Medicine

Abortion and Mental Health Risk

It has always seemed obvious to me that women who have had abortions are at risk for subsequent emotional distress. The literature has often presented contradictory results. I was interested to see that a quantitative synthesis of multiple studies was performed to better elucidate the connection between abortion and mental health. The *British Journal of Psychiatry* published an article that reviewed a sample of twenty-two studies that met their inclusion criteria (P. K. Coleman, "Abortion and Mental Health: Quantitative Synthesis and Analysis of Research Published 1995–2009, September 9, 2011"). Among 877,181 participants, 163,831 had experienced a procured abortion. Appropriate statistical methods revealed that women who had undergone abortion experienced an 81 percent increased risk of mental health problems, with nearly 10 percent of the incidence directly related to the abortion. The greatest contrast was between abortive mothers and mothers who allowed their pregnancy to come to term. These outcome differences were found in a number of areas, including substance abuse and suicidal behavior. Of course, one can always postulate that underlying mental illness precedes an abortive act. The reality of a home and cultural environment that devalues human life and no longer treasures self-sacrifice must lead to emptiness and psychological distress. A study of the long-term mental health of abortion providers and those who assist them would also be informative. For the comparison group, I would suggest a cohort of age- and gender-matched volunteers in pro-life activities.

Risks of Oral Contraceptives

Arguments in favor of oral contraceptives include the claim that contraceptives reduce risk of ovarian cancer. Now similar arguments may be made for intrauterine devices (IUDs). The October 2011 issue of *Lancet Oncology* presented a study by Xavier Castellsagué and colleagues that looked at IUD use and the risk for cervical cancer ("Intrauterine Device Use, Cervical Infection with Human Papillomavirus,

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and Risk of Cervical Cancer: A Pooled Analysis of 26 Epidemiological Studies"). For decades, it was thought that IUDs were associated with an increased risk of cervical cancer. However, this epidemiologic study of nearly twenty thousand women found that, compared with nonusers, they had a 45 percent reduced rate of cervical cancer. For IUD users, both squamous cell carcinoma and adenocarcinoma occurrence rates were reduced. Interestingly, if human papillomavirus was present in these patients, there was no longer an associated benefit from IUD use. A plausible biological theory for these findings is that a minor noninfectious inflammatory response to the device creates a change in the local immune environment that reduces the transformation of cells into a cancerous cell line.

One would not be surprised to learn the study was funded by the Bill and Melinda Gates Foundation. This foundation strongly promotes worldwide contraceptive practices. There is absolutely no appreciation of the biological mechanism of action of an IUD, which is essentially that of an abortifacient. Many in the scientific community are morally blind to the profound negative effects these contraceptive methods have on relationships and most importantly on their connection to the ultimate destruction of nascent human life. There is no theoretical or proven association between the intrinsically evil contraceptive act and a human benefit, even including a reduction of cancer, which can justify the use of an IUD.

Homosexuality and Blood Donation

The September 7, 2011, issue of *BMJ* published an article titled, "Views and Experiences of Men Who Have Sex with Men on the Ban on Blood Donation," by Pippa Grenfell and colleagues. Of 32,373 men in the general British population reporting same-sex genital relations, 1,028 completed this cross-sectional survey. It must be noted that previous guidelines in Great Britain excluded men from donating blood if at any time in their lives they had had genital relations with other men. The authors' main goal was to establish the compliance rate for the country's blood services' recommendations and exclusion criteria. They discovered that 10.6 percent of men with risk factors that prohibit donation reported having donated blood while, in fact, being ineligible to do so, and 2.5 percent of those men reported donating blood in the previous twelve months. Multiple reasons for noncompliance were identified, including confidentiality concerns, a discounting of known risk behavior, belief that blood screening was a sufficient protection, and objection to the rule as a form of discrimination. The authors suggested that a limited one-year exclusion rule might be more rational and more acceptable to the sexually active members of the homosexual community. In the same issue of the journal, it was announced that the ban in Great Britain was lifted as of November 7, 2011, thus allowing men who abstained from anal and oral sexual contact with other men for twelve months prior to donation to proceed with the donation process. Monogamous long-term homosexual partners remained ineligible to donate blood if they remained sexually active.

On a risk-assessment basis, it may be arguable that the criteria for blood donation should be relaxed, but one has to wonder if the United Kingdom's blood services are bowing to gay rights activism on this matter. Perhaps in Great Britain the need for blood donation is very high. The American Red Cross eligibility guidelines recommend "lifetime deferral for men who have sex with other men," although efforts

are being made to change this to a twelve-month deferral like that in Great Britain. I am skeptical of the new approach, given the small yet substantial percentage of respondents who withheld the truth about their risk profile. It only takes one bad apple to ruin the bushel. No one wants to receive tainted blood. In the life-or-death situation of blood donation, honesty is not optional.

Physician Care in the United States

The September 26, 2011, issue of the *Archives of Internal Medicine* released a study titled "Too Little? Too Much? Primary Care Physicians' Views on US Health Care: A Brief Report," which confirms something I have known for some time, namely, that there is a disconnect between physicians' medical decision making and their habits. Brenda Sirovich and her colleagues questioned 627 family practice and internal medicine clinicians about their opinion on the necessity of health care currently provided in the United States. The 627 responders represented 70 percent of those who were initially asked to participate in the study—a rather robust response rate, perhaps suggesting a high degree of physician interest in the survey. The results were provocative: 42 percent of primary care physicians believe patients in their own practices are receiving too much care, and only 6 percent believe their patients are receiving too little. A majority (76 percent) expressed the idea that over-utilization was due to malpractice concerns; 52 percent thought it was due to clinical performance measures. Financial incentives were felt also to be a significant cause of too much care—especially among medical subspecialties. Examples included unnecessary cardiac stress testing ordered by cardiologists and screening colonoscopies done too frequently by gastroenterologists. Almost universally (95 percent), doctors recognized the variability in care, including variability in their own practices. What is one to make of all of this? Is there a Christian ethic that applies here? Perhaps the principle of subsidiarity should be a guide to health care now and in the future. Creating an environment that allows physicians to focus on the singular good of the health of patients, unencumbered by a bloated bureaucratic health care system or litigious culture, would be the most beneficial act of a benevolent government interested in the common good.

Dietary Supplements and Mortality Rates

Not every good idea proves to be effective. The over-the-counter use of vitamins and supplements seems to have grown exponentially in the last several decades. Now there is a cautionary note. The October 10, 2011, issue of *Archives of Internal Medicine* reported findings of the Iowa Women's Health Study, titled "Dietary Supplements and Mortality Rates in Older Women" (J. Mursu et al.). In this investigation of 38,722 women with a mean age of 61.6 years at the inception of the study in 1986, self-reported use of supplements was analyzed over several periods of time and associated with certain endpoints in care. The use of multivitamins, vitamin B_6, folic acid, iron, magnesium, zinc, and copper were associated with an increased total mortality rate. On a happier note, calcium supplementation was associated with a decreased risk of mortality, although other studies have suggested otherwise. Although the absolute risk increase was small, in the 2 to 4 percent range, the findings are clearly thought-provoking and cautionary. Are those who take supplements trying to reduce symptoms that herald a serious disease? Do the actual supplements adversely affect

metabolism? More study is warranted. On a philosophical note, I wish our society, as it consumes the latest "cultural" supplement, like contraception, would look more prudently at the long-term consequences of "routine" use.

Human Papillomavirus and Throat Cancer

In my ongoing review of the medical literature related to chastity and health, I was interested to find another research study that directly destroys any possibility that a "hook-up" culture can exist as either morally neutral or risk free. The November 10, 2011, issue of the *Journal of Clinical Oncology* reported that oral sex may be a more dominant risk factor for throat cancer in men than other well-known factors such as tobacco and alcohol abuse (A. K. Chaturvedi et al., "Human Papillomavirus and Rising Oropharyngeal Cancer Incidence in the United States"). Two hundred and seventy-one throat tumor samples collected over twenty years were analyzed for the presence of human papillomavirus and showed an increased incidence of the virus, from 16 percent in 1984 to 72 percent by 2004. The research suggests that by 2020, the incidence of virus-related throat cancer will surpass that of cervical cancer in woman. It is well known that cervical cancer in woman is associated with human papillomavirus virus. Of course, this will serve as a reason to promote a human papillomavirus vaccine for young boys. No doubt, further recommendations will be forthcoming, and the authors have made the case for vaccine intervention. I have heard little about this risk in the most common venues of sexual education. A contraceptive pill or condom will not protect a young person from a potentially fatal disease years after a detached and transient sexual relationship occurred. Only chastity is protective.

Unemployment and Child Abuse

A Christian's moral call is to protect and provide for the vulnerable. In an ever more complex and valueless society, parents especially are called to prevent harm to their children to the best of their ability. It is distressing to learn about an association between unemployment and child abuse. The October 2011 issue of *Pediatrics* published an article titled "Abusive Head Trauma during a Time of Increased Unemployment: A Multicenter Analysis" by Rachel Berger and colleagues. Clinical data concerning abusive head injury were examined between January 1, 2004, and June 30, 2009. The data were confined to children under five years of age who had cases of head trauma confirmed by a child protection team. An increase in cases was associated with the national recession starting in December 2007. Throughout a seventy-four-county region, the rate of abusive head trauma increased from 8.9 to 14.7 per hundred thousand. No other demographic or clinical factors seemed to influence these results. The authors contend that stress due to economic hardship leads to violence against young children. This is very sobering. The human community needs to find ways to help those who are suffering economic loss and help in reducing their emotional distress—a distress that can be amplified by a lack of personal spiritual reserve.

Hormonal Contraception and HIV Risk

A new alarm was sounded in the January 2012 issue of *Lancet Infectious Disease* in an article titled "Use of Hormonal Contraceptives and the Risk of

HIV-1 Transmission: A Prospective Cohort Study," by Renee Heffron and colleagues. This was another study funded by the Bill and Melinda Gates Foundation and was researched by the Partners in Prevention HSV/HIV Transmission Study Team with a U.S. presence at the University of Washington in Seattle. In a prospective study of 3,790 heterosexual couples in which one partner was positive for HIV, the incidence of conversion to a seropositive status from seronegative status was longitudinally followed over time. This study was conducted in seven African countries. The association between HIV infection and the use of injectable or oral hormonal contraception was also analyzed. In the 1,314 couples with an HIV-negative female partner, the female partner had an increased risk of acquiring HIV infection if hormonal contraceptives were used. The rate increased from 3.78 to 6.61 per 100 person years. Similarly, in the couples in which the female partner was infected with HIV, the transmission rate to men was also statistically higher when hormonal contraceptives were used. It has been postulated that hormonal changes induced by these drugs alter the cervical or vaginal mucosa in such a way as to make the local environment more susceptible to HIV vector transmission. Most contraceptive advertisements warn that hormonal contraceptives do not prevent sexually transmitted diseases; perhaps they should add that use of contraceptives increases the risk of acquiring HIV.

The authors of the study, in the usual and perfunctory manner, advised the routine use of condoms to reduce the risk of HIV transmission. I could not help but remember Pope Paul VI's warnings in *Humane vitae* that widespread contraceptive use would diminish sexual morality and objectify women. How emotionally and spiritually empty it must be for couples, especially women, to engage in the profound act of sexual intercourse with hormone manipulation and latex barriers to prevent both disease and pregnancy—diseases which now include HIV/AIDS. It is a sad commentary on modern affairs.

In Vitro Fertilization

To those who have engaged in it, the moral downside to IVF is well known to those who are willing to examine their conscience. The dissociation of the conjugal act from engendering children, the selective reduction of multigestational pregnancies, embryo "management," and the medical and legal issues of family rights are all part of that downside. Another item can be added to the list. The December 2011 issue of the journal *Human Reproduction* noted a study that associates ovarian stimulation for egg production in IVF to the risk for the development of "borderline ovarian tumors" ("Risk of Borderline and Invasive Ovarian Tumours after Ovarian Stimulation for In Vitro Fertilization in a Large Dutch Cohort"). Such tumors, even if not highly aggressive or malignant, may require extensive surgery. This large-scale study by Flora van Leeuwen and colleagues was based on a study of 19,146 women who underwent ovarian stimulation and were then followed for fifteen years. These women had four times the risk of developing a borderline ovarian tumors. They were compared to a control group of nearly six thousand women who did not undergo ovarian stimulation for IVF. A small number of the women in the study developed ovarian cancer.

It is difficult to assess the full risk of ovarian hyperstimulation, given some of the statistical limitations of the study. The researchers intend to expand the study population and investigate cancer risk as well. It is biologically possible that any

hormonal manipulation of the ovary could lead to such long-term risks. This is yet another risk factor that needs to be discussed with women undergoing IVF.

Retainer Medicine

Retainer medicine is often referred to as "boutique medicine." It is a contractual relationship in which a primary care physician, for a specific retainer fee, provides a patient with greater accessibility to clinic, longer visits, and on-call availability. The retainer fee allows the physician to maintain a smaller practice and provide greater access for current patients. Many have been critical of this movement, explaining that retainer physicians are too selective in building their practices and that they exclude the underserved from care. Retainer practices are criticized for being for the affluent—both patients and doctors. The November 1, 2011, issue of the *Annals of Internal Medicine* includes an interesting opinion piece titled, "Retainer Medicine: An Ethically Legitimate Form of Practice That Can Improve Primary Care." The authors, Thomas Huddle and Robert Centor, argue that retainer medicine is compatible with professional ethics and may open up new models that in the long term will benefit primary care practice. They propose that any intervention to sanction retainer medicine as unprofessional would be counterproductive. The exclusion of physicians who practice in this model will only exacerbate the current shortage of primary care physicians. Although issues of social justice can be argued, if retainer medicine physicians offer free services for underserved populations and participate in other volunteer activities, such concerns can be allayed. Although I am highly sympathetic to the plight of those without health care access, I am also sympathetic to physicians trying to create a medical model that allows them more time with their patients. I have often joked that I try to practice their style of retainer medicine without the limits on the practice size or the financial incentives. In the end, all professionals are called to serve others, no matter what their practice arrangements. As long as medicine is centered on the care of the singular patient, multiple practice models can simultaneously exist to meet the needs of all. Indeed, retainer medicine may be not just a shallow form of libertarianism but a way of practicing medicine that is much closer to the subsidiarity model as classically understood by the Church.

Patients in a Vegetative State

On a final note, the December 17, 2011, issue of the *Lancet* reports the results of a cohort study in an article titled "Bedside Detection of Awareness in the Vegetative State: A Cohort Study," by Damien Cruse and colleagues. Three of sixteen patients who had brain injury and were in a vegetative or unconscious state could generate appropriate electroencephalographic responses to two separate commands. The authors conclude that misdiagnosis of the vegetative state may be common.

Little has to be said about the concerns raised by this small study, but the conclusions should be obvious. In the ongoing debate about providing care and nutritional support to severely brain-injured persons, this article should be a strong cautionary note to those who would deny these patients nutrition and hydration on the basis of an assumption that they have no awareness of their condition and cannot experience the suffering imposed by a death by dehydration.

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