

Arguing For Myself: Taking the Abstract and Making it Personal

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ABSTRACT: Euthanasia, physician-assisted suicide, and abortion are very personal to patients who experience terminal illness, disability, and miscarriage. *Arguing for Myself* addresses two major issues that arise in the care of these patients. First, dualistic treatment occurs when doctors focus solely on treating the illness and neglect the personhood of the patient. Second, the healthcare industry and our society must move from seeing patients as burdens toward recognizing them as unique and unrepeatable human lives. This essay provides a personal perspective by one who has experienced these deeply impactful life issues. The author testifies against the failure to provide care for human life above all else.

IN THIS PAPER I will consider a number of issues that are part of the pro-life position as they related to my own existence. As we will see, abstract principles can turn out to be very personal.

The culture, the media, and politicians often represent issues such as abortion and euthanasia as “interesting” storylines even while they are attempting to persuade someone to engage the issue from what they consider the “right” position. By considering certain questions that I had to face, what had seemed something quite abstract – death through abortion and euthanasia – became very personal. As defined by *Black’s Law Dictionary* death is “the extinction of life.” Both euthanasia and abortion should give us pause, for they bring about death.

Once diagnosed with cancer, I was faced with the tangible reminder that I will some day meet death. Such a diagnosis can open the door to a medically recommended euthanized extinction. Having also experienced the miscarriage of twins and two medically necessary dilation and curettage surgeries, I suddenly found my mind, body, and spirit confronted with the reality of abortion. Considering the legally and

morally abstract prospect of “death” in my own life imparted a third lens: the personal one.

The conferences of the University Faculty for Life have as their overall title “Life and Learning.” My essay concerns both, but with personal perspective: *Learning through Life*. What is the highest good? I would argue for life. I argue that when presented with this choice, the highest good will be *life*. We need to remembering the person above all.

My Story in Brief: The Personal

I have encountered suffering during the past ten years that I never expected to have, much less before the age of 35. In May 2008 doctors discovered an inoperable tumor in the left frontal lobe of my brain. In May 2009 I joyously delivered a beautiful baby girl. Shortly thereafter, in July 2009, I received a cancer diagnosis through a brain biopsy with the textbook prognosis of three to five years to live. On August 19 of that year, complex partial and simple partial seizures began seriously disrupting my neurological system. I spent the next year and a half undergoing radiation to my brain and chemotherapy. Seizures have continued at a consistent rate since then, with only a rare week or two without a seizure disrupting my body and life. I received anti-epilepsy treatment, which included a variety of pharmaceutical concoctions, EEG testing, and several hospitalizations. My brain is scanned every four to six months to determine if the tumor has begun to grow again. I am grateful to report that the unwelcome cells have not grown since the tumor was first discovered, though the ramifications of a goose egg size tumor and its diagnosis continue.

On November 29, 2013 I discovered that I was pregnant again. My husband and I were overjoyed, despite the onslaught of changes in anti-epileptic medication and proper care for a high-risk pregnancy. Sadly, on January 17, 2014 I experienced another great suffering when I miscarried the twins growing in my womb. Two surgeries later I was back to “normal” life.

The experiences of recent years and the twenty-eight years before the onset of my illness present two issues that brought what had been abstract “life issues” to the personal level. The original care that I received for my tumor and epilepsy came at a large university research hospital. Many doctors looked at my brain with research-based

intentions. I recognize that my medical-care experiences are specific to me, but I believe that as we move toward predominately large-system healthcare the majority of patients will have similar experiences.

Perhaps my personal story can help others to avoid two terminally fatal errors that often occur in the medical industry today. First, doctors tend to be dualistic in diagnosis and care. They see a patient and they see a medical problem. Second, as a result of the first, patient care sometimes treats the person as a burden and sometimes as a person. My own experience in hospitals and clinics leads me to write about the need to work against such dualism in patient care, so as to keep in mind the patient as person.

Doctors tend to be dualistic in the way they provide diagnosis and subsequent treatment. My battle with cancer separated me from the cancer itself in the minds of my neuro-doctors. They saw the cancer as a thing that needed to be diagnosed and destroyed. They saw the epilepsy as a medical outcome that had to be attacked. *Then* they saw me as a woman in her 30s who had little to do with the cancer and the epilepsy. The medical analysis that I received during my pregnancy was similar. The obstetricians addressed Elizabeth, the stay-at-home mom with a *juris doctor* degree. And they assessed a fetus. Both person and fetus were considered separately in the mind of the obstetrician. Consequently, in each area (cancer, epilepsy, and pregnancy) there was a need for a more universal approach to treatment – one that I call a *soulistic* approach.

Second, doctors and others who have interaction with patients (or potential patients) often see a burden presented to them through the patient but fail to see the meaning of that person. My terminal cancer is a burden. My epilepsy and consequent chronic pain and fatigue are a burden. My babies were a burden. I am a burden. This view fails to embrace the meaning of my life and the life of the children growing in my womb. I speak for many around the world who feel that burden and whose meaning is lost in the care they receive.

Eradicating Dualistic Approach to Treatment

My life experiences present two personal issues by which to connect the abstract to the personal. A *soulistic* connection must be made between the patient and medical diagnosis. In the clinical mind of

my doctors, the battle with cancer is distinct from Elizabeth, the person. They address the cancer. They assess the epilepsy with, at times, blatant disregard for me. I am merely the host for these diseases. This dualistic approach also occurs within the sphere of pregnancy. There is Elizabeth and there is a fetus, two separate but unequal entities. Each one is addressed separately in the mind of an OB. A soulistic care plan refuses to turn a blind eye to the person in a way that disregards the person in order to treat the medical abnormality. Therefore, from abstract ideation to personal experience, patients, doctors, and others who are involved must see both the soul and the consequential suffering *together*. They must recognize the suffering of the diagnosis *within* the patient in order to complete the care process. Soulistic care occurs when we see a patient *with* an illness, not patient *and* illness separately. It is critical for full care of the patient.

Miscarriage: My Life or Their Death?

The interrelation between miscarriage and abortion is an excellent example of what is dualistic about the approach taken by my doctors. After I became pregnant, I was asked numerous questions about the high-risk nature of my pregnancy, in large part because of my tumor and my epilepsy. The medications for epilepsy increased the risk for the child to have spina bifida, Down's syndrome, or any of several other nerve and brain-related issues. As a result, numerous tests were offered to determine the child's likelihood of being born with these disorders. My body was considered as if separate from the fetuses, even though they were already growing babies within my womb. This dualistic approach of early fetal diagnostic testing presents women across the globe with options that they would not even consider if the technology and the ability to test at such an early stage of development were not available. My husband and I refused these tests, knowing that there was a child growing in my womb. We did not learn that I was pregnant with twins until I miscarried. We told the doctors that we would not abort or remove the "fetus" or the "product of conception" under any circumstance in which the child was still living.

My neuro-oncologist approached any possibility of pregnancy through a dualistic lens. He stated that my Magnetic Resonance Images would not be as useful to discover blood flow into my tumor if I was

pregnant. If there was any growth in the tumor, the issue would come down to my life or that of the baby. He urged me to look at the “big picture” regarding my health and the health of the child. One year later he simply said: I do not think you should get pregnant. While I understand my doctor’s desire to keep me healthy for as long as possible, he had already presented the issue as if someone would have to die. The dualistic lens became a predisposition to death instead of an openness to life.

Another example of this sort of dualism can be found in the case of Emily Letts,¹ who filmed her own first-trimester abortion at a clinic where she was employed as an “abortion counselor.” The introduction to an online *Cosmopolitan* article states: “The non-graphic video focuses on her face.... The doctor on the other side of a sheet is out of view.”² Even the introduction to the article shows dualism in addressing abortion, for the woman is shown but not the “fetus/product” being aborted. Ms. Letts wanted to focus “on the woman’s experience.”³ Pro-life advocates often do the same, except they focus solely on the dead child. If we are to fully address this death- or-life issue, we must be soulistic. We must see woman *with* child in the loss, whether the loss is a grave tragedy or a grave decision.

Cancer and Epilepsy: A Dualistic Assessment for Death

The abstract also became personal regarding my brain cancer and my seizure disorder. In my life the possible forms of technology that can be used for treatment has been increasing. I have a Grade III Anaplastic Astrocytoma in my left frontal lobe. Someday, if/when my Grade III turns to a vigorous Grade IV Glioblastoma, this dualistic approach to treatment may provide doctors the ethical and legal room to suggest treatment through euthanasia or physician-assisted suicide. In countries like Netherlands, Belgium, and Switzerland, euthanasia is often seen as

¹ Emily Letts, “Emily’s Abortion Video” (Vimeo, 2014), available at: <http://vimeo.com/84797427>

² Emily Letts, “Why I Filmed My Abortion,” *Cosmopolitan* (May 5, 2014), available at: <http://www.cosmopolitan.com/advice/health/whyIfilmedmyabortion> (last visited May 15, 2014).

³ *Ibid.*

a courteous – even kind – way to “treat” terminal illness.⁴ In the Netherlands euthanasia was legalized through a court decision in 1973. The patient could be euthanized “only if unbearable suffering could be alleviated no other way.”⁵ While not constitutionally protected in the United States as a “right to die,” physician-assisted suicide is now legal in Oregon, Washington State, and Vermont, and it continues to be debated in various State legislatures.⁶ Doctors are separating their patients from the terminal cancer as a way to treat the problem by means of the death of the patient. They address life only through the lens of inevitable death: “You are going to die because of this disease, why not just die now?”⁷ Euthanasia and physician-assisted suicide are easy outs for doctors in dualistic care, but this route avoids dealing with the patient who has an illness by destroying the patient.

As I look toward that day when I start to seize multiple times (a phase with which I have already struggled), when I live with a required pharmaceutical regimen of great complexity, when I need a feeding tube to eat for fear of choking, and when I need multiple trips a week to the hospital for chemotherapy, death will be hard to deny. But I do not wish to hear the words from my doctors that euthanasia or physician-assisted suicide is best for “all involved,” thereby denying altogether a consideration of my life as a part of the analysis. I do not want to live with the notion that through a dualistic mindset I am only my treatment on the way to death. At that time, I do not want to feel like many people in the Netherlands who “fear being killed by their doctors without their consent.”⁸ Frankly, I do not want to be killed by my doctors *with* my consent. Who am I to choose the time of my death when the Lord

⁴ J. Pereira, “Legalizing Euthanasia or Assisted Suicide: The Illusion of Safeguards and Controls,” *Current Oncology* 1/2 (2011): e38.

⁵ Wesley J. Smith, “Medicinal Murder,” *First Things* (May 2013) at pp. 39, 41.

⁶ Or. Rev. Stat. § 127.865; Wash. Rev. Code § 70.245 (2009); Vt. Stat. Ann. tit. 18 § 113 (2013); Mont. HB 505 avail. at http://leg.mt.gov/bills/2013/hb0599/HB0505_1.pdf.

⁷ J. Budziszewski, *What We Can't Not Know* (Dallas TX: Spence, 2003), p. 214.

⁸ Pereira, *supra* at e40.

Almighty is the Author of my life? I prefer to let God be God and wear His sovereign robes like doctor's scrubs.

In conjunction with the cancer I have an ongoing struggle with epilepsy. Several neurologists have taken an extremely dualistic approach when treating me for this tumor-related disorder. It may be part of the training given in medical school that one should distance oneself from the patient, but it is also important to keep in mind that care for the patient is the purpose of the doctor's role. My seizures have had a deep impact on my daily life. Over the past four years I have had five neurologists prescribe a myriad of anti-convulsant drug cocktails in an effort to control these seizures. In February of 2011 I began a course of the anti-epileptic drug Vimpat. Just a couple of months later I was struggling with depression, deep mood swings, and intense suicidal thoughts that gave me a great desire to jump off the back deck of my house. I felt isolated and alone. The main thing that kept me from that terrible leap was the thought of my daughter. At the end of May I broke down and told my doctor that the Vimpat, though helpful with my seizures, was ruining my life. I wanted to die. And so, another medication regimen was attempted. New side effects ensued. My current neurologist has informed me that the Topamax that I was on was a downer (a sedative of sorts) and that he was going to put me on Tegretol, an anti-epileptic and a mood lifter. Within just a few weeks my mood changed and I was feeling more like myself again. My previous neurologists failed to truly see the pharmaceutical impact on my psychological and spiritual disposition. Rather, they saw certain symptoms and prescribed a drug that could alleviate them. This drug-induced effect on my psychological condition could have pushed me to pursue euthanasia or physician-assisted suicide in other countries.

The law regarding euthanasia in the Netherlands "requires only that a person be 'suffering hopelessly and unbearably.'" In Dutch law "suffering" pertains to both the physical and the psychological, and thus includes the depression and physical ailments of my condition. I truly hate the seizures that I experience and the impact that they have on my daily life. A Dutch doctor who looked at my condition (a terminal cancer patient in her early thirties, medically refractory seizures resulting in chronic pain and fatigue), would find that my condition fulfills the definition of "suffering" required for euthanasia. Even in

Oregon, many doctors and family members of those “suffering” and wishing to die “generally do not believe that depression influences the choice for hastened death.”⁹ This is astonishing. Applying an abstract understanding of “depression” in these countries to my personal case would change everything. In the Netherlands, if I would not have told my doctor to take me off the Vimpat, there is a great chance that I would not have survived to write this essay. In my view, such doctors and family members are “dualistically” myopic in their assessment. They see a patient suffering but at the same time they see symptoms and prescribe drugs to treat those symptoms, even if the drugs can lead to another layer of suffering on account of the pharmaceutical effects. These people fail to see the *patient suffering through the diagnosis* and therefore find no alternative to death.¹⁰ Conversely, I see life in my suffering, and what I call a soulistic approach to care would do the same.

During the third year of my struggle with complex partial and complex simple seizures, the neurologist suggested that I meet with a neurosurgeon to discuss epilepsy surgery. A baseline outlook to treatment in conjunction with a dualistic approach led my neurologist to suggest a viscerally intense strategy for cure. He determined my epilepsy to be medically refractory, that is, untreatable by any anti-epilepsy medication available, and he believed that surgery was the only remaining option. Separating me from my disorder, the doctors wanted to do several invasive tests and then cut into my brain with the frail hope that it might reduce my seizures.

The doctors knew that my brain tumor was the likely cause of my seizures and that the tumor was precariously close to my centers for speech and language functions as well as for motor function on my right side. To take this surgical step could have been disastrous but they wanted to give it a try. Again, a certain dualism is present here: the doctors, while recognizing the risk to my brain functions, were unwilling to connect that risk with *me* as a person. The doctors focused on my

⁹ Ibid. at e41.

¹⁰ See also issues such as infanticide and elder abuse, which fail to see patients with illnesses instead addressing only what is seen as unbearable suffering or the unlikelihood of a normal life as a necessary reason for euthanasia or physician-assisted suicide.

symptoms and failed to modify the course that they recommended to include *me*. A soulistic approach would see a highly successful, young mother with a longing to live life to the fullest, regardless of the difficult seizures. They would have recognized the importance of this connection and attempted other medical options so as to avoid the lifestyle disaster of a high-risk surgery.

My life is not limited to intermittent seizures. My life includes volunteering, raising my daughter, loving my God and my husband, and caring for others. Interestingly, this particular neurologist always asked me about my daughter at my appointments. But in his fervent desire to fix the epilepsy problem, he forgot or somehow failed to envision a treatment plan that tried to maintain my own life with my family, my little girl, and my husband. *A soulistic approach to care remembers the embodied soul as it considers how to care for the patient's health.* A surgery that potentially takes away my ability to read to my daughter takes away the joy and purpose in my life. Soulistic care sees my need for this as a part of who I must be, and then challenges me to see that good. I am able to read to my daughter. My life has a purpose that risky surgery to my brain must not deny to me as a person.

Thankfully, unlike the neurosurgeon and neurologist, my neuro-oncologist was adamantly against the surgery. He emphasized the high risk and indicated that surgery was the least predictable option in terms of outcome. My family and I decided not to move forward with the procedure. Two years later, a new neurologist informed me of a less invasive procedure that could have positive results in seizure reduction without requiring brain surgery. He stated, in no uncertain terms, that brain surgery was unnecessary. He also suggested several other promising medications available. Thankfully, I did not have the surgery. This new neurologist is treating me with eyes wide open, and thereby connecting me as a person *with* my diagnosis as an epileptic.

The predominant difference between a dualistic approach and a soulistic one can be distinguished by contrasted the word “and” to the word “with.” Dualism treats patient *and* illness while failing to see the two intertwined. Dualism assesses pregnancy as patient *and* fetus, while failing to see the two lives live as one for nine months from the instant of the new life's creation. Conversely, a soulistic approach treats patient *with* cancer and a patient *with* a child. Notice the difference in the

language: calling a child “a fetus” automatically creates the dualistic approach. The differences here may seem minor, but they are crucial in regard to care and to life. Even holistic doctors who look at the whole person during treatment can inadvertently still fall into the dualistic trap. Failing to see an individual *with* an illness or a child risks depriving the patient (and the child) of a life with intention and meaning. It tends to see two entities, separate and distinct. Doctors, patients, and their supporters must see the soul as well as the complex person’s life, including deeply complex health issues, and avoid dualism by embracing the person through soulistic treatment.

Burden or Meaning: Life as Nothing or Life as Unique and Unrepeatable

A second area where we must make the abstract personal is the issue of whether a life is regarded as a “burden” or whether a person has “meaning” regardless of circumstance. In my judgment researchers, writers, and other professionals need to recognize that meaning trumps burden in regard to the issues of life. Put simply, many assess me as a burden because of my cancer and epilepsy. My usefulness to society could be negated by this burden. Nonetheless, my life has a deeper meaning that no one can deny me. By walking in my footsteps for a brief moment, one can see how millions of people around the world suffer. I speak for those who are not able to speak. Perhaps they are not educated or do not have the needed resources to step forward and say “I am meaningful, my life means more than the burdens that I may place on society.” The *Compendium of the Social Doctrine of the Church* articulates this position astutely: “[T]he human person, must always be understood in his *unrepeatable and inviolable uniqueness*.... The primary commitment of each person towards others, and particularly of these same institutions (political and social), *must be for the promotion and integral development of the person.*”¹¹

Euthanasia/Physician Assisted Suicide: Life as Meaningless

The issues of euthanasia and physician-assisted suicide highlight

¹¹ Pontifical Council for Justice and Peace, *Compendium of Social Justice of the Church* (Vatican City: Libreria Editrice Vatican, 2004), p. 58 (emphasis mine).

the stark contrast between seeing a patient as a burden and a patient as a person with meaning. In the Netherlands a request for euthanasia by the patient “must be voluntary, well-considered, repeated, and not the result of any external pressure.”¹² Yet this criteria fails to consider the person, even amid deepest suffering, as “unique and unrepeatable,” as having meaning. The procedural requirements could be seen as a form of “external pressure,” encouraging suffering patients to choose euthanasia over life. A person who sees the procedural check-list may easily imagine the burden that he is placing on society, the family, and the medical community. A consultant in the Netherlands assessing the “legitimacy” of euthanasia in a particular case must determine if the patient’s “suffering is constant, unbearable, and without prospect of improvement.”¹³ When enduring long stretches of daily seizures I certainly feel that my suffering is constant and unbearable. A further determination that my suffering is without prospect of improvement (as previously diagnosed by one neurologist) would instantly turn my thoughts toward other things: those who care for me every day, the medical costs that my family must bear, and the costs to society as a whole. Many individuals are needed to get me to my medical appointments and social events. My daughter will never have a mom who can drive her where she needs to go. As a five-year-old, she had to take on the intense burden of watching her mommy suffer seizures throughout the day. As a licensed attorney who cannot work, I burden my family with school loan debt but cannot assist in paying it back. My parents have left their home to live near me and changed their whole lifestyle because my suffering is “without prospect of improvement.” This procedural requirement could easily lead both patient and consultant to conclude that death is the best option. My meaning in life as a unique and unrepeatable person could easily turn into a checklist for death.

¹² Yanna Van Wesemael, Joachim Cohen, Bregje D. Onwuteaka Philpsen, Johan Bilsen, and Lu Deliens, “Establishing Specialized Health Services for Professional Consultation in Euthanasia: Experiences in the Netherlands and Belgium,” *BMC Health Services Research* (December 4, 2009), (Last visited April 17, 2014).

¹³ *Ibid.*

The “right to die” promoters of euthanasia and physician-assisted suicide further this polarization between a patient’s usefulness and the meaning of a patient’s life. The Royal Dutch Medical Association, e.g., stated in 2006 that “‘being over the age of 70 and tired of living’” was a sufficient reason for a euthanasia request.¹⁴ A recent discussion of legalization in the British Parliament also shows how euthanasia affects the elderly and disabled.¹⁵ Baroness Campbell of Surbiton, a woman with a degenerative illness, argued before the House of Lords that the legalization of euthanasia during difficult economic times would create a “serious hardening of attitudes towards the vulnerable members of society.”¹⁶ She stated that “words such as ‘burden,’ ‘scrounger,’ and ‘demographic time bomb’ come to mind, and hate crime figures in relation to people have increased dramatically.”¹⁷ Her concern, in part, was that legalizing euthanasia or physician-assisted suicide would be dangerous for those who already see their health situation as a burden and believe that their death would benefit those around them.

When one’s family, one’s doctor, and one’s society see a patient as a burden, it will be excruciatingly difficult for the patient to avoid adopting the same view. Over the years of my illness I have often felt like a large weight on the backs of my family and friends, as well as on the healthcare community and society. Currently the American Medical Association states in its code of medical ethics that “permitting physicians to engage in euthanasia (or participate in assisted suicide) would cause more harm than good.”¹⁸ But in America today the growing cultural acceptance of euthanasia and physician-assisted suicide may lead to an eventual change in this official position. One need only look to the American Psychiatric Association’s DSM-V for confirmation of this hypothesis.¹⁹ On YouTube there are approximately 2,000 videos

¹⁴ Pereira, *supra* at e41.

¹⁵ John Bingham, “Recession Has Heightened Euthanasia ‘Danger’ to Disabled and Elderly, Claims Peer,” *The Telegraph* (March 7, 2014).

¹⁶ *Ibid.*

¹⁷ *Ibid.*

¹⁸ American Medical Association, *AMA Code of Ethics*, Opinion 2.21 and 2.211 (2014).

¹⁹ See generally American Psychiatric Association, *Diagnostic and*

related to physician-assisted suicide and over 3,500 that pertain to euthanasia in the United States.²⁰ When doctors in other Western countries express concern that a patient's burden on the healthcare system "may prompt them to consider euthanasia for some of their patients," the future prospect of allowing euthanasia is very grim indeed.²¹ When Belgian doctors state that such a patient has "no prospect of a *meaningful recovery*," these patients may forget that they are unique and unrepeatable and may begin to see their lives as meaningless as well.²²

In a May 2011 journal entry (approximately one and a half years after my seizures began) I wrote: "I am struggling with the concept that this is an ongoing battle within my body, one that I must remember, I cannot control. My doctor gave me the option to start another anti-seizure medication.... And so, here it goes: anti-seizure med number four. We start tonight. I'm tired already. But God keeps me safe. My body feels broken..., as if hit by a Mack truck." I am not simply a burden. My life has meaning. It is meaningful despite intense suffering, uncertainty, and a total lack of control. Where will this "burden" approach end? Will we move toward a society fully accepting of euthanasia and physician-assisted suicide without the patient's consent? The discussion and acceptance of these "practices" is already occurring among doctors in Western Europe regarding infants, young children and the elderly. Here in the United States, my 84-year-old grandfather has carpal tunnel syndrome. He already sees the government pushing him toward feeling "no longer useful." Grandpa can still ride his Harley-Davidson, and he enjoys reeling in a fish and taking his granddaughter out for breakfast. It is hard to say that his life no longer has meaning, especially to the man himself. I love to cook a great meal, walk the dog, enjoy coloring with my daughter, and having late night

Statistical Manual of Mental Disorders V.

²⁰ These videos are available to search at www.youtube.com. They include examples of pro-euthanasia and physician-assisted suicide in videogames and at top tier universities.

²¹ Periera *supra* at e42.

²² Wesley J. Smith, "Belgian Docs Give Selves OK to Kill ICU Patients," *National Review Online* (April 9, 2014).

talks with my husband. Suffering does not refute meaning. It does not make me a burden.

Seeing a Fetus as a Burden vs. Seeing a Child as a Meaning-Filled Life

On Nov. 29, 2013, one day after Thanksgiving, I discovered that I was pregnant. What an extraordinary discovery for a woman who just five years before was in a battle for her own life, struggling through radiation to her brain and a full year of chemotherapy. My neuro-oncologist told me at the beginning of chemo that there was a 50/50 chance of pregnancy post chemotherapy. The intense treatment was likely to attack my remaining eggs, leaving me infertile. And so this discovery of new life was wondrous. My husband and I decided just months earlier to leave the possibility of conception fully in God's hands. We trusted Him with my life. It was a step of faith to recognize His sovereignty in *all* things, including the possibility of another baby. He urged us on, and we submitted. It was a joy that new life had begun to grow inside of me. Six weeks into pregnancy a very excited obstetrician took a fuzzy look at my womb and we saw a rapid heartbeat. What a joy!

Two months later the ultrasound looked drastically different. No heartbeat, no movement, and the discovery of *two* tiny, underdeveloped babies – not one but two children. God is marvelously meaningful, even at the worst of times. On the morning of January 17, 2014 my bleeding increased and the pain in my lower back and hips was extraordinary. When I called the obstetric clinic, the doctor told me that I was most likely in the early stages of miscarriage. She asked if I would come into the hospital for a vacuum and curettage. In fact, she had already scheduled the procedure, based on the information that she had received from the nurses and me. I found this perplexing. My husband and I spoke at length about this medical advice and its ramifications. We determined, with prayer and open hearts, that we did not want the vacuum and curettage if there was any hope that there was any viability for one if not both of the twins. We did not want to take meaningful life, even if it cost me great suffering. At two o'clock in the afternoon blood flowed from me and I began the first two hours of loss.

In Romans 8:28 Paul states: "We know that all things work together for good to them that love God, to them who are the called according to his purpose." During my miscarriage I would indeed see some good

coming out of the experience. Over the course of my life, many of my close friends have had abortions. I began to grasp their experience in a way that I could never understand before.

My arrival in the hospital at about five p.m. that evening furthered my understanding. As I completed another ultrasound, I heard someone say that I needed a dilation and curettage to finish the process that my own body had started. A “D & C” was a term that I had only ever associated with abortion, never anticipating that I would experience this kind of surgery myself. At 10:30 p.m. I entered the operating room, attempting some humor and stating that the room was so cold and bright. I wondered how someone could go through this experience without emotion, without grief, without disappointment. I quickly drifted off into an anesthesia-induced sleep, only to wake up later to strange faces and coldness. We left the hospital just before midnight.

Ultimately, I knew that hope for life was always our “choice.” It is odd to use a word that abortion advocates claim as their own. My husband and I chose to walk this pathway of suffering and loss, beginning at home, with the surety that this was the path that God willed for our lives and for the lives of the twins inside of me. We wanted to know that we would not lose the gift of life by taking all possibility away, especially on the recommendation of a doctor whom I had never met. Our twins had great meaning.

Using the rhetorical language of Planned Parenthood, a woman facing an abortion can decide to abort at home and avoid what some perceive as the harder decision for surgery. I experienced the physiological process of both. Planned Parenthood states online that an at-home abortion feels much like an early pregnancy miscarriage.²³ The fetus is removed under the guise of an “unfortunate circumstance,” similar to my own, while denying the required “choice” in the matter. The fetus, which is seen as a burden, is removed through the mistaken belief that some meaning was there but is there no longer. This provides Planned Parenthood the opportunity to *recognize meaning* in the child while definitively *removing the fetus as a burden*. Again we can see this

²³ Planned Parenthood, “The Abortion Pill (Medication Abortion),” http://www.plannedparenthood.org/healthtopics/abortion/abortion_pill_medication_abortion_4354.asp (last visited April 13, 2014).

perspective through Ms. Letts's abortion story. She states that, for her, the short dilation and curettage "was as birth-like as it could be."²⁴ She discussed a comment on her Facebook page from a woman who recently miscarried and who said that she appreciated the video that Ms. Letts had made. The comparison of a chosen abortion to a miscarriage followed by a dilation and curettage is astounding. Much like Planned Parenthood, Ms. Letts conflates the two processes: abortion and miscarriage. She wanted her abortion to be "as birthlike" as possible while failing to see the true meaning of the life lost.²⁵ She does, however, discuss the importance of the sonogram picture to her and says that she is happy that she can "make a baby. I can make life."²⁶

Personally, I had to experience the loss at home and in the hospital. Both forms of loss occurred to me. The two hours that I spent on the toilet losing my children must be physiologically much the same as someone who decides to take Mifepristone or RU-486. The abortion pill basically gives a woman the "choice" to remove the fetus from her womb in the same way that I lost my twins. Planned Parenthood describes it this way:

You take the second medicine, misoprostol, 24-48 hours later, usually at home. This medicine causes cramping and bleeding to empty the uterus. It's kind of like having a really heavy, crampy period, and the process is very similar to an early miscarriage.²⁷

Planned Parenthood previously stated, almost nonchalantly: "You may feel more at ease if you have a trusted loved one with you during the abortion."²⁸ I question this advice, for Planned Parenthood calls a baby

²⁴ Letts, *Cosmopolitan*, supra.

²⁵ Letts, *My Abortion Video*. For example, Ms. Letts is seen holding hands with two individuals and humming and breathing steadily through her abortion, which took place under local anesthesia.

²⁶ Ibid.

²⁷ Planned Parenthood, "The Abortion Pill (Medication Abortion)" available at <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill> (last visited April 17, 2017).

²⁸ Planned Parenthood, "The Abortion Pill (Medication Abortion)," http://www.plannedparenthood.org/healthtopics/abortion/abortion_pill_medication

a fetus and then encourages women to remove the “fetus” in a way that resembles a miscarriage. The advice encourages the denial of the meaning both of the child and of the woman carrying the child. While I was blessed to have my mother and husband with me during my miscarriage, I imagine that this scenario is not the same for women who are grieved by their abortion choice. In fact, Planned Parenthood has a talk-line “that provides confidential and non-judgmental emotional support, information and resources for women who have abortions.”²⁹ I began to wonder, through all my pain, about my friends and whether during their “stay at home abortion” they had anyone with them.

Women all around the world claim “choice” to be superior and more valuable to them than life: literally and figuratively, a decision for *burden over meaning*. My husband and I chose life over choice, a decision that put meaning over burden. The burden of twins to an epileptic woman would be enormous, both to herself and to those who care for her and the children. While we lost our two children, we trusted in the Lord’s will for their lives. Throughout this process I began to see my new connection to women who abort their children. My pastor once said: “The most profound connections are often from our place of brokenness.” Again, Paul’s words cross my mind, “*All things God works for the good of those who love Him.*”³⁰

A little over one month later my obstetrician informed me that a hysteroscopy dilation and curettage was required because she was unable to remove the entire “product” during my first surgery. I had another dilation and curettage – it seemed like another abortion – and my heart ached. The second surgery was more difficult on my soul, and I awoke from anesthesia with tears streaming down my face and a request for my Bible. I read Isaiah 40:31 through teary eyes and a foggy brain: “But those who hope in the LORD will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.”

I am reminded of a call that I received years before from two close friends. Even knowing my pro-life position, they decided to call me and

abortion 4354.asp (last visited April 13, 2014).

²⁹ Ibid.

³⁰ Romans 8:28 (NIV).

inform me that both were pregnant and that abortion was their “choice.” I was 1,200 miles away from them, walking in the fresh air of the Colorado Rockies. I felt helpless about changing their minds on the subject, except to say that there was another way and that they should think twice about the matter. Ultimately, I loved them and wanted to care for them. I knew that these two friends were unique and unrepeatable, regardless of the fatal decisions that they had taken. Abortion was their “choice.” For me, the loss of twins was not an abortive decision but death-filled devastation. They saw their fetuses as burdens. I saw my twins as two lives with incredible meaning. My life may be very difficult, but I saw past myself, to see the meaning in life given. Ms. Letts states in her abortion video: “I knew that what I was going to do was right, because it was right for me and no one else.”³¹ Ten years later, I physiologically experienced both forms of abortion. Extreme loss in the privacy of my bathroom and two abortive surgeries. Never in my wildest nightmares did I imagine that either one would occur to me. All these children – these beautiful faces – were “unique and unrepeatable.”³² These were creations that the Lord “knit together in [their] mother’s womb,”³³ and He called them home as well, in similar ways but through very different mindsets.

A Personal Conclusion

In my journal entry from May 2011 I wrote: “God is good. God planned the safety and the protection and the path, literally...I do believe he could have prevented the seizure. But perhaps there is a greater plan and purpose there.”

The soulistic approach to treatment is one that provides a better view than the dualistic standard and avoids the tension between burden and meaning. Looking back on God’s providence, it is difficult to see how euthanasia or abortion could possibly be justified. It is my hope that this account of my life brings you into the personal by providing a glimpse of my suffering and my medical care. Other individuals throughout history provide similar glimpses of the losses suffered when

³¹ Letts, *My Abortion Video*.

³² *Compendium* at p. 58.

³³ Psalm 139:13 (NIV).

abortion and euthanasia are seen through the dualistic lens as treatments for problems in a life without meaning. John Cougar Mellencamp was born with a mild case of spina bifida. Can you imagine rock'n'roll without his talent? As a great lover of classic rock, his music has "treated" my sorrow many times. Hearing "Jack and Diane" and a great rock'n'roll guitar solo always lifts my spirit. I am reminded of Lou Gehrig's impact on America's favorite pastime every spring season. Vincent Van Gogh spent the last year of his life at the Clinique Saint-Paul-deMausole just outside of Saint Remy De-Provence, France. In that psychiatric asylum he suffered and completed the great works that inspire and calm the spirit today. These works included *Iris*es and *Starry Night*.³⁴ Martin Luther and St. Paul were depressed most of their lives, but where would the church be without these great men of God?

Today abortion, euthanasia, and physician-assisted suicide would presumably be regarded as viable solutions for their suffering and for the burdens that they would be. Yet, what we have gained from the meaning of their lives is immeasurable.

I shudder at the thought of someone aborting my viable children or euthanizing me, with or without consent, even during my darkest hour. The loss of these great artists and thinkers gives me the same feeling of sadness. Ms. Letts's story brings me sorrow for her and for her child, as well as for the thousands of people whom she influenced through her choice. We are souls and should be treated as though our illnesses and our children are parts of our unique lives. We are individuals, unique and unrepeatable, made in the *Imago Dei*, with a meaning, not as burdens made only for utilitarian purpose.

Doctors, philosophers, politicians, families, and many others need to learn to recognize the importance of soulistic treatment that includes affirmation of the meaning of each individual person in the context of their sufferings.

³⁴ Vicki Archer, *My French Life* (New York NY: Penguin Books, 2006), p. 19.