

unless we are also prepared to compromise in our own practice of clinical medicine. The threat is expressed by University of Oxford Professor, Julian Savulescu, Director of the Oxford Uehiro Centre for Practical Ethics. "If people are not prepared to offer legally permitted, efficient, and beneficial care to a patient because it conflicts with their values, they should not be doctors." (BMJ 2006;332:294-297 February 4).

This direct threat to the future of medicine is that doctors must engage in the facilitation of any procedure that is 'legal' according to the ruling regime and that if they refuse then they should not be doctors. This has tremendous implications for medical training and will for instance result in eliminating from specialties those that are most needed to keep that specialty at a high ethical level.

In the best tradition of medicine doctors must operate at a higher level of accountability than other people and professions – a level of morality as expressed in the Hippocratic Oath and intrinsic in Moral Law both of which transcend what is 'legal' and uphold all that is ethical and moral.

This is an ethical divide on which it is impossible to stay neutral.

The future of medicine is at stake – the ethics of procedures, the ethics of research, the ethics of using materials gained from unethical research, the ethics of organ transfer. What will we teach? Will we use EBM to decide and then teach the best means of euthanasia? Will we exclude from obstetrics those with a high view of the intrinsic value of all human life and who will not perform abortions – which will in turn have a rolling effect on societal attitudes? Will we exclude from the discipline of anaesthesia those that are not prepared to euthanase or administer anaesthetics to prisoners about to be executed or babies subjected to infanticide?

Dear doctor – will you at least join with other doctors and sign in to Medicine With Morality in order to have a voice? And will you seek to inform your colleagues and significant community leaders with whom you have contact?

Dear Pastor or community leader – will you inform your people? Part of this battle is going to be won in our homes and schools where parents have influence and by others who are significant at many different levels. Will you encourage them to inform themselves of political party policies that impinge on these issues and vote responsibly? Will you stand with us in this battle for human life?



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# An Inability to Comprehend

## **Caution:**

Descriptive content will shock.  
Only read if you are not yet persuaded to action.

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## An Inability to Comprehend

**The abortionist (his assistant reported) “delivered the baby’s body and arms — everything but the head.” At that point, “The baby’s little fingers were clasping and unclasping, and his little feet were kicking. Then the doctor stuck the scissors in the back of his head, and the baby’s arms jerked out. ... The doctor opened up the scissors, stuck a high-powered suction tube into the opening, and sucked the baby’s brains out.” (From the report by Justice Anthony Kennedy in the historic April 2007 5-4 US Supreme Court decision upholding the congressional ban on partial birth abortion also known as the D&X procedure – dilatation and extraction.)**

Were you aware of this? Or have you – like so many others – not wanted to know and shut your ears either because the truth is so horrible or because you felt helpless to do anything about it? Have you been like some of the German people who, when confronted during Hitler’s regime about what was going on in concentration camps, said no, no, we would never do such things; that is not possible – we are German. Or like others who did realise but shrank into their sanctuaries of private virtuousness that Dietrich Bonhoeffer talked about. Bonhoeffer talked about the silent church that denied responsibility and the confessing church that took the risk and spoke out against the evil of the time.

It is time to speak. We lull ourselves that all is well and fail to comprehend the nature of evil – well expressed by the US inquiry into the failure of intelligence to warn of September 11th. It found that there was a failure to realise the threat, a failure to be organised and watchful, a failure to share information, and a failure of imagination. But all of this is dependent on the need to realise the reality of evil. The co-chairman said: “The fact is we just didn’t get it ... we could not comprehend that people wanted to kill us” in spite of the statement in a 1998 staff memo by an intelligence head that said: “We are at war.”

The NHMRC report of 1995 on Services for the Termination of Pregnancy in Australia recommended D&X as the procedure of choice in the 3rd trimester as it had

the “advantage of producing a dead baby”. The report was ultimately trashed but D&X is not banned in Australia.

We failed to comprehend the reality of the slippery slope. In 2002 when we made the decision to experiment on and kill embryos that were left over from IVF some said that the next step would be to actually create life for this purpose but this was howled down and it was said no, no, we would never do that – it would be wrong to do that; that would not be morally permissible. But in passing the cloning bill in December 2006 that is exactly what we have done – allowed the deliberate creation of human life for destructive research.

The progressive devaluation of human life has been described in the leaflets *Disingenuousness and the Slippery Slope* and *Conflicting Views in Medical Ethics*. The march is on to be in control of our own destiny, creating human life for our own purposes, purifying the human race by eliminating all that is weak and imperfect and to terminate life at a time of our choosing.

And we have failed to speak out for fear of upsetting people or offending people. Now the truth may cause offence but not to tell becomes an offence in itself. Over the years I have deliberately avoided the description of D&X because I knew what reaction would come and that some would be genuinely distressed and suffer that distress for a long time. But it has often been the haunting pictures of suffering and war that have galvanised action and ultimately led to change, and it seems that the evidence given to the US Supreme Court on D&X was at least partly helpful in swinging the decision to ban it.

Then there is battle fatigue. The ‘strong’ ones who are aware of what is at stake and who tell it like it is with seeming little response from the general community and who suffer attack because of their outspokenness become weary and think what’s the use?

But the future of western civilisation is at stake.

The future of medicine is at stake.

It is very easy for doctors on the frontline of practical medical care to become weary. Sadly, it is commonly ethicists, philosophers and doctors away from that frontline who set the tone in medical ethics and who have the

platform to deliver their message. Similarly it seems that doctors are losing control over self-regulation and education as was lamented recently in a Medical Journal of Australia editorial (Vol 186/3, 5 Feb 2007) by Dr Martin B Van Der Weyden, *The Absence of Many Voices in Protest*, in which he describes the take-over of regulation by committees in which doctors will have less influence. He questions whether doctors have become fatigued by their never-ending tussles to maintain self-governance and “the absence of many voices in protest may well seal the fate of the profession’s independence.”

In 2006 the government of Australia surrendered control of the abortifacient drug RU-486 to a committee that will only consider evidence based medicine (EBM) and will not look at outcome morality. But EBM without consideration of outcome morality is bad medicine and could be used to consider euthanasia techniques or even the transplanting of organs from clones bred for that purpose. How to do it ‘best’ and ‘legal’ is not all that matters.

In South Australia recently a doctor has come under attack for requiring that women seeking an abortion sign what was described as being an “unbalanced” summary of the procedure’s risks (Australian Doctor 17.11.06). In that report was the statement from the Medical Board of SA that says, “investigation would be warranted if patients were being given information that was not objective or was not supported by evidence-based medicine.” The implication is there for doctors to make absolutely certain they abide by “official” EBM pronouncements otherwise they may be investigated.

There is then a potential for EBM to be used as a “stick” to threaten good practice. Conscientious counselling cannot always be within the confines of EBM and who decides what is evidence-based when the evidence is as conflicting as in the hotly disputed relationship between breast cancer and termination of pregnancy?

The battle intensifies. The divide is getting wider – and it is not of our making. The culture of life is under attack. Even if we want to stay out of the debate, we cannot