

A myth of neutrality

Once upon a time, we were told to allow dissent from time-honored legal and moral norms in the name of “freedom of choice.”

Politicians assured us they were “personally opposed” to abortion but couldn’t impose their values on others. Assisted suicide was advocated not as a way to demean the lives of seriously ill patients but as a way to let desperate people make their own choices at the end of life.

Where does this commitment to personal freedom stand now?

The American College of Obstetricians and Gynecologists declared in 2007 that doctors morally opposed to abortion must present it as an option, and perform it or make referrals. They should even locate their practice near abortion clinics to ensure “access” to what they abhor.

Now the New England Journal of Medicine has published a manifesto co-authored by Dr. Ezekiel Emanuel, an architect of President Barack Obama’s health care plan, that goes further. Abortion is now “a standard obstetrical practice,” he says, and physicians may not substitute their “personal beliefs” for this professional standard. Objectors must switch to a medical specialty where they will not care for female patients or “leave the profession.”

The article’s basic premise is ridiculous. The American College of Obstetricians and Gynecologists’s 2011 survey of its membership showed that only 14 percent are willing to provide abortions. So Emanuel’s position accuses most OB-GYNs of unprofessional conduct, and would force all pregnant women to have their babies

delivered by an abortion provider.

In politics, as well, freedom of choice is getting old. Tom Perez, Democratic National Committee chair, now insists that support for abortion is a litmus test for anyone running as a Democrat for public office. Some party leaders seem to disagree, but he retains his key post and hasn't retracted his policy.

Doctors are also under pressure to conform to assisted suicide where it is legal. In Canada, a Supreme Court decision allowing the practice is being interpreted as requiring doctors to at least make referrals. The advocacy group "Compassion & Choices" has been in court demanding a similar policy in Vermont.

But at least patients' own choice is paramount, yes? Well, no.

State officials in California and New York are demanding that all women include abortion in their private health coverage even if they object, with other states considering similar policies.

And where assisted suicide is legal, insurers are placing their thumb on the scale to tilt it toward death. Nevada physician Brian Callister says he recently tried to help two of his patients receive potentially life-saving therapy in their home states of Oregon and California - and the insurance company refused to cover the therapy, suggesting that they consider assisted suicide (www.youtube.com/watch?v=CWrpr_5e4RY). Oregon's public health plan has been doing this for years.

One begins to suspect that "freedom of choice" was always more a slogan than a serious belief. It made no substantive claim about the rightness of the choice, creating a myth of neutrality that appealed to Americans' "live and let live" attitude.

This opens the door to choices most Americans would not endorse on their merits.

But once enough people and institutions go through that door, these choices can be hailed as “the new normal” - and the door slams in the face of anyone making a different choice.

If neutrality is a myth, though, that simplifies the issue. We’re not debating “choice,” but which view of life will mark our society.

Is human life a gift to be revered, or something to be discarded when it seems unproductive or inconvenient to others? There is still time for all of us to help choose the answer.

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