

RESOURCE ROUNDUP

Volume 10, Nos. 3-4

The Hippocratic Resource

A Louisiana Non-profit Corporation of Life-respecting Physicians, Dentists, Nurses, Therapists, Scientists, and Other Health Professionals

www.LaDocs4Life.org or www.LaHealthProfs4Life.org

"I will give no deadly medicine to anyone if asked ... I will not give to a woman an instrument to produce an abortion"

Dear Colleague!

To begin, let me remind you of the forthcoming **Governor's Prayer Breakfast**, for which we have reserved a table for *Hippocratic Resource* members and their spouses and/or guests. The **Breakfast** will be held on **Wednesday, March 31st**, at the Baton Rouge **Crowne Plaza Hotel Premier Ballroom**, 4728 Constitution Avenue (just South of I-10). Breakfast served from 6:30-7:30 a.m.; event concludes by 9:00 a.m. Cost is \$50 per person (checks payable to *The Hippocratic Resource*). Please contact us regarding place availability, as we hope to have a full table!

Next, we would like to thank those who responded so promptly to our request for an annual dues contribution. These funds are literally *vital* to our operation, and are used very carefully to cover direct operating costs, which, as must be evident to everyone, are not decreasing! Were it not for your generosity, we simply could not continue to promote and promulgate the fundamental, life-respecting principles of the Hippocratic Oath. We ask those who have not yet sent something this year to do so as soon as possible, to allow us to plan our year's expenditures. Although we are fully certified by the State of Louisiana as a non-profit corporation, until a final decision regarding 501(c)(3) status is reached, our mailing costs remain at "full-fare." (In this connection, we would again ask all who are able to provide their e-mail addresses to us to do so; these will be kept strictly confidential, and will *not* be shared outside our membership; ditto for other contact information). In regard to that federal non-profit status, as we reported in our last issue, we did receive additional questions from the I.R.S. in late January 2010, then did so again in early February; our own last response was on February 25th. We cannot predict when we will have a final decision, but remain hopeful that it will be soon!

Finally, as Easter approaches, we would like to wish everyone a

Blessed and Holy Easter Season, and a Truly Joyous Easter!

And may those of us who celebrate Passover obtain every blessing of that holy remembrance in equal measure!

W. "Al" Krotoski, M.D., Ph.D., M.P.H. and Francis Rinaudo, Jr., D.D.S.

Health Care Reform Revisited?

Although it was tempting to think of the historic upset election of Scott Brown of Massachusetts to the U.S. Senate to replace Ted Kennedy as at least a temporary end to the Democrat Party's attempt to throw the health care baby out with the bathwater, events since then have clearly shown that it was not a "done deal." This has become even more clear after the Health Care Reform "Summit" convened by President Obama on February 25th! In regard to the latter's impact on the culture of life, the *American Association of Pro-Life Obstetricians and Gynecologists* (AAPLOG) put it thus:

"The current bill [which is promoted by President Obama, House Speaker Pelosi and Senate Majority Leader Reid] contains a pseudo-compromise on abortion funding that violates the principles of the Hyde amendment - the landmark legislation that for 30 years has prevented government funding for private insurance plans that cover abortion. It also calls for \$11 billion for community health centers with no restrictions on funding abortions, mandates so-called "preventative" services for women including abortion, reauthorizes the Indian Health Act without abortion funding restrictions, and creates a national plan run by the Office of Personnel Management to contract with plans that include abortion." **AAPLOG says: "You decide where the truth lies. And make your views known to your congresspersons: Do you want tax funding for abortions?"**

For an additional perspective on health care reform and taxpayer funding of abortion, please see the attached "Call to Action" from the National Committee for a Human Life Amendment, NCHLA (p.5)

From the International Front

In his "Friday Fax" of February 25th, Austin Ruse of the Catholic Family & Human Rights Institute (C-FAM) posted the following brief:

"6,000 Expected at Annual UN Feminist Conference... By Samantha Singson. NEW YORK C-FAM.

Next week, thousands of participants are expected to descend upon the United Nations (UN) headquarters in New York for the annual Commission on the Status of Women (CSW). In anticipation of the meeting, radical feminist groups have been preparing statements and refining messages to push on government delegations at

Inasmuch as promoting abortion is clearly a major international undertaking, at first thought it would seem that there is little that we, as individuals, can do about something of such global proportions. And yet, there *is* something effective that we *can* do – perhaps the most powerful act that we can make. We can sincerely pray for our Creator's mercy!

Louisiana Abortion Statistics Update

Tabulated statistical summaries of abortions done in Louisiana during 2006 and 2007 regarding method of abortion, as sent out with *Resource Roundup* V9N12, provided only data for "All" done by curettage, due to incorrect tabulation reported by DHH suggesting marked increases in use of sharp curettage (as opposed to suction curettage) in Louisiana. After we brought the anomaly to

the meeting. This year's CSW is particularly significant because it marks the fifteenth anniversary of the Beijing Conference on Women. At the original 1995 conference, advocates attempted to establish a "right" to abortion on demand but failed when governments specifically outlined that no new rights – particularly, no new "right" to abortion – were established at Beijing."

the attention of the Louisiana Center for Health Statistics, the data were re-entered, and we currently have that information. However, data for 2007 are not yet complete, and we are awaiting those before sending new tables. Nevertheless, please note that the *totals* provided in the tables we sent you earlier should change very little, if at all.

Vaccines' Origins Disclosure Needed?

In 2006 (V6Nos10-12), we reproduced a table on "*Aborted Fetal Cell Line Products and Ethical Alternatives*," brought to our attention by a **Hippocratic Resource** pediatrician member. The source website (www.cogforlife.org) has posted a November 2009 update that could be useful for some of our other members (access webpage, then click on "Aborted Fetal Vaccines" in left margin). However, with the advent of destructive embryo research involving stem cell 'harvesting,' and the manufacture of animal human hybrids, the issue has become wider. Another **Resource** member, also a pediatrician, discovered important congressional testimony by Theresa Deisher, Ph.D., regarding the need to be vigilant, even in regard to the possibility of human DNA contamination of human-source vaccines contributing to autoimmune disease. Dr. Deisher is president of Sound Choice Pharmaceutical Institute, as well as a cofounder and research & development director for Ave Maria Biotechnology Company, both of which promote pro-life biotechnology. In testimony before a Congressional hearing on health care conscience rights held in September, 2008, Dr. Deisher argued strongly for "Fair Labelling and Informed Consent for our medicines," not only on the basis of possible moral objections to embryo-derived stem

cell products, but also because of the presence of "contaminating DNA from the WI-38 propagation strain [of abortion-derived, fetal diploid cells] in the final product" ... [which could have] ... "the potential ... to be mixed with our own genes by a process called homologous recombination." Dr. Deisher also pointed out that "a new aborted fetal cell line [called PerC6] has been developed, and is being promoted as a possible production cell line for "ALL vaccines, therapeutics antibodies, biologic drugs and gene therapy." Pointing out the development of animal-human hybrid trends, she asked the question, "Wouldn't you want to know if your medicine contained DNA from a human-animal hybrid?" Her concern regarding this type of DNA contamination, even in morally permissible research, was also heard earlier this year: as reported in the Canadian "Life and Family" on-line news outlet, *The Interim*, she criticized the use of lenti-virus grown in aborted fetal cells for induction of pluripotency in adult stem cells (to produce IPCs), saying, simply, "There are other ethical ways to produce the DNA needed for transformation, efficiently and morally." Dr. Deisher's testimony is available on-line at

www.bioethics.gov/transcripts/sept08/deisher_statement.pdf
[paste into browser]

Forthcoming Meeting

**The Center for Bioethics & Human Dignity, in partnership with Nurses Christian Fellowship:
"Beyond Therapy,"**

Trinity International, Deerfield Campus

July 15-17, 2010 (Pre- and Post-conference Institutes, July 12-15 and 19-21, respectively)

www.cbhd.org/conference

Featured Article:

Restorative Reproductive Medicine - Creighton Model Fertility Awareness and NaproTechnology: Two recent studies bolster evidence for ethical women's health care. Rob Chasuk, M.D.

The Creighton Model FertilityCare System is a standardized system of fertility awareness that uses readily observable biological signs that allow a woman to identify the fertile and infertile phases of her cycle, and to monitor her overall reproductive health. The Creighton Model is the basis for the application of this knowledge to medical practice through natural procreative technology or NaProTechnology (NPT).

NPT is a new women's health science that monitors and maintains a woman's reproductive and gynecologic health. It provides medical and surgical treatments that cooperate with and restore a woman's normal physiology. It is used to prevent preterm pregnancy loss and to treat infertility, premenstrual syndrome, polycystic ovarian disease and other women's health problems.

Two studies have recently been published which add to the evidence for both the medical and surgical aspects of NPT.

The first study,¹ *Outcomes from Treatment of Infertility with Natural Procreative Technology in an Irish General Practice* by Stanford, et. al., analyzed the outcomes of 1,239 couples treated for infertility by one practice prior to the availability, in Ireland, of the surgical component of NPT. The cumulative proportion of first live births by life-table analysis was 52.8 per 100 couples. The crude proportion was 25.5. The life-table analysis overestimates, and the crude proportion underestimates the outcome; the real proportion lies somewhere in between. This success was achieved despite the fact that this population, in general, had a poorer prognosis for success; they were older (35.8 years), had a longer duration of attempting to conceive (5.6 years), and had prior treatment with assisted reproductive technology (33%). Additionally, there was only a 4.6% incidence of twin births, and no higher order births.

These results compare very favorably with assisted reproductive technology (in vitro fertilization or ART), which had a live-birth rate *per cycle* of 30.4% for this age group in 2006.² The practice of reporting per-cycle rates greatly overestimates the live birth rate, as many women drop out after a few cycles. Additionally, the percent of twins or higher births was 29.8 % of live births, contributing greatly to newborn morbidity.

It is not widely realized that there is very little evidence that ART is any more successful than the

natural birth rate of untreated subfertile couples. The highly respected Cochrane Collaboration, despite their rigorous search protocol, could find only 4 studies of adequate quality to include in their systematic review. They concluded "Any effect of [ART] relative to expectant management, clomiphene citrate, IUI with or without ovarian stimulation and GIFT, in terms of live-birth rates for couples with unexplained subfertility, remains unknown."³ The studies included are limited by their small sample size, so that even large differences might be hidden. Live-birth rates are seldom reported. Periods of follow up are inadequate and unequal. Adverse effects such as multiple pregnancies and ovarian hyperstimulation syndrome have also not been reported in most studies. Larger trials with adequate power are warranted to establish the effectiveness of IVF in these women. Future trials should not only report rates per woman per couple, but also include adverse effects and costs of the treatments as outcomes. Factors that have a major effect on these outcomes such as fertility treatment, female partner's age, duration of infertility and previous pregnancy history should also be considered."

The second article,⁴ *Near Adhesion-Free Reconstructive Pelvic Surgery: Three Distinct Phases of Progress over 23 Years*, by Thomas Hilgers, M.D., chronicles successive improvements in preventing the formation of adhesions following surgical interventions:

Adhesions, which he notes occur in 55-100% of women as a result of pelvic surgery, are associated with subfertility or infertility, small bowel obstruction, chronic pelvic pain and pain with sexual relations, and difficult reoperative surgery. With increasing utilization of in vitro fertilization, there has been a decreased interest in surgically treating women who have extensive pelvic adhesive disease to restore or maintain their fertility. However, many women consider in vitro techniques to be unethical and immoral. And it should go without saying that any abdominal or pelvic surgical procedure done on women should utilize techniques that ensure that the risk of infertility or other complications from adhesions will be minimized.

Dr. Hilgers describes three consecutive case series from 1987 through 2009, on a total of 95 patients with extensive pelvic adhesive disease, utilizing a well-defined set of progressively improved, comprehensive anti-adhesion surgical techniques. Patients had

laparoscopy prior to open laparotomy, and also had a 2nd look laparoscopy 10 days after surgery, with the intent to resolve any new adhesions and to remove an anti-adhesion ePTFE membrane covering the pelvic organs.

Pretreatment American Fertility Society adhesion scores were the same for all phases, at 33.8. However, the second look laparoscopy adhesion scores done 10 days after surgery decreased from 18.1 in the first series to only 2.5 in the third series.

These techniques included meticulous hemostasis on entry incision; intermittent irrigation; suture selection; micro-cautery a/o CO₂ laser as the cutting instrument; appropriate technique for closing intra-abdominal tissue surfaces; uterine suspension when indicated; meticulous hemostasis at the conclusion of the procedure, with the goal of completely clear irrigation fluid; and closing parietal peritoneal

surfaces. In the second series, in addition to the previous techniques, Ringer's lactate-filled Biogel gloves were used to pack the bowel instead of irritating lap packs, and ePTFE antiadhesion membranes were utilized to drape the pelvic organs. The third series added the use of Coseal^R Surgical Sealant as a spray-on antiadhesive adjuvant.

This report calls into question the generally pessimistic view that adhesions are not preventable, and is a compelling call for more research efforts to be made to reproduce these findings.

References:

1. J Am Board Fam Med 2008; 21:375-384
2. http://www.cdc.gov/ART/ART2006/508PDF/2006ART_Cover-National.pdf
3. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD003357. DOI: 10.1002/14651858.CD003357.pub2
4. Journal Gynecol Surg 2010; 26:31-40

ANNOUNCEMENT

Creighton Model FertilityCare Practitioner Educational Program Phase I Opportunity for Nursing CEU's

You are invited to become a provider of the Creighton Model FertilityCare System! Learn how to provide services that respect the dignity of women and marriage. The education program provides basic and advanced information through an intense immersion course and clinical experience through a supervised practicum. Additionally, the education program is accredited by the American Academy of Fertility Care Professionals (AAFPC) and CEUs are available for nurses. Classes to be held at the Woman's New Life Center in New Orleans May 1-8. Contact Margaret Howard, CFCE, cmhoward12@cox.net or 402-991-3145.