, with half the global burden in sub-Saharan Africa ... With an additional 1 billion dollars in grant funding, we can make an exponential leap and by 2020, save the lives of 183,000 mothers and 3.3 million children, including 1.7 million newborns.'*⁶

One billion extra is good. But contrast global military expenditure in 2015 at an estimated \$1676 billion!⁷ There is a serious imbalance here.

The *Universal Declaration on Human Rights* and the two International Covenants, on *Civil and Political Rights* and on *Economic, Social and Cultural Rights* (together they form the *International Bill of Rights*)⁸ aim high, but are not implemented seriously enough. The result is avoidable deaths.

THE SCENE IN IRELAND

In Ireland there have been improvements in reducing avoidable

4 http://www.echr.coe.int/Documents/Library_Collection_P13_ETS187E_ENG.pdf

5 <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

6 <http://www.worldbank.org/en/news/speech/2014/05/30/speech-world-bank-group-president-mnch-summit>

7 <http://books.sipri.org/files/FS/SIPRIFS1604.pdf>

8 <http://www.ohchr.org/Documents/Publications/FactSheet2Rev.1en.pdf>

deaths, but how we actually value human life, and not just how we *say* we value human life, can reveal disjointed reasoning and contradictions. A 2004 discussion paper, '*Poverty is Bad for your Health*' (author Ruth Barrington) says on page 5: '*The mortality rate for all causes of death in the period 1989 –1998 was almost two and a half times greater for the lowest socio-group than the highest group.*'⁹

The *All-Ireland Traveller Health Study* (page 87) from the School of Public Health, Physiotherapy and Population Science, University College Dublin, launched in 2010, is also stark: '*Traveller infant mortality is estimated at 14.1 per 1,000 live births... the general population infant mortality rate (is) 3.9 per 1,000 live births.*'¹⁰

Such inequities result in avoidable deaths. They should be treated as emergencies at home and worldwide, requiring immediate response. If the disadvantaged populations in the Irish reports were living in an identified building, would not authorities have to act as they have done in the cases of buildings with identified fire hazards? Have we a hierarchy of human lives? Are those disadvantaged somehow of lesser importance than the rest? Are there second-class human beings? The social attitudes and mindset which lead to such injustices can arise from factors such as culture, geography, ethnic difference, skin colour, age, sex, pregnancy, religion, disability, economics, education, colonialism, fear, plain selfishness, and many others.

Conditional humanity is no humanity at all. Humanity is a quality inherent to the individual, not something conferred conditionally by another, nor by the State.

The death of one person close to us brings grief; more so if death is brought about by some avoidable factor; more again if it is deliberately caused. The death of a child is especially poignant. The photograph of one child dead on a beach in Turkey moves us.

Multiple deaths present a particular challenge. A truck driven into a crowd in Nice on 14 July 2016 caused the deaths of 84 people. Hundreds of thousands were killed at Verdun, and the Somme, and Ypres. Almost six million children under age five died in 2015; 113,461 every week.¹¹

Would we respond if faced with one million deaths a year from some avoidable cause – a disease which is readily curable, or from hunger when food is available?

Now: can you imagine one million deaths caused not just every year, but every week?

9 http://www.combatpoverty.ie/publications/DP5_PovertyIsBadForYourHealth_2004.pdf

10 https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

11 http://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/

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ABORTION

The Guttmacher Institute¹² estimates that during 2010–2014, an estimated 56.3 million procured abortions occurred each year worldwide – more than one million every week. Globally, 25% of pregnancies ended in abortion in 2010–2014.

Add it to the number of all other deaths, 57.3 million, and we get 113.6 million. But the deaths of unborn children through procured abortion are not even counted in statistics. How can we possibly deal with the deaths of 56.3 million unborn children, not by natural causes, but by direct human action in procured abortion? An extra concern is gender-selective abortion targeted at females. Fifty years ago there was great concern at the threat of nuclear warfare which would liquidate millions of lives. (Not that those weapons have gone away.) Today over 56 million human lives of unborn children are liquidated every year. Were it not that each life and death is significant, we might say all else pales into insignificance. How can it not outrage the conscience of mankind?

HUMAN RIGHTS

Some claim that abortion is a human right in international law. It is difficult to reconcile that with the opening words of the *Universal Declaration of Human Rights* adopted by the UN General Assembly in December 1948, following two world wars:

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind

...

‘... all members of the human family.’ How could we claim that an unborn child is not a member of the human family? If that is our claim, the ‘inalienable rights’ of all are compromised. Send not to know for whom the bell tolls. It tolls for thee.

‘Inalienable rights’ means that they are not granted by the State, or the United Nations, or any other authority. They cannot be withdrawn, or bartered, or sold. They cannot be limited by any national emergency. They do not depend on where we were born, or the skin-colour, or our sex, or our abilities or disabilities, our life expectancy, or economic productivity, or whether our life starts through rape or incest, or any other circumstance.

The 1966 *International Covenant on Civil and Political Rights* at Article 6.5 prohibits the death penalty for pregnant women. If the unborn child has no status in these international agreements, then that prohibition makes no sense.

12 https://www.guttmacher.org/sites/default/files/factsheet/fb_iaw.pdf

The *International Convention on the Rights of the Child* in its preamble (the foundation of all that follows) affirms the rights of the child before birth:

‘Whereas the child by reason of his physical and mental immaturity needs special safeguards and care, including appropriate legal protection before as well as after birth.’

The ‘child’ as understood in the Preamble is the subject of Article 6: *‘States Parties recognize that every child has the inherent right to life.’*

Article 31 of the 1969 Vienna Convention on the Law of Treaties rules out ambiguity:

1. *A treaty shall be interpreted in good faith in accordance with the ordinary meaning to be given to the terms of the treaty in their context and in the light of its object and purpose.*
2. *The context for the purpose of the interpretation of a treaty shall comprise, in addition to the text, including its preamble and annexes...*

FETICIDE

A report of a working party of the Royal College of Obstetricians and Gynaecologists in the UK in May 2010 is titled *Termination of Pregnancy for Fetal Abnormality in England, Scotland and Wales*¹³. The term ‘feticide’ occurs 40 times in the report. Recommendation No. 9 says:

‘Where the fetal abnormality is not lethal and termination of pregnancy is being undertaken after 21+⁶ weeks of gestation, failure to perform feticide could result in live birth and survival, an outcome that contradicts the intention of the abortion.’

Earlier abortion is itself feticide, not normally requiring a separate deliberate act. Feticide brings about the death of the child at whatever stage of development.

Zygote, blastocyst, embryo, fetus, are terms we use to refer to stages in the growth of a human life, just as, after birth, we use terms such as infant, baby, child, adolescent, young adult, middle age and senior years. ‘Fetus’, like those other terms, does not mean non-human. Feticide ends a human life.

At the moment of fertilisation, the baby’s genetic make-up is complete. Development stages begin with the division and multiplication of cells. The heart of the unborn child beats from about day 21 after conception. The child is a body distinct from that of the mother, while dependent on her: not one body, but two.

The child a day after birth and the child a day before birth are the same entity. Birth is a transition in our circumstances, not a

13 <https://www.rcog.org.uk/globalassets/documents/guidelines/terminationpregnancyreport18may2010.pdf>

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change in what or who we are. The 'First 1000 Days'¹⁴ programme to promote healthy nutrition for the first 1000 days from conception to age 2 years, shows the vital continuity.

Pregnancy is not an illness. Many long for pregnancy. Abortion cannot be made equivalent to removal of a bad tooth or a tumour. From the perspective of the unborn child all abortion is unsafe.

An article published online on February 23, 2012 in the Journal of Medical Ethics (published by the British Medical Journal) is entitled *After-birth Abortion: why should the Baby Live?*¹⁵ It argues: '*The moral status of an infant is equivalent to that of a fetus in the sense that both lack those properties that justify the attribution of a right to life to an individual.*' It is logical. If we accept the destruction of a child a month before birth is due, why should the same not apply a month after birth?

The UN Human Rights Committee charged that Ireland has subjected a citizen to cruel, inhuman and degrading treatment by not providing for termination of pregnancy in particular circumstances¹⁶. We must acknowledge that we fail to provide all necessary support for crisis pregnancies, and that we are determined to work on this; but abortion is not the answer. Ireland's legislation is more in step with international human rights than that of many other countries. We can charge the Committee, and the United Nations, with not insisting that other States protect 56.3 million human lives from cruel and inhuman treatment every year. They must live up to the solemn agreements which bind them to provide the '*special safeguards and care, including appropriate legal protection before as well as after birth.*' Terminating the life of the unborn child is not appropriate care. This does not inhibit medical treatment for the mother which means it is not possible to save the life of the child.

An unborn child is already recognised as human. The unborn child can receive medical treatment. All stillbirths occurring in Ireland since 1 January 1995 must be registered, if the baby weighs at least 500 grams or has a gestational age of at least 24 weeks. A stillbirth that happened before January 1995, can also be registered. The child is acknowledged by the State. An unborn child can inherit if a parent dies.

If an assault on the mother kills the unborn child, should there be a charge only of assault on the woman? Among the 31 fatalities in the Omagh bombing in August 1998 was a mother pregnant with twins. These twins are included in the beautiful memorial in Omagh.

14 <http://thousanddays.org/>; <https://www.first1000days.ie/>

15 <http://jme.bmj.com/content/39/5/261.full?sid=f1b760dc-d732-42aa-8bf4-45348fa575af>

16 <https://static.rasset.ie/documents/news/un-human-rights-committee-report.pdf>

A WAY AHEAD

The way ahead is not in castigating women who are pregnant and who, for whatever reason, feel that they are unable to face that future. The situation is felt at individual level, but the cause of the problem is in society. We fail to address avoidable deaths, and by abortion we actually promote them. Political leaders around the world have decided that abortion is the way to go. How impossible it must seem for a woman in a crisis pregnancy, confronted with powerful emotions, challenging decisions, considerable uncertainty, very personal bodily changes, and an intense alone-ness!

We have learned not to blame those who see the only way out of their situation is to take their own lives. What kind of society do we need to become so that abortion, like suicide, is not seen as the solution, and where each and every pregnant woman knows that she and her yet unborn child will be welcomed wholeheartedly, unconditionally? Where she and her unborn child will be welcomed and treasured whatever the circumstances of the conception? Where she will have all the support she needs, not just in medical care, but in every way, to bring her child safely into the world, and in whatever decision she (and the child's father) make for the subsequent care of the child?

Becoming a parent catapults a person into a new world. Raising a child is a very challenging, long-term project, but one which millions in the world undertake. The workplace is often not family-friendly. The support will not take away the difficulties, but there is a way through. If a parent feels unable to undertake the challenge, society provides other ways which do not put an end to the life of the child.

CONGENITAL MALFORMATION

There are much discussed cases where the unborn child is diagnosed with a serious condition and may not live long. It is harrowing to face the possibility of death when a birth is expected. What facts do parents need? An informative article in *BJOG An International Journal of Obstetrics and Gynaecology* in 2012 is entitled 'Fatally flawed? A review and ethical analysis of lethal congenital malformations.'¹⁷ It reports:

... none of the malformations that are most commonly described as being lethal are actually lethal in the strict sense [invariably leading to fetal death in the womb or in the newborn period]. Prolonged survival has been described in all of the conditions listed ... a significant proportion of practitioners do use this

17 <http://onlinelibrary.wiley.com/doi/10.1111/j.1471-0528.2012.03450.x/abstract>
The full article can be downloaded.

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or related terminology [lethal = fatal] ... One reason is that practitioners may mistakenly believe that conditions like those listed ... are not compatible with survival beyond the newborn period.

The authors list median survival times, varying from 55 minutes to 4–5 months; also the proportion surviving more than one week, and the longest reported survival. A parent may fear being unable to love or look at their child; but then a strong, even fierce protectiveness can develop. Parents need to know, in the great heartache of their situation, that it can be possible to hold and care for their child for a short or longer period, and to give their child a name, and to love their child after birth as much as before; to build memories, take photographs, etc., perhaps involving grandparents and other family members. Parents can parent in a few minutes. For the child, 17 minutes could be a lifetime of being loved; or 17 hours or days or months. We would not want to shorten the life of a seriously ill child; why would we want to shorten the life of the child about to be born? The child's condition may suggest that life will not be long, but a child is never incapable of receiving love. The pain and the sorrow can deepen our capacity for love.

For those for whom Christian faith is important, their child may be baptised and confirmed. A tradition of the Orthodox Church is that a child at Baptism also receives Communion¹⁸; there seems no reason why in this situation this may not also be offered.

Perinatal hospice care is or should be made readily accessible. In December 2009, the Department of Health and Children published *Palliative care for children with lifelimiting conditions in Ireland - A National Policy*.¹⁹ A follow-up report was issued in 2016.²⁰ The Irish Medical Organisation at their 2015 meeting called on the Minister for Health to make provision for dedicated perinatal palliative care nationally. An International Conference on Children's Palliative Care took place in Dublin in April 2016. Presentations are available.²¹ May all this soon bear fruit.

A variety of groups offer helpful resources. Information is on their websites: Every Life Counts; Cura; Féileacáin; One Day More; A Little Lifetime; Hospice Foundation Maternity & Neonatal Network, etc. The grandchildren of this generation may ask us in the future: *What did you do to protect the earth from climate change?* Will they also ask us: *What did you do when 56.3 million unborn children were destroyed?*

18 <http://www.goarch.org/ourfaith/ourfaith7105>

19 http://health.gov.ie/wp-content/uploads/2014/03/palliative_care_en.pdf

20 <http://www.lenus.ie/hse/handle/10147/613304>

21 <http://cpcconf.ie/>

AVOIDABLE DEATHS?

Concern about avoidable deaths is a concern for life at all stages. Think of the reverence with which we take a new-born baby in our arms. Our mission is to treasure all human life, simply without exception. It's a matter of justice. A matter of life and death. A matter of hope. A matter of love.

Elie Wiesel, a survivor of Auschwitz and Buchenwald, said: 'Once you bring life into the world, you must protect it. We must protect it by changing the world.'²²

22 Elie Wiesel: *Conversations*, Univ. Press of Mississippi, 2002, page 82.

True womanhood first. When a man steals to satisfy hunger, we may safely conclude that there is something wrong in society – so when a woman destroys the life of her unborn child, it is an evidence that either by education or circumstances she has been greatly wronged. But the question now seems to be, how shall we prevent this destruction of life and health? ... We cannot have true mothers without having true womanhood first. Let us see that our daughters are developed into true women, and the office of maternity will take care of itself. Remove woman's shackles and she will soon create a public opinion that will declare it a disgrace for a man to outrage the woman he has sworn to protect. Then, and not till then, will man's shackles fall, for noble manhood must be the legitimate fruit of free and exalted womanhood. Brothers, 'tis for you, as well as ourselves we plead. Will you neglect so great a salvation?

– MATTIE (MARTHA) BRINKERHOFF, 1869. She was a popular suffrage lecturer in the American Mid-west