

Psychiatric Reasons: A Dense Thicket

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"That there is medical evidence of a substantial risk that a continuance of the pregnancy would cause her to become a mentally ill person as defined in the mental hygiene law."

The above quotation is from the abortion bill which will be considered by the New York legislature this year. It indicates one of the most controversial aspects of the bill.

A reason for this is found in the pages of the Rochester Democrat and Chronicle of June 4, 1967. The article begins as follows: "Psychiatry, it has been said, is an inexact science."

When one considers other branches of medicine such as surgery, internal medicine or obstetrics where objective laboratory tests are useful to help confirm a diagnosis and then look at psychiatry where few, if any, such tests are available, one sees that objective proof of one's diagnosis is more difficult to arrive at.

It follows that if one performs a therapeutic abortion for psychiatric indications then these indications may not be as clear-cut as we are at times led to believe by the advocates of easy abortion laws.

In many series of cases, abortions done for psychiatric indications constitute the largest group. It is therefore important to examine this indication closely.

A Baltimore psychiatrist, Dr. Frank J. Ayd, Jr., editor and publisher of two medical newsletters, was quoted in the O-Gyn News of June 1, 1967:

In testimony before Maryland state legislators he stated that many of the most vocal advocates of modified legislation on abortion "seem to have no understanding of the complexities involved. There is nothing like ignorance for generating wrong impressions."

He opposed a bill that would legalize abortions in Maryland for therapeutic reasons. He called it "not therapeutic in character, despite a camouflage of medical terms; rather they are motivated almost entirely by socio-economic reasons." These reasons, he claims, are the basis for the clamor for a change in existing legislation.

He also stated that even under existing legislation, most abortions are being performed for spurious psychiatric indications. He asked:

"Are the ever-increasing number of abortions that are done for psychiatric reasons due to a

greater incidence of strictly psychiatric indications, or to greater prevalence of psychiatric illnesses, or to any new information that would suggest a more grave prognosis for the psychiatrically ill pregnant woman?"

On the contrary, said Dr. Ayd: "The fact is that true psychiatric reasons for abortion have become almost nonexistent as have medical indications."

In addition, he argued, "It must be stressed that just as modern medical advances have made it safer to bear and deliver a child now than at any time in history, so, too, have the modern psychiatric therapies made it possible to carry a psychiatrically ill pregnant woman to term while she is receiving whatever treatment is required."

Thousands of such patients have been treated successfully with tranquilizers, antidepressant drugs, electroshock, and psychotherapy, he added, "and of course, when needed, hospital care is available."

Commenting on another article in the Obstetrical and Gynecological Survey of August, 1967 p. 614, Dr. E. Stewart Taylor, Professor of Obstetrics and Gynecology of the University of Colorado School of Medicine, stated, "The most difficult

indication of all... is the one designed to allow medical termination of pregnancy to safeguard the mental health of the patient. The mental health indication for abortion is often extended to cover what are in fact socioeconomic considerations.

"The high incidence of therapeutic abortions on a private service versus a ward (charity) service in the same hospital has illustrated over and over again that mental health is used as an indication for the termination of pregnancy for the upper economic group much more frequently than for the economically depressed."

This is proven statistically in a paper by Dr. Kenneth Niswander printed in Obstetrics and Gynecology, July, 1966, p. 124. In a study of "medically approved abortion" between the years 1943 and 1964 in two Buffalo, New York, Hospitals, he found that "the frequency of abortions done for psychiatric disease has increased from 10% of cases during the early years of this study to nearly 85% of all cases during the last few years."

It is interesting to note that only 6 abortions were done on clinic patients for psychiatric reasons, while 293 were done on private patients. It is also notable that between the periods 1943-49 and 1960-64 the incidence (frequency/1000 deliveries) of abortions on private patients more than doubled while the incidence of abortions done on clinic patients declined to one thirteenth (1/13) of the earlier figure.

If the advocates of liberalized abortions for psychiatric indications would look at the problem honestly, they would have to admit if strict psychiatric indications were followed then the poor on the charity wards would be having at least as many psychiatric indications as the affluent on the private service. Such is not the case.

It seems to follow that if one allows abortion for socioeconomic reasons, then, in effect, one is permitting abortion on demand.

Priests Test Draft Policy in Lawsuit

Buffalo, N.Y. — (RNS) — The legality of the Selective Service System's cancellation of deferments for two Roman Catholic priests who turned in their draft cards has been challenged here in a federal district court.

Father David Connor, a chaplain at Cornell University, and Father Mark Sullivan, a priest of the Rochester diocese, said that by stripping them of their deferments as clergymen Selective Service was punishing them for observing their constitutional right of free speech.

Their attorney, Herman J. Waiz of Rochester, was also suing for the American Civil Liberties Union in filing suit.

On Oct. 16, Father Connor turned in his draft card to the board at Ithaca; on the same day, Father Sullivan, who is serving at the University of California at Berkeley, turned in his card to a board at Oakland.

Soon after, the boards reclassified the priests as I-A deferments, making them liable for immediate induction. Both priests are 30 years old.

Parenthood Now: Risky, Worthwhile

Cincinnati — A mother of seven who lectures and writes books to aid dads and moms survive the years of rearing their bewildering offspring, counseled here, "If you think you can make children good, you're making a terrible mistake."

Mrs. Mary Reed Newland of Monson, Mass., who lectured here recently before some 1,500 persons, said of parenthood — "the whole business is risky, but you really can't do anything more than give it a good try."

In an interview, the author of "Our Children Grow Up," "The Family and the Bible," and other books, said despite the long-haired boys, mini-skirted girls, the sounds, happenings, ins and outs, the problems facing today's youngsters are the same basically as those faced by earlier younger generations. Of course, she added, some things are a bit different.

"The struggle with faith isn't buried as it used to be," she said, "because the youngsters are more articulate today. They speak more freely and honestly. Their alarm clock seems to have been set ahead, and the real crisis of faith occurs now before they go to college."

"I believe they're actually going through a dark night when this happens," Mrs. Newland said, "but the truth is they don't really know what is happening to them. It's as much a crisis of immaturity as anything."

But while it represents a normal stage in a child's maturing, it is a crisis, and Mrs. Newland guessed that "a lot of young people are walking out of the Church because they're not getting serious answers to their serious questions." Pastors and parents who simply say, "Shush," or who do nothing more than appeal to "old loyalties" are failing to meet the needs of young people, she said.

Part of the problem, she said, is "a certain naivete" which leads youngsters to "expect too much."

"They expect everybody to be a roaring saint," she declared.

At the same time, she added, "they do have a legitimate gripe, for they're asked to take an awfully tough stand for themselves on such things as honor, integrity, and chastity by a lot of people who are mediocre."

Although she usually refuses to give advice or spell out demands for parents, Mrs. Newland declared: "The real thing adults can do, and that's not to talk so much but to be the thing that young people are looking for, and be able to ride out the crisis. The adult must

see that he has an adventure with God that is his own, and must allow the child to have his."

"If this involves struggle, darkness, and mistakes," she added, "what can I do, except fast and pray?"

Another factor cited by Mrs. Newland as complicating the problems of today's youngsters was the "affluence of our society — the lack of struggle."

"Our youngsters don't have the astringents of economic struggle in their lives. They have to find their own discipline, and this is harder. There's a kind of malaise among them about living too soft a life," she said.

Mrs. Newland, whose own seven children range in age from 23 to 14, said she was "appalled at how many parents don't teach a child confidence in himself as a person if you are continually downgrading him?"

"In any event, we can't think for them, or make them think our way," she said, summing up. "And the stages of their development that frighten parents are all normal. These are terrifying times, but wonderful times. And each child is a marvel, a really exciting mystery."

It's impossible to avoid a certain optimism about youngsters, she added, "because God loves them so much."

Friday Meat O.K. in Malta
Valletta, Malta — (RNS) — The Malta hierarchy has decreed an end to Friday abstinence, recommending other penances and works of mercy.

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Dogs: Must Slow Down Too

Saginaw, Mich. — (RNS) — Senior citizens at St. Francis' Home in Saginaw get acquainted with their new friend — Duchess, an 11-year-old dog. A long time friend to children at St. Vincent's Home in Saginaw, Duchess was "transferred" to the senior citizens' resident where the pace is somewhat slower. The dog's age is comparable to a 70-year-old human.

37 States Now Have Medicaid

Washington — (NC) — Medicaid started on Jan. 1, 1966, and the states have until Jan. 1, 1970, to qualify for participation.

At roughly the half-way mark, 40 jurisdictions — 37 states, Guam, Puerto Rico and the Virgin Islands — have federally approved Medicaid programs.

Programs are in the final stages of preparation in South Carolina and the District of Columbia.

In the cases of 12 other states none is expected to implement Medicaid in the near future. These states are Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Indiana, Mississippi, New Jersey, North Carolina, Tennessee and Virginia.

Medicaid provides medical care to persons receiving public assistance and to certain other needy people. It is designed to bring medical service to children and adults who need it most but cannot afford it. Generally, the largest group of individuals to benefit from Medicaid are needy children, many of whom have received only emergency medical attention in the past.

Legislation setting up Medicaid requires that states provide at least five basic services to the indigent as a beginning for participation in the plan. These basic services are doctors services, inpatient and out-patient hospital care, X-ray and laboratory services outside hospitals, and nursing home care for adults. In practice, the great preponderance of states provide more than these basic services to indigents in their Medicaid programs.

Under the law, the contribution the federal government makes in each instance is determined by the average per capita income in the state involved. In the cases of five states which have qualified for Medicaid participation in the last four months, federal contributions are approximately as follows: 50 per cent of the cost in Nevada, 54.3 per cent in Oregon, 58 per cent in Kansas, 60 per cent in New Hampshire and 73.8 per cent in Missouri.

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