

RESOURCE ROUNDUP

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The Hippocratic Resource

(A Louisiana Organization of Life-Respecting Physicians, Dentists, Nurses, Therapists, Scientists, and Other Health Professionals)

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"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:

HAPPY THANKSGIVING to One and All!

Our Fourth "Gathering," which took place last October 6, was enjoyed by all who attended, and, in terms of direct actions, accomplished everything it set out to do. There was unlimited boiled shrimp, corn, red potatoes, red beans & rice, salad, beverages and other trimmings to enjoy, in an outdoor setting conducive to having a good time. Additionally, an indoor meeting formally ratified the procedures under which we have been operating (see attached Minutes and the ratified Constitution/By-Laws), thus formally establishing a basis for application to the I.R.S. for operation as a tax-exempt organization, either under Section 501(c)(3) or another category. This will permit us formally to accept donations for operating (and other legitimate) expenses that will be tax-exempt both for the donor and for *The Hippocratic Resource*. Still to be accomplished in this respect are formal procurement of a Louisiana Revenue Account Number (applied for) as a public advocacy organization, and approval from the I.R.S. Nevertheless, donations to *The Resource* as a tax-exempt organization could be considered legitimate from 27 months back, and possibly to the beginning of 2005. Assuming an adequate flow of funds (both from inside *The Resource* and without, we would no longer have to rely on the generosity of one or two major (private) underwriters who have provided us with operating capital thus far, and, hopefully, this could allow us to accomplish more in promoting the Hippocratic, ethical basis of Medicine and a culture of life.

W. "Al" Krotoski, M.D. and Francis Rinaudo, D.D.S.

New Officers

Our new Constitution/By-laws having made provision for officers, election was held, with the following results:

President: W. "Al" Krotoski, M.D. Vice-President: Francis Rinaudo, Jr., D.D.S.

Secretary-Treasurer: Steve Gremillion, M.D. Editor: Robert Chasuk, M.D., and Patti

Officers will serve until replaced by formal election in a parliamentary manner, as determined by necessity and/or desire of the membership.

Kudos, also, to (Mrs.) **Joan Dowd, R.N.**, a *Resource* member who has been serving the Baton Rouge area for several decades in a Hippocratically life-respecting capacity as President of Baton Rouge Right to Life, a member chapter of the Louisiana Right to Life Federation. Although unable, at the last minute, to attend the "Gathering," Joan was named "Baton Rouge Champion of Life – Born and Unborn" *in absentia*, and presented with a large, crystallite heart with that inscribed on it. Dr. Eugene Brady later made the actual presentation to Joan.

Death of a Member. May he rest in peace!

On October 27, one of our out-of-state members, Andrew L. Krotoski, D.D.S., who was active in helping spread the Hippocratic culture of life in La Mesa, California, passed away. He remained actively pro-life to his life's end.

Welcome to New Member:

Information deleted to protect promised member privacy

Other Roster Changes:

Information deleted to protect promised member privacy

American College of Obstetricians & Gynecologists Codifies Flight from a Hippocratic Respect for Life.

In an official “ACOG Committee Opinion,” entitled “The Limits of Conscientious Refusal in Reproductive Medicine,” the American College of Obstetricians & Gynecologists (which subtitles itself “Women’s Health Care Physicians”), wanders far from the teaching advocated in the classical textbook, “*Williams’ Obstetrics*” that a physician attending a pregnant woman has two patients. The opinion states that “Although respect for conscience is important ...[c]onscientious refusals [for abortion, etc.] should be accommodated only if the primary duty to the patient can be fulfilled.” Note the singular; the baby is no longer a patient, else how could it be the attending physician’s duty to kill him or her?

The Committee also asserts “Providers with moral or religious objections should ... practice in proximity to individuals who do not share their views” [for referrals]. “In the process of providing prior notice [regarding objection to abortions, etc.], physicians should not use their professional authority to argue or advocate these positions.” “In an emergency in which referral is not possible ... providers have an obligation to provide medically indicated and requested care regardless of the provider’s personal moral objections.” No wonder that there is an American Association of Pro-Life Obstetricians & Gynecologists (AAPLOG)!! (ACOG Committee Opinion No. 385. *Obstet Gynecol* 2007;110:1203-8).

Abortion and Breast Cancer Link

A remarkable article by Patrick S. Carroll, M.A., Director of Research at the Pension and Population Research Institute (PAPRI), London, U.K., makes an important case for the existence of a link between these two entities – to the extent that the data provided can be used to forecast the incidence of breast cancer for England & Wales. All in all, seven reproductive risk factors were examined, and induced abortion was found to be the best predictor for breast cancer. In summary, “In England, a high rate of abortion leads to the large forecast increase. In Scotland, the lower abortion rate, offset by lower fertility than in England, leads to a slightly lower rate of increase expected. In both Irish jurisdictions, a continuation of low abortion rates and comparatively high fertility rates leads to low forecast increases in incidence of breast cancer. In Sweden, a high abortion rate is offset

partly by fewer nulliparous abortions and a high level of fertility and breastfeeding.

The author concludes, “The increase in breast cancer incidence appears to be best explained by an increase in abortion rates, especially nulliparous abortions, and lower fertility. And the social gradient, which is not explained by fertility, seems also attributable circumstantially to abortion. A linear regression model of successive birth cohorts of women with abortion and fertility as explanatory variables fitted to the cancer incidence up to 1977 has produced forecasts that have performed well in the years 1998-2004 in Great Britain. ... The new forecasts for eight countries can be tested in the coming years.” (*Journal of American Physicians and Surgeons* 2007;12:72-78).

State Legislation Restricting Abortion Reduces Incidence of Abortion Among Minors

Between 1990 and 1999, and excluding the federal reporting ‘refusenik’ states of California, Alaska, New Hampshire and Oklahoma, the number of legal abortions declined by 18.4%. Among minors aged 13 to 17, however, the abortion rate fell from 13.5 per 1,000 girls in 1985, to 6.5 per 1,000 in 1999, a reduction of over 50%. Michael J. New, Ph.D., Assistant Professor of Political Science at the University of Alabama, writing for the Heritage Foundation, Washington, D.C., recently analyzed the effect of state legislation on the incidence of abortion among minors. His conclusion:

“The Supreme Court’s *Casey* decision and the electoral success of pro-life candidates at the state level resulted in a dramatic increase in the number of laws enacted to protect the unborn during the 1990s. By the end of the decade, more states had adopted pro-life legislation, including parental involvement requirements. Regression results

from this analysis suggest that parental involvement laws and public funding restrictions are effective in reducing the incidence of abortion among minors. Specifically, the passage of a parental involvement law correlates with a 16 percent decline in the minor abortion rate, and passage of Medicaid funding restrictions correlates with a 23 percent decline in the minor abortion rate. ... The results indicate that enforced laws were significantly more effective than nullified laws in reducing the abortion rate. Moreover, the regression results indicate that parental involvement laws were considerably more effective in reducing the abortion rate for minors than they were for reducing the overall abortion rate.” (Michael J. Day, “*Analyzing the effect of state legislation on the incidence of abortion among minors; a report of the Heritage Center for Data Analysis.*” Washington, DC, February 5, 2007 (CDA07-01).