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## Compassion in gynaecology and obstetrics (summary)

Motherhood is of particular significance to everyone, but especially for Catholic obstetricians and midwives as they understand the privilege they have to assist and help bring a new life into existence. Their responsibility is to provide care for mothers and their babies, based on life and hope, especially when life-threatening complications arise for mother, baby or both. Profound changes have occurred in the law which deeply affect the practice of obstetrics and gynaecology. Modern maternal health care in the developed world is dominated by an anti-life, anti-natalist culture of death based on abortion and contraception. Moreover, Western governments are forcing these values on the developing world.

Catholic obstetricians and gynaecologists are subject to considerable persecution due to the restriction of the right to conscientious objection and the pressure to provide reproductive health services (abortion, birth control, reproductive technologies) or being required by government health services and professional associations to refer women to other practitioners for these procedures. Thus, they are forced to accept a dichotomy between faith and practice. For those Catholics who decide to remain loyal to the teaching of the Catholic Church, there are serious ethical, moral and legal consequences, which have a profound effect on their professional and personal future. Moreover, the right to be trained as a specialist in obstetrics and gynaecology according to one's conscience is being compromised in many countries. As a consequence, fewer and fewer Catholics are choosing to specialize in obstetrics and gynaecology. I receive dramatic letters from patients who ask me where they can find a gynaecologist who will help them with their problem, sometimes quite a serious one, and propose a procedure in line

with their system of values. Nowadays, gynaecologists are pressed to be judges and enforcers of judgments simultaneously. Every child, however, has the right to be born and be loved. Nobody and nothing, including compassion, can force a doctor to kill unborn babies.

In bilateral relations between the doctor and the patient, the commandment of love, which is a source of compassion, should be followed. Mercy and compassion are gracious love. They do not deny justice, but they transcend it and ensure that the need for justice is met in a merciful, loving and compassionate way. The ethical principles on which the medical practice is based cannot function in a spiritual vacuum, where mercy and love have no access. They must be embedded in the broader context of the doctor's relationship with the patient and the patient's family.

Doctors need to spend some time in conversation with the patient. Through the right tone of the conversation, its proper place and time devoted without hurry, the doctor can encourage honesty. In difficult situations, the truth should not be distorted. Doctors should ensure patients that they will accompany them in therapy, in hope. Understanding, compassion and mercy should be demonstrated. The words spoken by a doctor are important, but body language and the atmosphere do matter as well.

Patients have the right to expect from their doctors something more than just a prescription, a well-performed surgery, and decent treatment. Medical staff should not spare their patients a kind word, gesture, comfort, a smile, or understanding of their fear of illness or death. A Good Samaritan is every person who is sensitive to suffering and is compassionate, ready to give their time to those who suffer, ready to be moved. Compassion is an expression of our love and solidarity with the sufferer.

Performing acts of mercy, in other words showing it, is a skill acquired from one's own upbringing and character. It is meeting the expectations of the sick person, being in solidarity with them without making rash judgment. Patients are sometimes reluctant to accept mercy, believing that it insults them or obliges them

to give something back in return. Some people feel uncomfortable when they receive something for nothing. One must be able to give freely without implying in any way that some form of gratitude is expected.

Catholic gynaecologists should exhibit the following traits: commitment to values, forgiveness, inexhaustible patience and courageous resolve. They should also have a generous heart, be open to others, kind, humble and compassionate.

Respect for the female body and a mother's body, is the basic requirement of a gynaecologist's work. It is necessary to provide proper care for a woman's womb and not use any procedures or pharmacological agents that destroy her fertility. The gynaecologist is the confidant of the patient's secrets and her fears. He or she should be gentle, objective and deserving of the patient's trust and honesty. It is essential that doctors listen to their patients with interest, strive to console the suffering of body and soul, and enjoy the success of treatment or therapy together.

We sympathize with the patient and we seek to alleviate her suffering. It is important to ensure that our mercy does not change into pity. Mercy is not a mood, but a relationship of partnership, interpersonal love in which an exchange takes place, based on human dignity and respect for the other person. Mercy is not the same as pity. We generally do not like pity and we do not want to listen to people's complaints. The pity that often accompanies indulgence tramples on justice, stating that you just have to turn a blind eye and reduce demands. God does not turn a blind eye., He is merciful, but always just and demanding.

The sick person will sense a false note of pity if it dominates our communication. He may lose his trust in us. Righteous judgment combined with mercy strengthens a patient and gives them self-confidence. On the other hand, pity prevents us from demanding from a patient, and, to some extent makes us despise the other person. It is an expression of doubt whether a sick person can courageously and calmly face the disease and, grow spiritually in the process. By pitying a person, we underestimate and perhaps even humiliate another that person

a bit. By confusing compassion with indulgence and a pity, we can even harm those we are trying to help.

We also need mercy for ourselves. It is good if it results from caring for our own health, common sense, and the desire to serve others for many years. However, excessive self-pity is counterproductive since it can effectively alienate those around you. A smart, reasonable, balanced approach coming (among the others) out of self-love is needed.

The commandment of love makes it clear that we are to love our neighbours as ourselves. It follows that we are bound by rational love for ourselves. If love for others has the form of mercy, then love towards oneself must have the same form. However, it is completely different from self-directed selfishness, narcissism, excessive perfectionism, or avoiding the effort in order not to get too tired. Closing oneself in one's own weakness and even celebrating it is sometimes a victory for selfishness. One must overcome their weaknesses, accept the hardship of the cross that must be carried. Doctors cannot assist. They will not be a support for their patients if their own resources of personal will, energy, body and spirit fail, if their own "vessel" of physical and mental strength, resources of love and mercy that they have for their patients is empty.

It is not an expression of love, justice or compassion when a Catholic gynaecologist or obstetrician performs medical procedures or advises patients to use diagnostic and therapy methods that are contrary to the Magisterium teachings of the Church.

In obstetrics and gynaecology, patients sometimes expect a special kind of compassion from the doctor. We often witness the suffering of infertile couples or mothers facing an unfavourable result of a prenatal diagnosis. It is argued by some that forcing these women to give birth to a handicapped child is a callous demand of heroism from them, an inhuman act devoid of compassion and sensitivity. In this regard, some people assert that a woman has the right to have only healthy children. Therefore, there is a general justification for the use of contraceptives,

artificial procreation, eugenic abortion and euthanasia. The doctors, like the teachers, are responsible for the people under their care future, including their temporal and eternal life. Our readiness to serve with words, gestures and deeds does not mean that we are ready to engage in any activity, regardless of its compliance with the principles of Christian ethics or natural law. It is not an act of mercy or compassion. The patient needs a doctor with a preserved solid moral compass, with a clear conscience, sure of their own and willing to talk about them out loud without hiding in a corner.

Through years of practice and, after many conversations with patients, we are able to recognize the presence of spiritual problems. We can then discreetly mention the needs of the soul. The health of the soul also requires prophylactic treatment so that it does not get into trouble. If this happens, it needs treatment. With the purification of the heart comes inner joy, hope and improved health.

The principles of professional ethics and deontology should be treated as a guideline arising from respect for the dignity of the patient, respect for humanity, readiness to be merciful, and desire to guide patients towards true good, and physical, mental and spiritual recovery. These principles will enrich our relationship with the patient, saturate them with truly human qualities, and free them from formal restrictions that are created by hospital regulations. The regulations do not prohibit touching, smiling or being together for a while in silence. The regulations do not forbid you to be happy with the patient and to worry a little with them. The Good Samaritan at first stopped and was deeply moved, when he saw a badly beaten man. Then he started to act, which clearly showed that he was driven not only by pity, but also by true mercy.

The most important element in the work of Catholic obstetricians and gynaecologists is to defend human life from conception to natural death. Doctors with the right conscience are sometimes publicly stigmatized, accused of breaking the law, denied the right to freedom of conscience, and subject to hold civil liability. Those who defend the freedom of conscience are described as old-fashioned and

non-modern, non-innovative, old-fashioned, reactionary and unenlightened. Preference is given to those who do not need a conscience clause in their work regulations at all or would be afraid to use it, polite but transparent, avoiding expressing opinions, emotionally cold, claiming that the patient is a client, all of whose all requirements must be fulfilled, and expected medical service provided.

For unknown reasons, infanticide is rejected by society, which nonetheless remains insensitive to the phenomenon of widespread abortion. This is probably because in the case of abortion, you do not see the face of a person condemned to death, who will never see the light of day, who will never see the face of its his or her mother. After all, one cannot speak of a necessary defence against a child. The law cannot force doctors to perform procedures contrary to the ethics, ethos and vocation of the profession. Whoever relies on conscientious objection should not face criminal sanctions (Evangelium Vitae 74).

Experiencing mercy, a person begins to perceive God in a different light. Seeing how God generously grants us His goodness and, experiencing His love in a specific matter, we open our hearts to others more easily and we are more willing to perform works of mercy. We always receive God's mercy in excess. It always fills our cup to its full, it even overflows it. If we personally experience God's mercy, we will have a greater willingness to be merciful to others. The medical profession provides an opportunity for this many times a day.