

Abortion, In Vitro Fertilization, and Physician Assisted Suicide through the Lens of Science and the Natural Law

Abortion and The Language of Science

- I. Science has established that a new unique substantially whole human being exists at fertilization (the inception of a single-celled zygote).
 - A. A supermajority of international and U.S. biologists affirm that a new unique human being comes into existence at **fertilization**:
 - An international survey of 5,577 biologists indicates that almost every biologist (**96%** - 5,354) affirm fertilization as the origin of a new unique human being.
 - A U.S. survey of 2,794 biologists indicates that over two-thirds of U.S. biologists (**68%** - 1,900) affirm the same origin of human life—fertilization.
 - B. The genome of a single-celled zygote contains virtually all of the instructions to produce and continually develop a unique human being throughout the course of his/her lifetime.

Abortion and the Language of Science (cont.)

- C. A single-celled zygote is the source and unity of every cell that will constitute a human being over the course of a lifetime. As such, the single-celled zygote (with its unique human genome) at fertilization is a **substantially whole** human being. Nothing will be added to it throughout the course of a lifetime that will make it “human” or “more human.” Though it will grow, experience cellular production and differentiation, and develop accidental characteristics over the course of a lifetime, these developments will not add to its human nature (which is complete at fertilization).
- D. Conclusion. According to the vast majority of biologists (and the scientific analysis of the human genome and zygote), a new unique substantially whole human being exists at the moment of fertilization (a single-celled zygote).

Abortion and the Language of Inalienable Rights

- II. *Every* substantially whole human being *inherently* (by nature) possesses the inalienable rights of life, liberty, property, and the pursuit of happiness. Therefore, no governmental authority can take these rights away from a class of human beings or an innocent individual human being.
- A. An inalienable natural right is one that is necessary for a human being to be or act human. Among such rights are **life, self-governance (liberty), property, and the pursuit of happiness.**
- B. To deprive people of their inalienable natural rights—to deprive them of what is necessary to be human or act in a human way—is *always* a grave injustice. No governmental authority can cause grave injustice to an innocent human being without delegitimizing itself—for an unjust law is no law at all.

Abortion and the Language of Inalienable Rights (cont.)

- C. Since no governmental authority gives inalienable natural rights to anyone, no governmental authority can remove them from any class of substantially whole human beings or any individual innocent human being. Governmental authority and the law are subservient to inalienable natural rights—not vice versa.
- D. Every substantially whole human being is a “**person**” (deserving of protection under the law), because every substantially whole human being has inalienable rights by nature (see above, “A” and “B”), and governmental authority and the law are subservient to those inalienable rights and bound to protect them (see above “B” and “C”). Therefore, any so-called distinction between “substantially whole human being” and “**person** deserving of protection under the law” is false and pernicious.
- E. Conclusion. All preborn human beings (from unicellular zygotes to fully developed fetuses) are substantially whole human beings with the inalienable natural rights of life, liberty, property, and the pursuit of happiness. These human beings are therefore legal persons deserving of protection under the law, and the law and government are obligated to protect them.

Abortion From the Perspective of Women's Health

In a comprehensive multinational, multi-year (1995-2009) study of 750,000 women for the *British Journal of Psychiatry* (and Cambridge University), Priscilla Coleman details the profound and long-lasting negative effects of abortion on the mental health of women.

- **81%** of women who had an abortion had a significantly higher risk of mental health problems than those who did not.
- There is a **4.1x** greater occurrence of suicides in women who had an abortion compared with those who did not.
- There is a **2.5x** greater occurrence of suicidal contemplation/behaviors in women who had an abortion compared with those who did not.
- There is a **2.1x** greater occurrence of alcohol abuse in women who had an abortion compared with those who did not.
- There is a **1.4x** greater occurrence of depression in women who had an abortion compared with those who did not.
- There is a **1.3x** greater occurrence of anxiety in women who had an abortion compared with those who did not.

In Vitro Fertilization

- 1. Personhood of the Zygote:** Recall that a single-celled zygote is a substantially whole human being with the inalienable rights of life, liberty, and the pursuit of happiness. The Church teaches that these human beings have unique transphysical souls created by God.
- 2. The problem:** In Vitro fertilization entails the intentional killing of multiple human zygotes and embryos (persons). How so?
 - a) The first stage of intentional killing:** A woman is given a fertility drug causing the aspiration of multiple eggs which mature in the ovum simultaneously. These eggs are then removed and combined with semen from a male partner in a petri dish fertilizing multiple eggs, giving rise to multiple zygotes developing into embryos. Most of these embryos will not be used for implantation, and normally the remaining embryos are destroyed.

In Vitro Fertilization (cont.)

- b) Second stage of intentional killing:** To guarantee the efficacy of an embryo, physicians implant multiple embryos so that the best one can be selected. After 40 days, embryos have developed into fetuses with beating hearts. Much of the time this leads to another procedure euphemistically called “fetal reduction” in which all of the embryos (except one) have to be “eliminated.” A syringe is filled with potassium chloride, then maneuvered through ultrasound monitoring to the fetus’s heart. This is injected into the heart, immediately killing him or her.

Inasmuch as every human zygote is a substantially whole human being, who has a unique immortal soul created by God, the intentional killing of these human beings is contrary to the natural law as well as the intention of God who created their immortal souls. Hence, it is contrary to Church teaching.

Physician Assisted Suicide and New Victim Classes

- I. **Physician assisted suicide creates an onerous burden to die for thousands of individuals who otherwise would not choose it.** There are five new classes of victims:
 1. Those who are vulnerable to pressure from relatives, friends, and physicians – e.g., the Kate Cheney case (physician shopping).*
 2. Those who have reversible depression when given the news of terminal illness – Kathleen Foley indicates that the vast majority of suicide requests are reversed when pain and depression are adequately treated. "We frequently see patients referred to our Pain Clinic who have considered suicide as an option, or who request physician-assisted suicide because of uncontrolled pain. We commonly see such ideation and requests dissolve with adequate control of pain and other symptoms, using combinations of pharmacologic, neurosurgical, anesthetic, or psychological approaches."**
 3. Those who have state insurance coverage or low-quality insurance coverage are coerced into suicide because medical insurance will only pay for death and not for treatment – e.g., the cases of Barbara Wagner and Stephanie Packard.***

*See Edmund Pellegrino 2002 "Compassion is Not Enough" in Kathleen Foley, M.D. and Herbert Hendin, M.D., eds. *The Case Against Assisted Suicide: For the Right to End-of-Life Care* (Baltimore: Johns Hopkins University Press) pp. 41-51.

**See for example, Kathleen M. Foley, MD, "The Relationship of Pain and Symptom Management to Patient Requests for Physician-Assisted Suicide," *Journal of Pain and Symptom Management* 6, no. 5 (1991): pp. 289-297.

***Helena Berger, "When Insurance Companies Refuse Treatment 'Assisted Suicide' Is No Choice at All" in the *Bulletin of American Association of People with Disabilities*, January 24, 2017.

<https://www.aapd.com/when-insurance-companies-refuse-treatment-assisted-suicide-is-no-choice-at-all/>

PAS and New Victim Classes (cont.)

4. Those with disabilities are emotionally coerced by implying that it is better to die than to have a disability that requires funding or effort by relatives, government, etc. Every disabilities organization is against assisted suicide.*

5. Those with low self-esteem may feel that their life is useless and difficult for relatives. Even though they don't want to commit assisted suicide, they feel that they are obliged to do it now that assisted-suicide is an option.

*Marilyn Golden and Tyler Zoanni, "Killing Us Softly: The Dangers of Legalizing Assisted Suicide," in *Disability and Health Journal* 3 (2010): pp.16-30, <http://dredf.org/PIIS1.pdf>.

PAS and Involuntary Death

II. Physician Assisted Suicide Increases Involuntary Euthanasia and Non-Terminal Assisted Suicide:

1. The rise in involuntary euthanasia in the Netherlands:

[There were] 2,300 instances of euthanasia on request; 400 of assisted suicide; **1,000 of life-ending actions without specific request; 8,750 patients in whom life-sustaining treatment was withdrawn or withheld without request**, ‘partly with the purpose’ (4,750) or ‘with the explicit purpose’ (4,000) of shortening life; 8,100 cases of morphine overdose ‘partly with the purpose’ (6,750) or ‘with the explicit purpose’ (1,350) of shortening life; 5,800 cases of withdrawing or withholding treatment on explicit request, ‘partly with the purpose’ (4,292) or with the ‘explicit purpose’ (1,508) of shortening life. Evidently, all forms of involuntary euthanasia increase as Physician Assisted Suicide (PAS) increases.*

2. The case of the Dutch woman who was euthanized against her will – kicking and screaming – with relatives holding her down.**

3. In the Netherlands, Belgium, and Luxemburg, many people request and receive assisted suicide for causes completely unrelated to terminal illness. 56% to 66% of assisted suicide requests were for depression and loneliness.***

*Southern Cross Bioethics Institute, “Euthanasia Practices in the Netherlands,” in *Southern Cross Bioethics Journal*. <http://www.bioethics.org.au/Resources/Online%20Articles/Other%20Articles/Euthanasia%20practices%20in%20the%20Netherlands%20-%20Brian%20Pollard's%20third%20Document.pdf>

**Eugene Tarne 2017 “Netherlands Forcible Euthanasia Case and the Slippery Slope,” Charlotte Lozier Institute Bioethics, July 21, 2017.

<https://lozierinstitute.org/netherlands-forcible-euthanasia-case-and-the-slippery-slope/>

***Ronald Pies, MD, & Annette Hanson, MD, 2018, “Twelve Myths About Physician Assisted Suicide and Medical Aid in Dying”

<https://www.hcplive.com/view/twelve-myths-concerning-medical-aid-in-dying-or-physician-assisted-suicide>

PAS and the Culture of Despair and Suicide

III. The Culture of Despair and Suicide

- Refocusing quality of life on ego-comparative and materialistic-pleasure happiness.
- Suicide and despair as preferred options – the effects on impressionable people and the young.