Position questioned

You will recall that the American Academy of Pediatrics was signatory to a "Friend of the court" brief presented to the Supreme Court regarding Webster v. Reproductive Health Services (1989). That brief gave full support to the Roe v. Wade decision, in which the court declared that unborn humans are not persons before the law. That unborn humans should have been declared not to be persons is the lie that is central to the legally sanctioned failure of the law to protect their lives.

The fabricated "right to privacy," as dictated by the court, now takes precedence over the right to life of the unborn who is to be aborted.

My use of "who" in reference to the unborn being cut to the heart of the abortion controversy, because "who" is a term that assumes personhood, which the court has denied to the unborn. By granting supreme autonomy to the mother to decide whether or not to take the life of the unborn human within, the court has sanctioned a kind of "sliding scale of personhood," in which early gestating offspring or severely defective offspring, count for very little against the perceived needs of the mother. The court seems to be saying that to the extent to which the unborn is dependent exclusively upon the mother for the provision of continuing life support, the mother has the sole authority to terminate that life support for any reason or no reason at all.

The error lying at the heart of all of the above is the concept of contingent personhood, in which the value of a person's life is assigned to it by another person. However, there is no definition of personhood which includes all ex utero humanity and excludes any in utero humanity. This is the lie of abortion, which is the violent resolution of whatever difficulties pregnancy brings. Abortion becomes the "final" solution to temporary difficulties.

That the Academy should condone the legally sanctioned de-personalization of the smallest, weakest, most voiceless among our species is deplorable. It is especially hypocritical that the Academy should be in favor of excellent prenatal care, except in instances where the mother chooses to terminate the unborn human being, in which case the AAP seems to endorse the concept that ending an incipient life can be called "care."

I call upon AAP Fellows to reverse the Academy's official stance and to stand up for the absolute right to life of the unborn against the alluring expediency of abortion.

John G. Boulé, M.D., FAAP
New Orleans, La.

Response from AAP Executive Director Joe M. Sanders Jr., M.D.:

Dr. Boulé presents a reasoned and impassioned rationale for his personal conviction relative to the issue of abortion. He is entitled to his opinion. Because this is such a sensitive issue, the AAP Board of Directors has conscientiously, and I believe appropriately, chosen not to develop an official Academy position on abortion. Rather, each individual Fellow is left to make his or her own decision based on personal values and convictions.

In addressing some of Dr. Boulé's points, let me begin by reiterating that the AAP cannot "reverse its pro-abortion rights position" because we do not have such a position. In fact, our only position relative to this issue concerns an adolescent's right to confidential information on all options available relative to her pregnancy, including elective termination. The 1996 policy statement (Pediatrics, May 1996) "The Adolescent's Right to Confidential Care When Considering Abortion," reaffirms the AAP position "that the right of adolescents to confidential care when considering abortion should be protected." This should not be interpreted as a pro-choice position, but rather as reaffirmation of an adolescent's legal and ethical right to pertinent medical information.

"Counseling the Adolescent About Pregnancy Options" (Pediatrics, January 1989), developed in 1989, states: "When abortion counseling is in conflict with the physician's moral code, this should be explained to the patient. It is also important that the physician respect the adolescent's moral decision and legal right to terminate her pregnancy and not impose any barriers to health services from another source."

Thus, the Academy has attempted to maintain a neutral position respecting the rights of both the physician and the adolescent patient. Dr. Boulé asserts that the Academy was signatory to an amicus brief which "gave full support to the Roe v. Wade decision." In fact, the Academy did sign on as an amicus curiae to a brief presented to the U.S. Supreme court in 1989 regarding the case of Webster v. Reproductive Health Services. The AAP joined the American Medical Association, the American Academy of Child and Adolescent Psychiatry, the American College of Obstetrics and Gynecology, the American Medical Women's Association and other concerned and reputable medical groups as amici ("friends") primarily on the basis that it would seek to overturn (which it subsequently did) a Missouri statute designed "to prohibit a physician from counseling a woman concerning abortion as a treatment option, interfere with the woman's right to seek and obtain medical care and present her physician and other health care providers from exercising their best medical judgment in providing quality medical care."

The brief further states in the summary that "Amici do not argue here that ... Roe v. Wade ... should be reaffirmed or rejected." The Academy signed onto this brief because it was consistent with AAP policy concerning confidential counseling for adolescents, but specifically did not address the stand the court had taken in its 1973 Roe v. Wade decision.

I conclude by reviewing the results of a 1990 periodic survey of Academy members on a number of topics regarding abortion (Pediatrics, March 1993). In this survey, nearly half (48.9 percent) of respondents thought adolescents should have access to abortion services under all circumstances. An almost equal number (43.8 percent) were of the opinion that access to such services were appropriate in restricted circumstances. And only 7.3 percent thought adolescents should not have access to abortion under any circumstances.

This survey confirms our members' divergent views on this very sensitive subject. For this reason, I applaud the wisdom of the AAP Board of Directors for its decision not to develop specific policy on whether the Academy should adopt a pro-life or a pro-choice abortion posture. This, therefore, allows each of us to form our own opinion.

Germ update

On the Health Alert page of the May AAP News, the article "Playing with pets can be doggone dangerous" mentioned that Cat Scratch disease is caused by a "germ" called Rochalimaea henselae.

The germ name has been changed to Bartonella henselae, because it was found to be closely related to Bartonella quintana. (Red Book 1997).

Byron Fernandez-Townson, M.D.
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Hotline helpful

I enjoyed your article in the May AAP News on the Washington Chapter's Health Hotline. We in New Mexico can benefit from the article in two ways: the article stresses how much fun it is for members to participate — we can use this in publicity urging our members to take part — and it gave us several new ideas, including the separate adolescent line.

The New Mexico hotline has been operating for three years and has seen almost logarithmic growth in the number of participants and calls. It, too, has been sponsored by a newspaper, the Albuquerque Journal, and a television station, KOB-TV.

We are working on two initiatives that we hope also will be trend-setting: a separate number for Spanish-speaking parents to call for advice (staffed by some of our many Spanish-speaking members) and a distributive phone system that will allow members from outside Albuquerque to participate.

We find, just as Dr. Hauck states in your article, that "it's hard to recruit doctors, because they don't know how much fun they're going to have."