

NEWS

BUFFER ZONES AROUND ABORTION CLINICS

There was little good news in the summer about the protection of ethical medicine. But one very good piece of news was the Home Secretary's decision not to impose buffer zones around every abortion clinic in the land.



He concluded that such a move would be disproportionate to the scale of the problem. That decision was especially courageous given how shrill is the proabortion lobby. Clare McCullough of the Good Counsel Network has been repeatedly on television and radio and pointed out that those who pray and defend life are peaceful and do not harass women seeking abortion. But they do offer help and many hundreds of women have "turned around" as a result of the help they offer. On the other hand, proabortion organisations such as "Sister supporter" have been far from peaceful and have indeed created disturbances around clinics where they have demonstrated. The *Be Here for Me* campaign (picture) is run by women who were helped by people praying outside abortion clinics and seeks to protect the right to stand with those who need support.

We must hope and pray for their success so that organisations such as Good Counsel and 40 days for Life can and will be able to carry on their peaceful work, supporting women as they decide to keep their babies.

BOOK REVIEWS

CATHOLIC WITNESS IN HEALTH CARE. PRACTICING MEDICINE IN TRUTH & LOVE

EDITED BY JOHN M. TRAVALINE & LOUISE A. MITCHELL

REVIEWED BY PRAVIN THEVATHASAN

I found the entire book both readable and captivating. It strikes the right balance: orthodox and charitable. It covers a whole range, including reproductive health, pediatrics, surgery, psychology and, very interestingly, the formation of medical students. For the purposes of this review, I will examine some chapters I particularly enjoyed.

In his chapter on foundation of authentic medical care, J.Brian Benestad argues that at the heart of medical ethics is the idea of virtue. Unfortunately, people rarely speak of it. Instead, they are driven to speak of autonomy and rights. The two competing and most popular ethical theories taught in medical ethics courses are Kantian ethics and utilitarianism. They have little time for virtue.

In his chapter on Catholic anthropology and medical ethics, Peter J. Colosi asks what motivated Peter Singer to care for his terminally ill mother and break his own rules? Because Singer, for all his dreadful views, is human. We are driven by our love of individuals, not systems or charters or theories. Ours is a person-centered ethic. I find myself utterly moved by those who care for severely disabled people, people who at one level cannot contribute to the

CATHOLIC WITNESS IN HEALTH CARE

Practicing Medicine in Truth & Love



EDITED BY
John M. Travaline & Louise A. Mitchell

good of society but at another level give us so much.

In her chapter on reproductive health and the practice of gynaecology, Kathleen M. Raviele says that there are two meanings in the marital act, the unitive meaning and the procreative meaning. Both meanings ought always to be respected. Catholic physicians ought to develop expertise and evangelize.

Salpingostomy is the direct killing of unborn life and is unethical. The pregnancy rates after salpingostomy and salpingectomy are the same. Most interestingly, in a recent review, it is reported that nine women with pulmonary hypertension chose to continue with the pregnancy and they all survived.