ABORTION

THE RIGHT OF BIRTH TO LIFE

JOÃO EVANGELISTA DOS SANTOS
ALVES DERNIVAL DA SILVA BRANDÃO
CARLOS TORTELLY RODRIGUES COSTA
WALDENIR DE BRAGANÇA

Laureate by the National Academy of Medicine with the GENIVAL LONDON Award, for Medical Ethics

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In the present study, the authors make considerations about induced abortion, focusing on it from a scientific, ethical and legal point of view.

In part I, after some preliminary definitions (spontaneous abortion, indirect abortion, direct abortion, etc.), the authors focus on the ethical and legal aspect of direct induced abortion, aligning arguments, in various aspects, to demonstrate the criminal nature of this intervention. After undoing the main allegations with which one seeks to justify the abortion caused morally, they begin to analyze it from the point of view of Law and Justice. They then refer to the deleterious effects that the institutionalization of this crime can have on the human person, on the family, on society and even on Medicine, distorting its purpose and contradicting its basic principles.

The exhibition is richly enriched with quotes from authorities of the highest standard.

In part II, the authors develop the theme by looking at it from a strictly scientific point of view and soon demonstrate the inconsistency of the so-called “therapeutic indication”. To this end, they promoted consultations on the problem of pregnancy with serious illness in pregnant women and obtained unpublished testimonies from medical personalities of great experience and recognized professional knowledge, in their respective specialties: Euríclides de Jesus Zerbini, Prof. Alvaro Guimarães Filho, Prof. José Leme Lopes, Prof. Aloysio de Paula, Prof. Hélio Fraga, Prof. Henrique A. Paraventi, Prof. Emílio Mastroiani, Prof. Herbert Praxedes, Prof. José Ribeiro do Valle, Prof. Adolpho Barcellini and Prof. José Bocanegra Arroyo.

Compiling the Brazilian medical literature, they extracted opinions from distinguished doctors: Luiz V. Decourt, Prof. Alberto Raul Martinez, Prof. To Wolff Netto, Prof. Caetano Zamitti Mammana and other distinguished masters of Medicine in Brazil.

In parts III and IV they discuss the so-called “sentimental” - (rape cases) and “eugenic” abortions, demonstrating, in the same line of reasoning, the intrinsic evil in which they constitute such practices.

Finally, in part V, the authors analyze the Code of Medical Ethics in the light of Natural Law, and in part VI they consider the protection of the Family and Responsible Fatherhood.
Gentlemen Doctors

The Board of the Academia Fluminense de Medicina, by resolution approved at the last ordinary meeting, congratulates the esteemed doctors for the award won at the National Academy of Medicine.

Professor Genival Londres was a renowned name in home medicine not only for his knowledge but also for the preservation of medical ethics - of which he was one of his best cultivators. The work “The Right of the Unborn to Life” represents, without a doubt, an excellent contribution in the defense of the principles dictated by the code of ethics.

Sincerely

Antonio Jorge Abunahman
President

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DEDICATION

We dedicate this work to all colleagues who take this serious and delicate human problem seriously and with greatness. Particularly to those who, rightly intended, still admit, in exceptional cases, the practice of this unfortunate intervention. We hope to offer you, on the following pages, some subsidies for renewed and fruitful reflection on the topic.

ACKNOWLEDGMENT

We express our thanks and our homage to the distinguished colleagues who collaborated in the scientific part of this work, answering, in their respective specialties, the consultation we formulated about the problem of pregnancy with serious illness in pregnant women: Euíclides de Jesus Zerbini (Cardiovascular Surgery); Prof. Adolpho Barcellini and Prof. José Bocanegra Arroyo (Cardiology); Prof. Aloysio Veiga de Paula and Prof. Hélio Fraga (Pulmonology); Prof. José Leme Lopes (Psychiatry); Prof. Herbert Praxedes (Hematology); Prof. José Ribeiro do Valle (Biochemistry and Pharmacology); Prof. Álvaro Guimarães Filho, Prof. Henrique A. Paraventi and Prof. Emílio Mastroiani (Obstetrics); and to the eminent Law Judge Dr. Celso Felício Panza, for his contribution in the legal sector, as well as to the illustrious Fluminense lawyer Dr. Antônio Francisco de Assis Alves.

We also use, in this exhibition, opinions and scientific studies exposed in Brazilian medical magazines and congresses by eminent colleagues: Luiz V. Decourt, Prof. Alberto Raul Martinez, Prof. Cætano Zamitti Mammana, Prof. A. Wolff Netto and other distinguished authors cited in the text. They all extend our tributes.
I. GENERAL CONSIDERATIONS

“From the mother's breast, Yahweh called me, from my mother's womb, he spoke my name.”
Isaiah 49.1

“Yes!
For you formed my kidneys, you wove me in my mother's womb, I celebrate you for so much wonder, I marvel at your wonders!”
Psalm 189, 18-14

In medical practice, we are often faced with several clinical and surgical problems that involve aspects of an ethical nature, which are not always easy to resolve. At the present time, such problems seem to be increasing. New circumstances start to bring perplexity to the doctor, surprising him, often unprepared, in his increasingly agitated professional activity. Because many cases require an immediate solution, it is not always possible for the doctor to reflect more accurately, or to consult the Ethics treaties, or to approach the authorities on the matter, to find a just and compatible solution with human dignity.

Some serious problems, for various reasons, are brought to the crest of events and start to exercise or suffer different influences and appear in medical offices in increasing volume and the most varied nuances. Therefore, a deeper reflection on these problems is needed, and a more detailed and detailed study of the different aspects that surround them.

It is up to interested parties, scholars, and legitimate authorities to seek effective measures to prevent false, dangerous and unfair solutions from prevailing.

Thus, as an example, we remember the doctors of large cities, especially those specialized in Gynecology, Obstetrics and Social Medicine, perplexed around problems such as: contraception, the upsurge of venereal diseases, sexual problems in adolescents and pre-adolescents, induced abortion, etc.

We have been seriously concerned for some time about the very serious problem of abortion, especially in view of the negative influence that is beginning to exert among us the fact that in important countries the legal provisions that prohibit such practice have been restricted to absurdity.

We will deal with this theme in this paper, with no other intention than to contribute to preserve Brazilian Medicine from being defiled in such an unfortunate practice, criminal in nature and always repudiated as contrary to medical conscience and the spirit and purpose of Medicine.

Preliminary notions - For ease of understanding, we will summarize, below, some concepts generally admitted and adopted.

In essence, abortion consists in the death or expulsion of the conceptus before its extra-uterine viability. Concept is understood as the human being in the period of life that goes from its beginning, in conception,
until birth. The term embryo is used to designate the conceptus during the first weeks of life, the term fetus being reserved to designate it in the subsequent period. In this work, however, to facilitate the exposition, we will use the words embryo and fetus with the same meaning attributed to the term conceptus, that is, as a synonym for it. So also is the term unborn child - “he who is to be born; generated, but not yet born ”.*


Spontaneous or natural abortion - It is the one that, as the name implies, occurs spontaneously, naturally, due to various factors, which escape our designs. It is the natural death of the conceptus. The death of the fetus can also occur as an unintended consequence, although expected, of a medical act performed to cure pregnant women with a disease, whose serious nature does not allow postponing treatment until fetal viability. Thus, for example, in a pregnant woman with heart disease, in the first trimester of pregnancy, with indication of urgent cardiovascular surgical treatment, the risk of miscarriage exists, but it does not invalidate the surgical conduct, which is legitimate, as it aims at the mother's salvation and does not constitute direct aggression to the fetus. If it occurs, the abortion will be indirect, accidental, not intended or desired by the medical act, although foreseen. In the same way, several other diseases, such as ovarian tumors, large uterine fibroids with space conflict, etc. constitute cases in which the surgical indication is mandatory and legitimate, despite the fact that it poses a serious risk to fetal life. Even in cervical carcinoma, the mother's treatment (radical hysterectomy or intra-uterine radiotherapy) is lawful and can be carried out, despite implying certain death of the fetus. Consequence is indirect, not targeted, but inevitable. The consequent death of the conceptus here constitutes what is called, in Moral, an indirect act, that is, what has not been accepted, nor desired, nor intended either as an end or as a means of obtaining an end, but it has been foreseen as a possible consequence or certain, but inevitable, of a directly desired act (in this case, the destruction of uterine cancer by removal of the organ or by irradiation). In these circumstances, the death of the fetus occurs "against the doctor's intentions, even if not against his predictions". The legality of the act is based on the principle of double effect, understood as follows:

a) the practice of an act, morally good or indifferent, two parallel effects follow, one good and one bad;
b) only the good effect is sought by the act performed;
c) the bad effect, although inevitable, is neither desired nor targeted by the act, it is only predicted and tolerated;
d) the bad effect is not the means to obtain the good effect;
e) the good effect is a direct consequence of the act practiced, and is therefore not secondary to the bad effect;
f) the targeted good effect is sufficiently important to tolerate the expected harmful effect.
Thus, in the woman with cervical cancer, the aforementioned therapeutic approach (good act) aims at curing the patient (good end). The fact that the patient becomes pregnant during the preoperative evaluation, or is already pregnant before, does not deprive her of the right to adequate treatment, even if, in parallel with the good consequence (cure of the mother), one is predicted as inseparable one, bad consequence (death of the fetus).

As we can see, the right to treatment is not postponed in pregnant women, and it can always be treated, as long as there is no direct attack on the life of the fetus and efforts are made to preserve it, when possible.

The death of the fetus thus occurred does not infringe the deontological principle, nor does it constitute the object of attention of any Code of Medical Ethics or Penal Code, and its acceptance from the moral and legal point of view is peaceful and universal.

**Provoked abortion** - We now move on to direct induced abortion, which is the main theme of this work. Provoked and direct abortion is understood to result from an act directly and deliberately destined to the death of the fetus, or its expulsion from the mother when it is still not viable, either as an end or as a means. The death of the fetus is the immediate object of the operator's action, even though it aims with this act, in itself bad, to a good end. It is the caused and premeditated death of the conceptus.

It is evident that "the ends do not justify the means".

To intervene directly and deliberately to take the life of the fetus (bad act) as a means of obtaining the mother's cure (good end) is a condemnable procedure, since the same right - in this case the right to life - of two different people is not subordinates. Both deserve the same respect for their inalienable human rights, regardless of their greater weakness or strength over one another.

A sick woman (for example, with breast or cervical cancer, or severe heart disease, or severe nephropathy, etc.) has the right to treat herself correctly, even if she is pregnant and even if the fetus will suffer the consequences of this treatment.

However, a direct aggression against the life of the fetus is not justified, although in order to improve the mother's precarious health conditions; accepting it as just such a procedure will imply legitimizing aggression against a defenseless human being in favor of a stronger or more influential one.

**Human life** - We do not intend to enter into philosophical considerations around the conceptualization or definition of human life. However, we can say that science informs us where and when the cycle of a new life begins. It is a scientifically proven and widespread fact that fertilization of the egg by sperm, which normally occurs in the tube, is the stage when the cycle of new human life begins. It is the beginning of a process that only ends with death. The fertilized egg evolves according to an inexorable plan until the full development of the whole organism, whose characteristics were already contained in the chromosomes of the initial single cell. Since its inception, the new being has received
nothing from the outside world, except for food in various forms, depending on the stage of its development. With the fusion of gametes, a well-structured unit is formed which, due to the transmission of hereditary paternal and maternal characters, has its future essential characteristics well determined: sex, blood group, Rh factor, color of eyes, skin, hair, even even the size, psychological traits, temperament, etc. There is also hidden there, which, in a way, will become the basis of intelligence and even personality. So much so that psychologists are well aware - profound personality disorders may have a remote origin in the prenatal period. Thus, the new being formed with the human chromosome pattern is a living being. Now we ask: is it rabbit? and cat? what kind of living being is it? has its essential future characteristics well determined: sex, blood group, Rh factor, color of eyes, skin, hair, even the size, psychological, temperament traits, etc. There is also hidden there, which, in a way, will become the basis of intelligence and even personality. So much so that psychologists are well aware - profound personality disorders may have a remote origin in the prenatal period. Thus, the new being formed with the human chromosome pattern is a living being. Now we ask: is it rabbit? and cat? what kind of living being is it? So much so that - psychologists are well aware - profound personality disorders may have a remote origin in the prenatal period. Thus, the new being formed with the human chromosome pattern is a living being. Now we ask: is it rabbit? and cat? what kind of living being is it? There is no doubt that it is a living human being. It will remain what it will always be: the same person with all their own individuality. There is unity and continuity. In the development of the new being, profound changes occur, but all of them are accidental, changing its shape, volume, etc. but without substantial, specific change, as it is always the same being that, developing, goes through all the genetically determined phases in the initial cell. For man to reach the stages of newborn, childhood, adolescence, maturity, old age, it is necessary that he also pass through the stages of formation in the mother’s womb - which begins in the tube, with the fertilization of the egg by the sperm, and evolves until the childbirth. They are all stages of the same life. In which one will it be lawful to destroy it? In the case of abortion we can say that, in a way, it is the worst, because someone who has no possibility of defense is cowardly killed.

**Evolution of the Unborn Child**

1st day - Conception takes place in the tubal ampoule. A new human
being - the result of the union of human gametes - begins his life. It is an unrepeatable being. There was never an equal, nor will there ever be. Approximately 30 hours after fertilization, the first cell division occurs. A series of other divisions follows, increasing the number of cells: it is the new human being in full development. After a number of cell divisions, the conceptus reaches the phase called the morula. Meanwhile, it is being carried through the tube towards the uterus.

**2th to 4th days** - The conceptus, in the form of a morula, with 12 to 16 cells, reaches the uterine cavity. A cavity is formed inside the morula, the conceptus being called a blastocyst. In the cells of the morula, however, there is a certain specificity, so that the innermost cells are located in a pole of the blastocyst (the embryoblast, which gives rise to the embryo’s tissues) and the outer cells flatten and form the wall of the blastocyst (the trophoblast), which will become the placenta.

**6th to 7th days** - Nesting begins, that is, implantation of the conceptus, in the form of a blastocyst, in the uterine mucosa (endometrium), previously prepared to receive it.

**12th day** - Embryonic tissue differentiation begins.

**15th to 17th days** - Hematopoiesis and the formation of blood vessels begins.

**18th to 21st days** - The heart begins to beat.

**1st month and a half** - It is possible to do an electroencephalogram. The child is already able to perform rudimentary movements, although the mother does not yet perceive them.

**2nd month** - All organic systems are practically formed. It is possible to do an electrocardiogram and you can hear your heartbeat with precision instruments.

**3rd month** - All organic systems are able to function. The child is already able to swallow amniotic fluid, perform respiratory movements and urinate as well. It even has fingerprints. When her mother sleeps she also sleeps, and she wakes up when she hears loud noise from outside or when her mother makes sudden movements. Thereafter, the only basic changes will be the growth and improvement of what is already formed.

Regarding human life in the intrauterine phase, Dr. William A. Liley, called the “Father of Fetology” and who perfected the blood transfusion in the fetus, wrote the following (quoted by WILLKES):

“The new individual controls his environment and his destiny with tenacity of purpose, implanting himself in the spongy wall of the uterus and in a demonstration of physiological vigor interrupts the mother’s menstruation. That will be your home

for the next two hundred and seventy days. To make it habitable, the embryo develops a placenta and a protective wrap with the (amniotic) fluid. He solves the problem of his conformation alone and makes the extraordinary arrangement of his coexistence with the mother, for nine months, although they are immunologically different, so that they could not receive a skin graft or blood transfusion from one another. Other. In spite of everything, they tolerate each other in a union of lives for nine months.

We know that the fetus is always moving in that liquid and its position depends on how comfortable it feels. He feels pain, external pressure, cold, and perceives sound and light. The fetus also drinks the amniotic fluid, and even more if it is artificially sweetened, and less, if the taste is unpleasant. He sobbs and sucks his finger. The fetus sleeps and wakes up. Sometimes he is also bored when everything is the same, but he can be taught to watch for a different signal. Anyway, he himself is the one who determines the day he will be born, because, without a doubt, the beginning of the narto is a unilateral decision of the fetus.

Such is, therefore, the fetus that we know and that we once were. It is the fetus we care for in modern obstetrics, which is the same baby we care for before and after birth, who can become ill before birth, requiring diagnosis and treatment like any other patient.”

Infusion of the soul - We also do not intend to enter into theological discussions about the moment when the infusion of the soul occurs, since it is a problem that has yet to be definitively answered. However, in the face of modern embryological and genetic knowledge, it is currently a general trend to assume that the infusion of the soul occurs at the moment of conception.

As already said, it is known that in the conception the cycle of a new life begins. If it cannot yet be said that he is already an authentic human being, due to the lack of certainty that he already has a spiritual soul, the opposite certainty is also impossible. However, it is a being that, certainly, is in the sphere of the human, destined to receive a soul, if it does not already have it since conception. It is unfounded, therefore, to justify abortion on the grounds that, in the beginning, it is not an authentic human being.

In this regard, D. ESTÊVÃO BETTENCOURT OSB, a well-known Benedictine theologian, expressed himself:

“However, even if the 'deferred humanization' thesis is admitted, there is no doubt that the process that results from the fertilization of the egg is that of a human life in formation or evolution; it is a typically human process or belongs to the human sphere. It is enough to allow such a process to develop naturally to clearly perceive a human life. That is why the elimination of such an embryo is always an attempt on human life or a homicide.”
Therefore, even if the thesis of delayed infusion of the soul is accepted, every process resulting from the fertilized egg belongs to the human sphere. A life that arises from the union between a man and a woman, to what species could it belong, if not to the human species? So, even in its incipient phase, it is not humanly lawful to reject it, even though the problem is considered from a materialistic point of view.

The theory of the immediate infusion of the soul being the most probable - and even if it were not, the simple fact that the natural unfolding of the process that has already begun culminates in the infusion of the soul, and therefore in authentically human life - is not without foundation that direct, voluntary abortion is equated with homicide, including in our Penal Code, as we will show below.

On the problem of infusing the soul, Professor MARIA ALVES PINTO FRAGA made the following comment:

“The Church, until today, has not defined at what stage of gestation God infuses the immortal soul giving form to matter. Maybe she can never do it, she can never say at what stage of development He considers her able to receive such dignity. São Tomás de Aquino replies that we really cannot know it, but that the created life is untouchable in any of its stages, in view of what is in store for it (emphasis added). The theologians' discussion is, therefore, about a determination of a religious character and not the right to suppress a human life in any of its stages of development.”

Saint Augustine, quoted in the encyclical “Casti Connubii”, says, referring to the spouses who practice abortion:

“They want the child to die before he lives, to be killed before he is born. They do not deserve the name of spouses. They didn't get married, they got together to fornicate. She is your husband's prostitute and he is your wife's adulterer."

These harsh and holy words affirm, bluntly, the responsibility of the married woman when she has an abortion, she who is distinguished, with "privileges", by certain abortion doctors."

**Objections** - Numerous arguments are constantly evoked in order to justify the practice, by the doctor, of abortion intervention. Below, we will briefly comment on some objections, often presented, against the ban on abortion.

**Rights collision** - We use PEIRÓ:

“It is said that in the case of abortion there is a real collision of rights: those of the son and those of the mother. Since it can only be resolved by subordinating one another, it seems more just to sacrifice those of the son, to save those of the mother. Answer: If the rights, which are supposed to be in collision, belong to two different people and of separate value, it is natural that the least worthy right is subordinated to what is
worth most; thus placed in collision, the right to property and the right to life, the one who is inferior is subordinated to the one who is superior to him. That is why the one who, obliged by an extreme need, steals to satisfy it, does not sin or is obliged to return it, because he deserves more respect for the right to life that he has than the right of property of the stolen person. If the rights that, by hypothesis, are in collision, of equal value, such as, for example, the right to life of two different people, that is to say in the case that concerns us, that of the child and that of the mother, none of them are it must subordinate to the other, because they are not subordinate, since both deserve equal respect and consideration (...). The mother has a right to her life and the fetus has her own.”

Self-defense - In this case, to justify abortion, the fetus would have to be considered as an unjust aggressor, which would be absurd, as shown by the following excerpt from Dr. CAETANO ZAMITTI MAMMANA:

“During pregnancy, in which the woman presents serious and irremediable disturbances, it would be necessary, in order to invoke legitimate defense, that the drunkard or fetus should commit an unjust act. But is it honest to consider this new organism, conceived and nestled in the mother's womb, unfairly abusive and which, in a passive posture, develops and evolves according to the laws established by nature? How unfair if this gave you life? Is the phase of fetal development or its departure from the maternal organism confused with aggression?
Could the fetus be held responsible for morbid processes (liver failure, endocrine dysfunction, kidney damage, etc.) and constitutional anomalies of the bone system (malformation of the bony basin), or even of the genitals (atresia of the cervix, atresia of the vagina, etc.), which may be present in the maternal organism?
It is not his fault if one of these morbid processes worsens in the course of pregnancy, or if the surroundings are hampered by any cause that arises at the last minute. (...)
In view of this, no act of the pregnant woman or a third party, directed against her life, can be endorsed by legitimate defense. The author of the abortion, or rather, the death of the fruit of conception, works in these cases premeditatedly. In order to configure legitimate defense, it would be necessary that the alleged aggressor should not be premeditated, with cold preparation and total violation of the laws of nature. The fetus does not behave as an aggressor, as it does not generate unfair, current or imminent danger. In provoking abortion, preventive or prophylactic murder is practiced in such a case, due to the zeal of a suppositional danger, but never of legitimate defense.”

State of necessity - This argument is also unacceptable. The current Penal Code! defines “state of need” as follows:
"Article 20 - It is considered in a state of necessity who practices the fact to save from current danger, which he did not provoke by his will, nor could he otherwise avoid, his own or someone else's right, whose sacrifice, under the circumstances, it was unreasonable to demand up. Paragraph 1 - Those who had a legal duty to face the danger cannot claim a state of need."

ARRUDA CÂMARAS is expressed as follows:

“The state of need is not to be accepted in the case. First of all, it cannot invoke the state of need who, through free choice or duty of duty, is exposed to danger: the soldier in war, the doctor in epidemics, the magistrate in the judiciary, the commander in the direction of his ship, the sentinel at his post, the priest in the "munus" of saving souls and guarding the secret of confession, the Christian in upholding the faith, the woman married in her noble matrimonial "munus" - matrimony means "munus matris". On the other hand, the state of need does not justify an intrinsically bad act: hunger can justify theft, but it will never justify murder."

The following lines are by the eminent judge of Law of the State of Rio de Janeiro, Dr. CELSO PANZA:

“Sentimental abortion, followed by violence - rape - shoot from all angles, does not find protection in the discriminating state of need. It opens the Law as a post-war faithful fruit. There is no real and current danger against the victim's right to life. The future psychosomatic picture, in terms of predictability, is called upon to intervene with anti-juridical galas. Anti-juridicity, in my belief, lies in reaping latent, defenseless, inert life, blameless in the violent biological act. (…) Therapeutic abortion, allowed under the state of necessity, an institute by which it is legitimate to pass over one legal asset to save another, this being the only option, has as presuppositions the immediacy of the danger, its actuality as well as the reality. How to specify such certainty, if one takes as a starting point, to allow the absence of anti-legality, the prediction, therefore far from the immediate, of the imminence, of the actual and current evidence of the danger, much more valuing the current progress of the Medicine. Admitting the state of need in abortion called legal, therapeutic or necessary, results in corruption of the institute because the criterion of logic is corrupted. Which medical professional has the courage to affirm, in the presented nosological picture, that the risk of life of the parturient to survive is 100%? I would beat logic again. Risk authorizes error. Admits possibility or impossibility. Subjectivity spreads in forecasting, purely and simply because it is forecasting.
Forecasting and risk are brothers in the Science of Law. But forecasting and risk are not reconciled with the state of need. Either there is a current, imminent, real danger, or there is none. The institute has a formal aspect. Either there is or there is no legal asset in current danger. Actuality and reality of the danger would be at the time of delivery. Obstetrics treaties indicate serious cases that advise intervention. They are listed among the cases: acute lung edema, Basedow's disease, diabetes, tuberculosis, leukemia, hypertensive eclampsia, pernicious anemia, rebellious hemorrhages, polinevritis, tumors obstruction, retroversion of the pregnant uterus.

Good to say, to be the Penal Code of 1940, therefore it dates from more than 30 years.

The concern of the moment was proportional to medical science, with an unprecedented developmental surge in our days, thus unfounding the threat to the diabetic, cardiac woman, etc. Advice is not an imposition. Treaties advise ... There is no way to commit such crimes under the state of necessity.

Noronha, a well-respected treaty, being his unanimous opinion among jurists, teaches the justifications of the state of need:

- a) actuality of the danger;
- b) his inevitability;
- c) involuntary causes;
- d) unenforceability of sacrificing the threatened good.

It emphasizes in its considerations, vol. I, p. 213, Criminal Law:

"Just as a future person does not authorize justification, he will not allow it in the past.

Continues, same page of the cited work:

"It must, therefore, be effective, both for the present and for the imminence."

Needless to say, timeliness and imminence are factors that take place at the moment of danger.

There is no way to endorse this practice under the discrimination of the state of need, which, as a scientific institute, has its lines determined and precise in the present danger.
Our lawyers see the problem evasively; problem that has to suffer the expiation of criminal policy, which interprets and suggests the right in realization, for transformations, aiming at banning art. 128, I and II, of the Penal Code, postponer of well guarded, the most excellent, and of civil rights of the unborn child,

One of the world's greatest writers in criminal matters is expressed as follows:

“One thing is the preventive therapeutic abortion practiced, it is very wide, and very different is the situation of need.

This suppose always a situation of urgency, scattered through the words "evil inmining" (Derecho Penal Argentino, p. 127, tome III, SOLER).

Some unsuspecting call such a state of need special.

The legislator did not foresee it. There is none.

It is unreasonable. Denies the right, demeans and erodes institutes; in short, it contradicts the right. It cannot be realized.

Therapeutic and sentimental abortion violate institutions. Under the state of need, legal license to kill, numerous crimes have been committed; countless. ”

Choice of lesser evil - Since the life of the child is of lesser value than that of the mother, they say, it would be lawful to sacrifice that one to save this one.

Now, the value of a human life is imponderable and to no one, honestly, would the idea of killing a beggar, or a murderer, or a man in a state of irreversible coma, etc., occur. to take a vital organ from him in order to, in a transplant operation, save the life of a sage, a great scientist or a renowned politician.

Judging only by palpable criteria, the life of the fetus, with the whole future ahead, in many cases could be worth more than the life of the mother, seriously ill, with a short-term prognosis, whether or not she has the so-called abortion. therapeutic.

In such a circumstance, as has already been said, the mother has the right to the correct treatment - as she would have if she were not pregnant - even if it endangers the life of the fetus, as long as it does not constitute a direct attack on him. It is not a question of overlapping equivalent rights, but of respecting them, not making one person prevail over another, the strongest over the weakest, the most "useful" over the most "useless".

In such a difficult situation, although justice does not require it, generosity and, in the specific case of mother and child, maternal love
itself call for the strongest to yield to the need of the weakest. So PEIRÓ reminds us: “Let us remember the fire at the Charity Bazaar in Paris in which one of the ladies of the organizing committee, the Duchess of Vendôme, refused to leave before the others had left the place, which was the cause of her perishing. In the sinking of the “Titanic”, in the middle of the Atlantic, the strongest, the millionaires, left the life boats to the weakest: children and women. Recall the cases of epidemics, in which doctors and priests offer their lives to save the sick; leprosaria in which both contract the horrible disease to assist and relieve those infected. All these examples demonstrate that, far from deserving the preference, the right of the strongest, a simple feeling of humanity impels spirits, even if not moved by supernatural reasons, to yield their right and sacrifice themselves on the altar of frankness, the rights of the weakest.

We see in these examples, and in many others, risking one's life for a noble cause, in favor of loved ones, etc. (and even - alas! - in defense of shady interests, material advantages or to satisfy vanities): and why not in the act of generating life?

It is undeniable the extreme delicacy of these situations, very rare, in fact. However, we cannot forget the principle that the ends do not justify the means and that the virtues must always be preserved, even in the face of such difficult circumstances. The mother's wisely intuitive attitude that protects her child until the sacrifice of her own life must be defended against the difficulties that, surpassing her spiritual resistance, make her give in, making her wish to escape a risk, The child's sacrifice that generated. In these circumstances, the mother needs the support and help of the doctor and society, as well as laws that protect her child against her weakness and against the doctor's indecision, even offering a support to the moral conduct of both, in these distressing situations. and distressing.

**Duty of the doctor** - Anticipating death deliberately has never been a valid alternative for the doctor, even in the most dramatic situations, as it is his duty to prolong life in search of a cure, so often impossible, it is true, but always sought. In that sense, there was an oath.

Excerpt from the Hippocratic oath:

“... I will apply the regimes for the good of the sick, according to my knowledge and my reason, and never to harm or harm anyone. I will give no one, to please, deadly medicine or advice that will lead to destruction. I will also not provide a lady with an abortive pessary. (...)"

In CAETANO ZAMITTI MAMMANAS we find the following reference to the Geneva declaration:
“In fact, the World Health Organization, in a Geneva declaration, in 1948, adopted one of the most beautiful and moving principles that must be the intimate forum of doctors:

“I will maintain maximum respect for human life, from the moment of conception and, even if under threat, I will not use my medical knowledge contrary to the laws of humanity."

State of unconsciousness - Some say that the conceptus is not aware of its own existence and therefore is not an authentic human being. What, then, about the newborn, who has not yet reached the state of consciousness? And what about adult people who have suffered any type of accident and as a result have fallen into a state of deep coma, thus remaining unconscious for weeks, months, or even years? Did they, therefore, lose the status of authentic human beings in that period? It is true that the conceptus, the newborn, people in a state of deep coma are not aware of their own existence; we, however, are fully aware that they are human beings, possessing all the rights inherent to the human person, and, therefore, we cannot deny their existence.

False justifications - There are several reasons why abortion is justified: therapeutic, economic, social, sentimental, honorary reasons, etc. But wouldn’t respecting the life of a helpless, innocent and fragile human being be more than enough reason to prohibit and condemn abortion? It is indisputable that abortion is an action against life, it is an attempt against a human existence.

To affirm otherwise is to falsify the truth to justify “convenient” acts under the difficult circumstances of the moment. However dramatic the circumstances listed - such as the danger of clandestine practices, mother’s illness, large family, promiscuity, poverty, misery, dishonor, violence, incest, rape, fetal malformations, demographic explosion, etc. - the legalization of voluntary abortion is not justified. The legalization of this practice, in any of the aforementioned circumstances, represents a serious loosening, almost equivalent, in practice, to true liberation, with all its deleterious consequences on the human person as such, on the family as an institution, on society in general.

Legalized voluntary abortion constitutes a false and contradictory solution to serious problems that damage the dignity of the person, since it consists of an act, by its nature, contrary to the moral order and that affects human dignity even more, devaluing the life that is to be promoted. It is an attempt to solve human problems with contempt for human life itself.

Allowing, under any pretext, the voluntary suppression of an innocent human life in its intrauterine phase, such as preventing the suppression of a human life at any stage of its existence, when it constitutes a heavy burden: cripples, irrecoverable invalids, aggressive insane, old arteriosclerotic, irreversible comatose, etc. Only with respect for the rights of each, including the weakest and most defenseless, is it possible to safeguard the rights of all.
By lowering the value of human life to the level of irrational animals, it constitutes a serious abortion that attacks the natural foundations of the family, disintegrating them through the triumph of selfishness that rejects risks and repels sacrifices.

Those who kill the fruit of human union also bury love, and thus weaken and disfigure the family institution, whose values and greatness, which it contains, have a divine origin and are the foundations of society.

As the family institution is the living cell of society and the source of new members, it is obvious that only the well-constituted and correctly structured family according to the natural laws that govern human behavior is the basis and support of the social order.

Anti-human practices - such as abortion, contraception, etc. - which diminish the value of human life and disfigure the family, constitute factors of corruption and degradation of the society that institutionalizes them.

**Contraception and abortion** - They wave, arguing superficially, with contraception in the perspective of reducing the number of abortions. The present work does not include an analysis of this matter, but we can say that the arguments in this sense are incorrect and false. Experience shows that disrespect for natural moral law always leads to ever greater disruptions. The formation of a contraceptive mentality, which is bad in itself, is also an intermediate and necessary stage to reach tolerance and then the full acceptance of abortion as a “normal” thing.

Contraception, breaking the first link of the moral law of respect for human life, favors the acceptance of crypto-abortion methods and after abortion freely practiced.

The licentiousness with which we are beginning to defend, among us, the “right to abort” is something of a kind, including through lay magazines in pseudo-scientific articles, of popular penetration. And such a figure takes the problem, that it becomes necessary to attack it in its causes and not just treat the symptoms.

Among these causes we find massive and abusive contraceptive propaganda, a bad form of symptomatic therapy that, intending to fight evil, only manages to foment it: forges in the conjugal community the idea that a child is an accident, and as such it must be eliminated when failing contraception; favors and encourages extramarital and free-of-commitment sexual practices, especially among young people, thus increasing the incidence of unforeseen and unwanted pregnancies, in addition to corrupting customs, which leads to increasing promiscuity, in a progressive vicious circle.

Avoiding children increases the incidence of abortion rather than decreasing it. Worldwide, the promotion of contraception preceded and prepared the promotion of abortion. The facts indicate that in the cities where contraception is most practiced, abortion is the most practiced, which belies the hasty idea that the spread of contraceptive methods is capable of reducing the practice of abortion.

What happened in other countries begins to be seen in our Brazil: the emergence of institutions that are initially intended to propagate and disseminate artificial contraceptive methods and once the contraceptive mentality is created, the campaign is launched, initially
veiled and then openly, in favor of the “legalization” of abortion. It is worth noting that such a mentality is stimulated and supported by a systematic campaign, directed by a certain written, spoken and televised press against the values of our culture, even reaching the basic values of our nationality, under the pretext of imitating so-called developed countries. It is necessary to emphasize that this is the achievement of a narrow vision of development, having this as an end in itself, instead of seeing it only as a means for real progress - which aims at man, authentic human happiness - progress total human, individual and social, in all its aspects, based on moral principles, which must be preserved, at all costs, to guarantee the social order and individual rights.

“The ethical problem of birth is not limited to safeguarding existing human life, nor is it reduced to a question of techniques, viewed exclusively from the perspective of the indispensable conservation of every conceived human being. The horizon of this matter is much broader. Even before the dramatic and extreme situation of abortion takes shape, the value of the human person demands that his dignity be respected at the very level of the sources of the transmission of life “(Fr. NEY SA EARPS).

**Intrauterine device (IUD)** - We will limit ourselves to a brief comment on this abortion device, which is often lightly referred to as being contraceptive. Its impeding effect on the implantation of the egg in the uterine mucosa is a fact recognized even by those who adopt it, although they insist on mistakenly classifying it as contraceptive. Regarding the mechanism of action of the intrauterine device, we refer the reader to an excellent study on the subject, published in the Revista da Associação Médica Brasileira (vol. 19, no. 1 - January 1978 - pages 33/40), by authored by Prof. NILO PEREIRA Luz et al. Head of the Discipline of Clinical Obstetrics, Department of Gynecology and Obstetrics, Faculty of Medicine, Federal University of Rio Grande do Sul.In the aforementioned work, the authors make an extensive review of the medical literature - in which numerous scientific observations are reported - and demonstrate unequivocally that the IUD does not prevent the sperm from ascending to the tubes or the consequent fertilization of the egg, but deprives the newly conceived being, from the normal conditions to its development, “either preventing the nesting of a fertilized egg, or displacing an implanted egg” : We will quote only a small excerpt, taken from the final comments, in which the authors address the legal and ethical aspects of the “streamers”either by displacing an implanted egg”: We will quote only a small excerpt, taken from the final comments, in which the authors address the legal and ethical aspects of the" streamers "either by displacing an implanted egg " : We will quote only a small excerpt, taken from the final comments, in which the authors address the legal and ethical aspects of the" streamers "

“In order to situate, however, the legal point of view on the subject, one of us formulated a consultation regarding the Regional Council of

Medicine, having this, in a documented opinion, opted for the constitution of intrauterine devices in abortions, both from the point of view of ethical and legal view. Among other grounds, the draftsman of the said opinion was based on Brazilian law, extraordinarily well commented by NELSON HUNGRIA (Comments on the Brazilian Penal Code, vol. 5, p. 288):

“The Code, when incriminating abortion, does not distinguish between a fertilized egg, an embryo or a fetus: terminating the pregnancy before its normal term, there is the crime of abortion. Whatever the stage of pregnancy (from conception to the beginning of delivery, that is, the rupture of the amniotic membrane), causing its interruption is committing the crime of abortion.

If the main action of intrauterine devices is to prevent the nesting of a fertilized egg; if, from the scientific point of view, it must be admitted that the life of a new being begins with fertilization; if, from the point of view of the Brazilian Penal Code, preventing the development of a fertilized egg is committing the crime of abortion, it seems clear that intrauterine devices should be considered as abortive and not contraceptive.

It remains for the Regional and Federal Councils of Medicine to become aware of what is published here and to draw the consequences regarding the professional ethics of the use of such devices.”

Impotence of the law - In favor of permissive legislation, it is argued that current, prohibitive laws are powerless to suppress the practice of abortion and to end the facilities with which offenders escape justice. It is then proposed to legalize the referred crime on the assumption that, being “organized” and “correctly” performed by “honest, competent and competent” professionals, it would replace clandestine practice, which is carried out by ignorant and incompetent people, which, yes, they would be punished for their ignorance and incompetence and not for being criminals. It is further stated that - by a mechanism never convincingly explained - the impunity of the crime would result in a lower incidence of it.

Now, the voluntary extermination of an innocent and defenseless human life constitutes a much more serious crime than theft, the practice of which is much more widespread than abortion and whose main contributors also almost always escape the loop of the law. However, it has not yet been proposed to legalize certain types of thefts, so that they can be practiced more sparingly and with restraint by “distinguished and respectable” friends of others, without risking their lives and dishonor, or involving third parties. , often unfairly involved. In the same line of reasoning, the “legalization” of the “Death Squad” could be proposed, which would be considered an institution of “public utility”, etc. etc. etc.

The cold and serious analysis of recent events shows that, in several
countries - such as Japan, Denmark, Sweden, Russia, England, United States - where abortion has been somewhat facilitated or liberalized, the number of this intervention has grown, whose practice has reached high degree of degradation and brutality never imagined. Widespread news reports report real horrors.

In New York, the practice of abortion was totally released, and the intervention can be carried out until the 6th month of pregnancy (242 weeks) - a child born prematurely, in the 6th month of pregnancy, has biological conditions to survive and become if a normal adult, as long as he is not denied proper assistance! ... And the number of abortions increases alarmingly, to the point that hospitals have to undergo adaptations to meet the demand, which is more and more frequent. A piece of news was thus transmitted in 1970: “Since the first of July, when a more liberal law came into force, abortions are one of the most frequent operations in hospitals in the State of New Torque.” It was also reported that, with the facility being so great, trips were planned with all expenses paid including abortion in New York. For public advertising, large posters were used with the words: LEGAL ABORTION: 250 DOLLARS.

In England, too, the results were dismal, counting abortion among the most frequently performed interventions. In London, specialized clinics multiply in this macabre intervention. News from various parts of the world is brought to the attention of public opinion, stunning it. It was revealed that many live fetuses, sometimes with the characteristic cry of newborns are thus thrown into the incinerator or disposed biology institutes for experimental purposes, which reach the end of his short but dramatic life. Such events “unquestionably show that the Devil cannot be cast out in the name of Beelzebub”.

The fact that clandestine abortion is a widespread practice, in spite of prohibitive legislation, does not constitute an adequate remedy for it, legal liberalization, because we well know that the laws correctly formulated are, by their educational expression, an important factor for the moral formation of the people. Any initiative, designed to remedy such a serious social malady, would lose its effectiveness in the face of permissive legislation, with several easily predictable consequences. The legal permissiveness for the practice of abortion in “special cases” will only serve to cover up crimes or provide easier alternatives, outside the real solution, in the face of difficult situations that require arduous and responsible task. It also constitutes a serious injustice to the concepts listed among the “special cases”, unfairly excluding them from legal protection.

It is a well-known fact that the law is not only punitive, but also educational. Therefore, in addition to being unjust, any exception that excludes the right to life of innocent human beings - still in the mother’s womb, fragile and unresponsive - will be a bad consequence as it will weaken the community’s awareness of due respect for natural human rights and inalienable.

Law and Justice - ‘We transcribe another excerpt from the aforementioned Fluminense Judge of Law, Dr. CELSO PANZA:'
“The Law was made to be realized. In its realization, as a science, it obeys a program that comes from dogmatism that elaborates, constructs and criticizes it. First of all, it is natural; secondly, it comes from the fundamental order of states - written or unwritten, rigid or flexible constitutions. Here its axis, its operational nurse. In our country, as in all nations, because of the legal principle of censorship, unassailable over the course of time, what is contrary to the Constitution is contrary to the Law and cannot be realized. It would be pretentious to say that life is an asset protected by the Constitution. It composes all articles, paragraphs, items and paragraphs of all Constituents as the most excellent. Through it comes the competitive sense for the Union to legislate in criminal matters (...).

What is contrary to the law cannot be realized. Exceeds the lawful. Licensity has lines that are clearly visible in the standards and Institutes. Vulnered, there is an imbalance in social relations. It is axiomatic principle.

Such reasoning was expounded to conclude that social harmony is not with the legislator.

The law, as a human act, fallible because it undergoes the policing of criticism, the highest thinking value of dogmatics, and the censorship of the courts in the courts that go beyond legality. There are, however, social conguistas marked by law, denuded of criticism or reprochability. Men made them after the infinite will of creation. One of them is the protection of life, a guarantee that reveals how the emergence of man.

This security was surrounded by distressing concern.

Hence, by constitutional competence, the penal legislator, careful and deeply analytical, received from the scientific construction institutes that admit the deprecation of life, for a simple reason: in defense of life itself. Therefore, it inserted in the Penal Code, the scientificity of these standards. The legitimate defense, the state of necessity, the strict fulfillment of the legal duty or regular exercise of law, are exclusive causes of criminality. All with unique characters. All inspired by the most: relevant - life.

Through the Penal Diploma, assets are protected, their injuries are defined, anti-juridicity excluded by the prefabricated institutes; as the super-excellent protected life figures, but also, in reverse, in my opinion, its predation is authorized “sui generis”, in disagreement with the law mandated in the same diploma. Abortion is not protected by any exclusion.

Brazilian legislation - Brazilian legislation is, in letter and spirit, contrary to the practice of abortion. The Civil Code "(art. 4)" saves the rights of the unborn child FROM THE CONCEPTION " . It should be noted that 0 draft of the Civil Code, published in the Official Gazette of 7 August 1972, "repeats" verbatim "in

his art. 3, art. 4 of the current Civil Code"
Also 458 and 462 of the Civil Code "? are concerned with the protection of the rights of the unborn child. Let us see:
" Art. 458 - The authority of the curator extends to the person and property of the children of the curatelado, born or NASCITUROS (art. 462, single paragraph) "(emphasis added).
" Art. 462—HE WILL GIVE A HEALER AT BIRTH, if the father dies while the woman is pregnant, and has no fatherland " (emphasis added).
"Sole paragraph - If the woman is banned, HER CURATOR WILL BE THE BORN (art. 458)" (emphasis added).
Likewise, the new Civil Procedure Code, 18 already approved by Congress, in its arts. 877 and 878, take care to protect the assets of the unborn child (cf. Law No. 5,869, dated 11.1.1973):
“Art. 877 - The woman who, for the guarantee of the rights of the unborn child, wants to prove her state of pregnancy, will request the judge to have her appointed by a physician of the Public Prosecutor, after having heard the organ of the Public Prosecutor ” (emphasis added).
"81st -The request will be accompanied by the death certificate of the PERSON WHO THE BIRTH IS SUCCESSOR ” (emphasis added).
"8 2 - The examination will be waived if the deceased’s heirs accept the applicant’s statement."
"8 3º - IN NO EVENT SHALL FAILURE TO EXAMINE HARM THE RIGHTS OF THE BIRTH" (emphasis added).
"Art. 878 - After presenting the report that recognizes the pregnancy, the judge, by sentence, will declare the applicant invested in the possession of the RIGHTS THAT ASSIST THE BIRTH " (emphasis added).
"Sole Paragraph - If the applicant does not have the right to exercise power, JUDGE NOMINATES HEALER AT BIRTH" (emphasis added).
The Penal Code in force! prohibits induced abortion, tacitly equating it to homicide (Special Part - Title I: Crimes against the person - Chapter I: Crimes against life - arts. 124 to 127).
Incoherently, however, there are two exceptions, in which it is exempt from punishment (art. 128) (see comparative table).
The new Penal Code? promulgated by decree-law in 1969, which did not enter into force, maintains the same provisions of the current Penal Code! “ contrary to this unhealthy practice.

Unfortunately, however, does it retain the new Code? ” the exceptions of the other! º favoring them. The subject is dealt with in art. 130 of the New Penal Code? whose wording changes, for the worse, not only the letter, but above all the spirit of art. 128 of the current Code 19 This (article 128 of the current CP) does not discriminate against the abortion practiced in the two predicted hypotheses, only exempt from punishment, leaving, in principle, the idea of the moral illegality of the act preserved, although tarnishing it by tolerating the procedure legally in those exceptional cases, in which it does not punish it. Art. 130 of the new Penal Code goes beyond the exemption from penalty: it discriminates against the act in the two hypotheses provided, as well as offering greater legal facility for the practice of abortion, since it allows it even “presumed violence” (rape hypothesis - inc. II).
In the same sense is the inclusion of a new hypothesis - abortion to
“hide dishonor” - since, although describing and punishing criminal conduct, it does so in a way that it resembles it, when materialized, from repression, to cases of exemption of pity. This is because the imposed penalty (not exceeding 2 years) can be suspended by lawful criminal criteria, which is almost always done, as noted by Dr. CELSO PANZA: 2,

".. incomprehensible becomes the new type of conduct created by the new legislator in the draft Penal Code, in his art. 128 - honor abortion.
The incentive to abortion to hide dishonor comes in the very sentence for the type that emerged, with detention from six months to two years, which means a concession of “sursis” - suspension of the execution of the sentence - not being the repeat taxpayer, criterion authorized by law - art. 71 and items of the project - and adopted by almost all Judges, given the precarious recovery in our prison systems. “

In this way, the legal escape through ominous crimes against a fundamental principle of natural law and, therefore, of living together in security in society - respect for human life, expands. We see, therefore, taking another step on the path of capitulation, bringing our Penal Code closer to the so-called “Codes of Herod”, which, in force in some so-called developed countries, allow and facilitate the absurd killing of innocents.

There are those who consider Brazilian legislation obsolete, with regard to abortion, because they want it to be more open. In another sense, it is right to consider it, because, since humanity has achieved surprising scientific and technical development, it should not fit, in a Penal Code consistent with progress, except that the practice of an act considered criminal by the Code itself is allowed, erroneously justifying it by placing it as “therapeutic” or as “sentimental” (case of rape). We can see, in the two exceptions mentioned above, a serious inconsistency in Brazilian legislation. The Civil Code, 1 protects the rights of the unborn child from conception, and the Penal Code, 1, 2% is (both current and new) classifies abortion among the “Crimes against the Person”, “Crime against Life” therefore, they tacitly recognize the inviolability of fetal life. The latter, therefore, cannot be at the mercy of circumstances for which it has no direct responsibility. Nor is it conceivable, because it is absurd, to attribute to the fetuses generated by violence and to those who develop in the belly of a sick pregnant woman the responsibility for the violence of the father or the mother's illness. It is not logical, therefore, for the law to make exceptions allowing a life to be taken, based on circumstances that neither incriminate nor can incriminate, the same life that the law protects.

The Official Gazette (Section I, Part I), of December 31, 1973, published Law No. 6,016 / 12.12.73, enacted by the National Congress and sanctioned by the President of the Republic, which alters provisions of Decree-Law No. 1,004, of October 21, 1969, establishing the new Penal Code. The impunity for abortion in the event of rape was finally lifted, as can be seen from the new wording given to art. 130 (renumbered to art. 129, in which item II was deleted):
"Art. 130 (renumbered to art. 129) - Abortion by a doctor is not a crime, when it is the only means to prevent the death of the pregnant woman.
Sole paragraph - In the case foreseen in this article, it should precede, whenever possible, the confirmation or agreement of another doctor. “

It is important to clarify that the new Penal Code did not enter into force, while the Penal Code of 1940 was still in force.
It is essential that the exercise of any right depends fundamentally on one: the right to life.
Denied this, all others are usurped with it.
Ensuring this, the untouchability of innocent human life is implied from the beginning, still in the mother’s womb, and therefore it is not lawful, under any circumstances, by direct and deliberate action, to anticipate death. This fact occurs in the induced abortion, regardless of the denomination with which it is labeled, which consists in the death or direct and deliberate expulsion of the conceptus before its extra-uterine viability, and, therefore, in the extermination of a human life before birth, of a life that has a natural right to develop according to its potential. Miscarriage is an iniquity.
Thus, the modification that should be expected, or desired, or requested, in the Brazilian Penal Code, or in the legislation of any civilized country, where the natural rights of the human person are respected, is the total and definitive prohibition of the practice of abortion, an attitude more in line with law and justice, as well as with the spirit and progress of medicine.
Unfortunately, what we see in this matter is the bad example of some countries - mentioned above - being referred to as conduct more inclined to the spirit of the time, and pointed out as a path to be followed by developing countries.
It will be admitted that voluntary abortion is a sign of modern times if it is also eroticism as a substitute for love, deified nudism, stimulated pornography, homosexuality increasingly promoted, and many other aberrations, with which one wants to be marked. the current era. Thus, we would have the material progress of humanity accompanied by its moral decay, unpredictable achievements.
Right to exist - The right to exist, the prerogative of every human being since conception, is not a matter of opinion. It is not a convention. The right to life is not gradually acquired, as it begins at the very moment when life is conceived. It is a principle of natural law that must always be respected, in spite of the countless difficulties that, in certain cases, this can cause to parents, family, society. It cannot, therefore, vary according to subjective appraisals or economic, political or social injunctions.
Any legal provisions that may favor, even in the smallest proportion, the practice of abortion, are dangerous and unfair, as they face a fundamental principle of Natural Law and Positive Divine Law: the right to exist, the “you shall not kill”.

In this sense, we seek teachings in an inexhaustible source of wisdom, with two thousand years of experience and deepening. We made use of
statements by the last Pontiffs and transcribed brief excerpts from them.

Pio XII:

"Furthermore, every human being, even the child in his mother's womb, receives the right to life immediately from God and not from his parents or from any human society or authority. Therefore, there is no man, no human authority, no science, no medical, eugenic, social, economic, moral "indication" that can display or confer a valid legal title to dispose directly or deliberately of an innocent human life, I mean , to dispose of it for its destruction, seen either as an end or as a means to an end, which perhaps in itself is absolutely not illegitimate. So, for example, saving a mother's life is a noble end; but killing the child directly as a means to this end is not allowed. The direct destruction of an alleged “worthless” life, born or not yet born, this destruction practiced, a few years ago, on a large scale, it can in no way be justified. For this reason, when this practice began to spread, the Church formally declared that killing, even by order of public authority, those who, although innocent, because of their physical or mental defects are not useful to the nation, becoming a burden to her, is contrary to natural law and positive divine law, and therefore prohibited. The life of an innocent person is intangible, and any direct attack or aggression against it violates one of the fundamental laws, without which it is not possible to live safely in society. We do not need to explain to you in detail the significance and scope, in your profession, of this fundamental law. But, do not forget that above all human law and above all "indication", the law of God rises, indefectible "(Message from Pius XII to Doctors, Pauline Editions, 22 ed., P. 492: Address on the Midwife's Apostolate, at the hearing held on 10/29/1951).

John XXIII:

"Human life is sacred: even from its origin, it requires the direct intervention of God's creative action. Whoever violates the laws of life, offends the Divine Majesty, degrades himself and the human race, and weakens the community of which he is a member "(Mater et Magistra, Editora Vozes, V ed., P. 46). PAUL VI: f

“We want to say to the governors, who are the main responsible for the common good and who have so many possibilities to safeguard moral customs: do not allow the morality of your populations to be degraded; do not admit that practices that are contrary to natural and divine law are legally introduced into that fundamental cell, which is the family "(Humanae Vitae, Edições Paulinas, 22 ed., p. 25).
Still Paul VI:

“Another sad topic is abortion by eugenic, therapeutic, social, or whatever you call it. Nor do we think of extending this subject; we just want to briefly recall that, as it is definitely a direct homicide of an innocent life, abortion is a crime. It does not matter if it is discussed with great ease; it is forbidden, it is sin. It is a tragedy that attacks the sources of life; it is a violent contradiction to the highest and most sacred end of the family; it is a secret but burning dishonor for those who want it, for those who take it to the end. And since, before this hecatomb of innocents, our customs no longer react with the disapproval, the courage, the heroism that would be necessary, we want to appeal to all who can and should, to study in due terms such a delicate matter and rectify the false ones widespread opinions about this, doing everything possible to ensure that this painful and humiliating moral and social wound is remedied with other means, other than propaganda against the fertility of the family, not indifference, tolerance, complicity” (João Batista Cardinal Montini - later Pope Paul VI - 4 Christian Family, Pastoral Letter, Pauline Editions, 1963, page 38).

John Paul II:

“These words sum up my own pastoral program with regard to the family: a topic that today must be given priority, since the Church must render an authentic service to our tormented world. (...) It is necessary to proclaim loudly the sanctity of marriage, the value of the family and the intangibility of human life. I will never tire of fulfilling this mission that I deem imperative “(Speech addressed to the participants of the first congress for the family of Africa and Europe in 15-1-1981).

Still João PAULO II:

“If we grant citizenship rights to the murder of the man, when he is still in the bosom of his mother, then we are heading for the same reason towards the slope of incalculable moral consequences. If it is lawful to take the life of a human being, when he is weakest, totally dependent on the mother, parents and the realm of human consciences, then we destroy not only an innocent man, but also the same consciences. And it is not known how wide and quickly the ray of that destruction of consciences spreads, on which, above all, the most human sense of man's culture and progress is based. (...) The problem of responsibility for life conceived within each mother is an eminently social problem. And at the same time it is a problem for each and everyone. It is at the base of the moral culture of

And the future of men and societies depends on it. If we accepted the right to take the gift of life from an unborn man, would we then be able to defend man’s right to life in all other situations? Could we stop the process of destroying human consciences? “ (Address by the “Angelus” on Sunday, April 5, 1981).

And the Second Vatican Council:

“Indeed, God, Lord of Life, entrusted men, so that they could perform in a manner worthy of the same men, the noble burden of preserving life. This, therefore, must be safeguarded, with extreme solicitude, from the first moment of conception; abortion and infanticide are abominable crimes “(Vatican Council II, Gaudium et Spes, no. 51, Pauline Editions, p. 72).

II. SCIENTIFIC ASPECT

“Above all human law and above all” indication “, the law of God rises, indefectible.”

Pius XII

The pregnant woman is subject to contracting all the conditions that can affect the non-pregnant woman, with the particularity of being able to aggravate them due to the profound physiological changes that, in a certain way, overload the maternal organism.

On the other hand, the most serious systemic disorders and those located in the genitalia, when they occur at procreative age, decrease fertility and predispose to spontaneous abortion, but are not causes of absolute sterility or infertility in women.

Analyzing the problem of pregnancy with complications of serious illness in pregnant women, from a therapeutic point of view, we are faced, although not often, with difficult cases, which constitute a real challenge to the scientific and moral training of the doctor.

In the past, there were a greater number of obstetric cases in which the worsening of the pregnant woman’s poor state of health put the doctor in the embarrassing situation of seeing two human lives disappear, without having effective resources to try to save both.

At the present time, however, that disconcerting situation of “expectation with arms crossed” no longer prevails. The extraordinary resources currently available to Medicine offer the physician the means to continue the struggle in search of the desired end, which is the salvation of the mother-child binomial.

It is observed that, with regard to the strictly medical aspect, opinions increasingly converge in the acceptance of the fact that pathological situations in which it could be concluded that pregnancy cannot progress to fetal viability become rarer. In such cases it is difficult, if not impossible, to claim that abortion will save the mother.

There is no shortage of medical centers in Brazil that are sufficiently developed and equipped to offer the best assistance to the most
serious cases. It would not be difficult to remove pregnant women living in the countryside for such centers, provided that the attention of those responsible was turned to that end.

In general, in addition to the care directed at fetal life, the therapeutic resources applicable to pregnant women are the same as those used outside pregnancy.

As we saw in Part I of this paper, when considering the ethical aspect of the problems related to the mother-child binomial, Moral in no way prevents the sick pregnant woman from being treated properly.

It is common and correct to state that the pregnant woman with a serious illness can be treated as if she were not pregnant. This does not mean, of course, that if efforts are not made to prevent the fetus from suffering the consequences of maternal treatment. Whenever possible, the most drastic treatments should be postponed until the 3rd or 4th month of pregnancy for better safety of the fetus, or even, above all, radical conducts, until fetal viability, which, unfortunately, is not always the pathological process allows.

Obstetrics has valuable semiotic and therapeutic resources, which must be put into practice with a view to the conceptus, assisting maternal treatment.

It is important to pay close attention to the difference that exists between the practice of direct abortion called “therapeutic” (voluntary, deliberate and direct attempt against fetal life in order to “save” the mother) and the therapeutic, clinical or surgical practice, applied to the mother as if she were not pregnant, but which, at the same time, will put fetal life at risk. While this conduct is lawful, it is not.

We do not intend, in this work, to analyze all medical problems related to the theme, nor to expose and discuss all the existing clinical and surgical resources to guide these cases.

Our purpose is just to demonstrate, in general terms, that the appeal to the so-called “therapeutic abortion” as a means of saving the pregnant woman’s life does not constitute a scientific resource, especially today, in view of the modern conquests of Medicine.

In this sense, we are based on scientific testimonies from Brazilian medical personalities with vast experience and recognized professional knowledge. Several of these testimonies were obtained through consultations made by us to distinguished colleagues from various specialties, who deigned to answer them. Others were extracted from scientific papers published in magazines or presented at Brazilian medical congresses.

CARDIOLOGY - One of the greatest expressions in Cardiovascular Surgery in Latin America, Dr. EJ ZERBINI, * 59. 64 responding to questions asked by us, said that cardiovascular surgery can contribute to the salvation of the mother-child binomial in case of pregnant women with severe heart disease. And he denied that there are specific cases in which, if there is an indication for surgical treatment, pregnancy is an obstacle to his indication.

He commented on the opportune time for the surgical procedure:

“In cases of absolute indication - eg: mitral stenosis, in acute
pulmonary edema - the surgery can be performed at any time. In relative indications, it is preferable to postpone the surgery until reaching 39 months of gestation."

We thus see that, even in very serious cases, such as the occurrence of acute edema of the lungs in a pregnant woman, cardiac surgery, when indicated, can and should be performed, certainly after prior preparation, without the need to resort to direct sacrifice of the fetus, which, in this case, can be saved together with the mother.

Reviewing the literature, we found in the magazine Arquivos Brasileiros de Cardiologia, an organ of the Brazilian Society of Cardiology, an article entitled “Cardiac Surgery During Pregnancy. Twelve Cases Operated with Extracorporeal Circulation and Hemodilution” (Milton Ary Meier, José Feldman, José Carlos Ferraro Maia, Waldir Jazbik, Paulo Pernambuco, Antônio de Pádua Jazbik, Breno Cruz Mascarenhas and Domingos Junqueira de Morais). In the introduction the authors say:

“Progress in diagnostic techniques, better knowledge of hemodynamic changes during pregnancy and their clinical management have enabled a greater number of cardiac patients to pass through the fertile years with an opportunity to procreate. Most women with heart disease endure the pregnant-puerperal cycle almost without incident; others, however, have alarming and severe symptoms that can progress to death of mother and fetus. These patients are refractory to any clinical treatment, requiring more energetic measures to be taken.

Among 750 patients undergoing cardiac surgery with cardiopulmonary bypass, we operated on 12 women during pregnancy. Ten underwent surgery for having an absolute indication for surgery. Nine had mitral stenosis, and one, a double mitral lesion. In addition to these, we operated on two more patients, the first with aneurysm of the ascending aorta and the other with pulmonary valve stenosis, without knowing them pregnant. They were included in the present work, as they are, in our view, clarifying cases of the validity and applicability of the method.”

After discussing technical aspects and reporting each case per se, they comment:

“Apparently the pregnant woman tolerates cardiopulmonary bypass perfectly well, because in 9 patients in the review mentioned, 12 more cases in our series, 3 by Felipozzi and 2 by other Brazilian surgeons mentioned, in a total of 26 patients, there was no maternal death. (...)

The extraordinary progress of cardiopulmonary bypass techniques, including hemodilution and the use of small initial volume oxygenators, made cardiac surgery with great safety possible, even in the most complex heart diseases.

Despite the small number of cases, the absence of deaths shows that cardiopulmonary bypass with hemodilution can be
performed with a risk equal to that seen outside pregnancy. The absence of operative mortality and especially fetal morbidity are strong enough reasons to adopt a more interventionist attitude, indicating the operation in those patients who, during the course of pregnancy, show signs and symptoms that signify a significant decrease in circulatory reserve. (...) The operations performed were: mitral commissurotomy in nine pregnant women; plication of the mitral ring in a patient with a double mitral lesion; opening of the pulmonary valve in one pregnant woman and resection of aneurysm of the ascending aorta in another. The operated patients were at various ages of gestation, from 10 to 34 weeks, and there was no maternal or fetal mortality. Seven had normal deliveries, 4 are waiting for the delivery date and one is unaware of the final result. ”

Dr. Adolpho Barcellini 3 9 5 (Head of the Discipline of Cardiology of the Department of Medicine of the Paulista School of Medicine) and Dr. José Bocanegra Arroyo (Head of the Electrocardiography Section of the Discipline of Cardiology) expressed themselves together:

“About 2% to 4% of pregnant women have heart diseases that are distributed as follows, according to their etiology:

Rheumatic 85%
Congenital 12%
Hypertensive 1%
Other 2%

Mortality in pregnant women with heart disease ranges from 1% to 5%, with heart failure being the main responsible for this failure. However, considering the patients belonging to functional groups III and IV, this figure reaches 15%. Fortunately, at present there is a drop in this index due to the use of medical resources, such as the use of cardiotonics, potent diuretics, antiarrhythmic agents, anticoagulants, corticosteroids, hypotensors and surgeries, such as the performance of commissurotomies, exchanges of up to three (3) heart valves, corrections of birth defects, implantation of cardiac pacemakers in Stoke-Adams crises, congenital or acquired atrioventricular blocks, mainly in chagasic heart disease.

The fact that teamwork with obstetricians is always necessary to achieve better results is highlighted. ”

Prof. Luiz V. Décourt, 3 Head of the Clinical Department of the Faculty of Medicine of the University of São Paulo, presiding over a round table on “Respect for Life”, closed it with the following words, which, from one of the most experienced renowned cardiologists in our country, constitute a valuable testimony:
“I would therefore like to make two final assessments here. First about therapeutic abortion, a serious problem that we cardiologists face every day in front of pregnant and cardiac women. In my experience of about 30 years, only once did I find myself in doubt about the imperative indication of abortion. In all other cases, the cardiac endured her pregnancy. This will be possible, as long as the patient is treated and guided.

It is obvious that a serious problem may arise, but in general it is not solved with the trauma of the interruption itself. I met a cardiac patient with double valve dysfunction - she does not live in this city - and she received the title of mother of the year because she had 10 children. My experience as a cardiologist testifies to the fact that if the assistance is really well designed, the pregnancy evolves with a good margin of success.

But the fundamental problem is not that of carrying out the pregnancy, but of whether the interruption will improve the circulatory state. Because, in order to consciously kill a human being, it would be indispensable, even from a materialistic point of view, to know if the other will really be saved.

Now, what we find is not this certainty, but a presumption that first expresses the desire to move away from a difficult task. For the doctor, who thinks to avoid an uncertainty of responsibility, and for the mother, who tries to escape a risk. The situation is perfectly understandable from the point of view of human weakness. And so abortions are allowed and pregnancies are avoided just in the name of what could happen.

The question I posed just now focuses on the possibility of "extinction of one life being able to save the other". Now, this power attributed to such a serious act is already very problematic from a strictly medical point of view. So that its application, in almost all cases, rests on mere presumption.

I must remember what my friend, Prof. Fernando Carneiro, said about the problem of the sick and that of human rights, the objectionable act not being justified by a possible good effect.

I admit that the rights of the individual must be respected to the end and in all conditions. (...) And this brings us to the final question that Prof. Fernando Carneiro responds so brilliantly.

That is, the doctor's duty is not to interrupt life. In any case, he must always keep it; evidently you will have to mitigate the suffering. Health is not just the absence of disease, but physical and mental well-being. And if for the well-being it is necessary that there is no suffering, then the doctor, facing the principle of double effect, will judge the alternative and use his legal means. But only these.

I believe that we can close this table on “Respect for Life”, reaffirming that the doctor has no right to abbreviate it or to compromise it. The statement may seem simplistic in the face
of some dramatic eventualities and we know it well, but the fundamental principle is no exception. Medicine is a field where many times only austerity and the good sense of the doctor can decide, but the decision, whatever the alternative, cannot ignore the elementary respect for life. I would say, then, in conclusion, that we should once again think of the words of Pius XII, who stressed that it is not up to the doctor to act well or badly, as long as he wants to act well. But it will be up to him, who handles the deepest human forces, to always act well, no matter what the cost. It is your prerogative, and also your burden, to interpret what works well."

**TISIOLOGY** - Dr. Aloysio Veiga de Paula, 345. 59 Professor of the Chair of Tisiology and Pulmonology at the Faculty of Medicine of Universidade Federal Fluminense, issued his authoritative opinion in the following terms:

> "Answering the question, I inform you that yes, current medicine has antibiotics and chemotherapy to cure pulmonary tuberculosis in pregnant women, even fetal viability. The working methods for discovering and diagnosing tuberculosis cases are carried out at the Tuberculosis Dispensaries, throughout the national territory, under the technical supervision of the National Tuberculosis Division and the National Campaign Against Tuberculosis. In Guanabara, we have the Nossa Senhora das Dores Hospital, which is part of the Santa Casa de Misericórdia hospital network, under the direction of Dr. Caio Vinicius Câmara, where tuberculous pregnant women have been hospitalized. At a time before the onset of tuberculosis drugs, a balance was made in the activities of this nosocomium, concluding that pregnancy is not an aggravating factor in the treatment of tuberculosis. (...) At the present time, correctly used chemotherapy cures pregnant women with pulmonary tuberculosis, until fetal viability, observing the basic postulates in its administration, which are the responsibility of physiologists."

Professor Hélio Fraga, *. 26. 59 Director of the Institute and Tisiology and Pulmonology at the Federal University of Rio de Janeiro and Rector of the same University, as follows:

> "1) in principle, with the current resources of Medicine, there is no indication for the so-called “therapeutic abortion”; 2) I never had, in my practice, the need to indicate the so-called “therapeutic abortion”. About the initiative of more than a hundred doctors from the State of Rio de Janeiro who in a memorial addressed to the Minister of Justice, Prof. Alfredo Buzaid, propose the repeal of art. 128 of the Penal Code, I want, as a citizen and as a doctor, to declare my solidarity with the position assumed in that memorial, of February 29, 1972."
NEPHROLOGY - We transcribe an excerpt from the editorial “Renal Disease and Pregnancy”, from the Revista do Hospital das Clínicas of the Faculty of Medicine of the University of São Paulo, authored by Drs. Pedro Renato Chocair and Emil Sabbagal * (the latter head of the Unit’s clinical sector) Kidney Transplant.

"III - MAINTENANCE OF PREGNANCY IN UREMIC PATIENTS
1. Acute renal failure (ARF): there are counted references in the literature concerning this subject. The first in 1960, emphasizes maternal survival in 29 cases, the criteria for the diagnosis of AKI and its management, omitting, however, the effects of uremia on the uterus-placental unit. The survival of 100% of the patients is worthy of mention, especially considering the time when the cases were followed. In 1961, THEIL et al. used the artificial kidney for the first time in a pregnant woman in the 8th month, for the treatment of severe diphenylidantoin and phenobarbital intoxication. The mother recovered and, 43 days after the episode, a normal child of 8,160 9g was spontaneously born. Thus, the absence of deleterious effects of hemodialysis and the heparinization it implies on the fetus have been proven. It was later confirmed that heparin has no anticoagulant effect in children born to heparinized mothers. Another case in which hemodialysis was used in pregnant women was mentioned by KURTZ et al. It was a pregnant woman in the 5th month, with 21 years of age, severely intoxicated by glutetimide (Doriden). She underwent a 10-hour hemodialysis session, using the Koff apparatus, in which 60 mg of heparin and priming of 1,000 ml of whole blood were used. During dialysis, the patient presented with arterial hypotension followed by AKI, a six-day oliguria. On the 6th day, urea levels were around 200 mg%. The patient recovered spontaneously and four months later gave birth to the normal child of 2,860 g. A truly illustrative case was followed by PASTRANA et al. when they clinically maintained a pregnant woman in the 32nd week of pregnancy, who after a severe episode of acute pyelonephritis remained in oliguric ARF, reaching a urea plasma level of up to 400 mg%. There was a progressive regression of the condition from the 13th day of evolution and at no time did they observe signs of fetal distress. Possibly uremia, acidosis and other alterations in renal failure do not pose greater risks to the fetus, as long as they are not of long duration.
2. Chronic kidney failure: as noted, the uremic woman can ovulate and, consequently, become pregnant. It is known, however, that there is a high incidence of preterm and stillbirths in uremia, a fact attributed to placental ischemia. Along with this factor, just as important or more is arterial hypertension, which is often associated with kidney diseases. Maintaining blood pressure levels at a satisfactory level in a nephropath, with or without nitrogen retention, will surely improve the maternal-fetal prognosis. The first successful case
was followed by HERWING et al., In 1965. They report the evolution of a patient with chronic nephropathy, treated with repeated hemodialysis. In the third trimester, via a cesarean section, a viable premature was born. Six months after birth, the child was absolutely normal. Another pregnant patient on chronic dialysis was followed up by ROBINSON et al. At 31% week of gestation, after premature rupture of the membranes, a healthy child was born vaginally, of normal size for gestational age, without presenting abnormalities in subsequent exams. UNZELMAN et al., After successfully following a chronic nephropath on hemodialysis, suggest that the frequency of duration of dialysis should be increased to maintain blood urea around 70-80 mg%. They also recommend calcium supplements, a diet rich in proteins and maintaining a stable hematocrit, thus offering the best possible environment for the circumstances of the fetus. normal size for gestational age, without abnormalities in subsequent examinations. UNZELMAN et al., After successfully following a chronic nephropath on hemodialysis, suggest that the frequency of duration of dialysis should be increased to maintain blood urea around 70-80 mg%. They also recommend calcium supplements, a diet rich in proteins and maintaining a stable hematocrit, thus offering the best possible environment for the circumstances of the fetus. normal size for gestational age, without abnormalities in subsequent examinations. UNZELMAN et al., After successfully following a chronic nephropath on hemodialysis, suggest that the frequency of duration of dialysis should be increased to maintain blood urea around 70-80 mg%. They also recommend calcium supplements, a diet rich in proteins and maintaining a stable hematocrit, thus offering the best possible environment for the circumstances of the fetus. normal size for gestational age, without abnormalities in subsequent examinations. UNZELMAN et al., After successfully following a chronic nephropath on hemodialysis, suggest that the frequency of duration of dialysis should be increased to maintain blood urea around 70-80 mg%. They also recommend calcium supplements, a diet rich in proteins and maintaining a stable hematocrit, thus offering the best possible environment for the circumstances of the fetus. normal size for gestational age, without abnormalities in subsequent examinations. UNZELMAN et al., After successfully following a chronic nephropath on hemodialysis, suggest that the frequency of duration of dialysis should be increased to maintain blood urea around 70-80 mg%. They also recommend calcium supplements, a diet rich in proteins and maintaining a stable hematocrit, thus offering the best possible environment for the circumstances of the fetus. protein-rich diet and maintenance of a stable hematocrit, thus offering the best possible environment for the circumstances of the fetus.

Recently, CHOCAIR and SABBAGA (personal observation) followed an uremic patient with a single kidney who, due to bladder problems, secondary to tuberculosis, was maintained with nephrostomy. It evolves throughout the normotensive pregnancy and with stable renal function (urea - 70 mg% ; creatine - 3.0 mg%; creatinine clearance - 17 ml / min.). After nine months of pregnancy, a normal child was born, with only a mild weight deficit. 

PSYCHIATRY - 'We transcribe the words of the Professor of Psychiatry at the Faculty of Medicine of the Federal University of Rio de Janeiro and President of the National Academy of Medicine, Prof. José Leme Lopes:

"The question:" Is there a psychiatric indication for the so-called therapeutic abortion? ' - the firm answer is NO.
I explain:
1. There are no grounds for an eugenic abortion. There is no mandatory mental illness transmitted by inheritance.
2. Therapeutic abortion sense strictu does not exist in Psychiatry. Psychoses in the course of pregnancy have a good prognosis. Acute symptoms (violent psychomotor agitation) can be managed without prejudice to the mother and child. There is a record of pregnant women with good tolerance to electroshock.”

On another occasion, the same Professor said:

“With this letter I come to bring you my strong support for the campaign they have been undertaking to correct the anomaly of a specious characterization of the so-called therapeutic abortion in the Penal Code. At a time when the desecration of human life is so profound that it does not respect the right to live of the unborn child, the position taken by the distinguished colleagues is like an awareness and a departure for resistance and struggle in favor of Christian ideals.
As a Professor of Psychiatry I want to add my voice to those who deny psychological and psychopathological arguments for the free practice of abortion.”

HEMATOLOGY - Dr. Monteiro Marinho, Head of the Hematological Clinic Service of the Hematology Institute of the State of Guanabara, working on hematopathies in the course of pregnancy (including analyzing the various types of leukemia), concluded as follows:

“In none of the conditions mentioned above is the practice of abortion appropriate. There would be no goal to aim at. Good medical conduct, based on perfect knowledge of problems, clinical experience and common sense, will always make the appropriate referral and failure will occur within the limits of its causalism. No ethical, moral, religious or technical support justifies, in such circumstances, the practice of interrupting pregnancy.”

Hematologist Dr. Herbert Praxedes, “Free Lecturer at the Faculty of Medicine at the Federal University of Rio de Janeiro and Adjunct Professor at the Faculty of Medicine at the Federal Fluminense University, responded to the consultation we formulated in the following terms:

“I have more and more doubts about the validity of the clinical indication for the so-called“ therapeutic abortion “, mainly with the resources of contemporary medicine, but even without them.
From a strictly medical point of view, if it is possible to dissociate any moral considerations from clinical practice, I think it is the most perfect human organism that many judge, because, as a distinguished cardiologist from São Paulo told me
a few years ago, if pregnancy is incompatible with any state
the pregnant woman's morbid condition, the disease itself is in
charge of interrupting it. If there is no moral or legal limitation
to the use of the necessary medication for the mother, capable
of injuring or even killing the fetus, what is the clinical
justification for choosing to kill him preventively? If eugenic
considerations start to be weighed, the justification for abortion
ceases to be therapeutic to be eugenic and hence the
extermination chambers for defective newborns, euthanasia
and the elimination of useless or sick old people is just a matter
of time. If anyone doubts this, just consult some recent editions
of the Time where the subject is already seriously discussed as
it was before the liberation of abortion in the legislation of
some American states. If this is what is desired, albeit
unconsciously, why is the so-called civilized world so proud of
the victory over German National Socialism, Nazism, that it not
only advocated but put into practice measures like these? The
Supreme Court of the United States, in allowing abortion in that
country, made us wonder why we are called underdeveloped if
development means degradation of the human person. As a
clinical hematologist, I never had any case that justified the
existence in the legislation of a permissiveness for deliberate
murder under the pseudoscientific cloak of therapy, and I have,
as I said earlier, doubts about the validity of its indication in
other medical specialties."

PHARMACOLOGY - Professor José Ribeiro do Vale, 3. 5º 61 Head of the
Department of Biochemistry and Pharmacology at Escola Paulista de
Medicina, responding to the consultation we formulated, he emphasized
that, as a pharmacologist, he has no personal experience in the matter.
However, he insisted on adding:

"I am against abortion in any form, depending or not on the
misinterpreted therapeutic indication. I experienced in my own
family the drama of this "indication". The mother refused the
medical suggestion given her precarious physical condition.
The little girl was born healthy, did not give a job and was the
mother's relief and comfort in her last two years of life. The
nomination was formal in the opinion of the colleague. It was
not followed, thank God."

ENDOCRINOLOGY AND METABOLISM - Dr. Antônio Rodrigues
Ferreira, endocrinologist from Belo Horizonte (Former Vice President
of the Brazilian Society of Endocrinology and Metabolism, Former
President of the Minas Gerais Section of the same entity), in recent
considerations on the problem of induced abortion, it was defined about
therapeutic abortion, denying scientific basis for its legalization:

"In a special way, we subscribe to the thesis that there is no
scientific, legal or moral argument that justifies" therapeutic ",
sentimental "or" eugenic "abortion."
GYNECOLOGY - In the association of gynecopathies and pregnancy, we are faced with the most particularly tragic cases and extremely difficult to resolve.

In general, however, the double effect principle also applies here, whereby the pregnant patient, when ill, is entitled to the same resources available and applicable outside pregnancy, even though such resources may affect the conceptus.

As the intercurrence of gynecopathies and pregnancy is varied, we will limit ourselves to considering the circumstances that offer the greatest difficulties, which, fortunately, are not very frequent.

Breast disorders - We are interested in the association of breast cancer and pregnancy. Constituting uncommon complications, the statistics of each specialized center are small, which does not allow the establishment of a general conduct. It is an accepted fact, however, that the prognosis of breast cancer installed in a pregnant woman is worse than that occurring outside of pregnancy. However, the authors who managed to gather more experience admit that the evolution of carcinoma does not change with the interruption of pregnancy and even, according to some experts, the best results were obtained among patients whose pregnancy proceeded normally.

At the 1st Brazilian Congress of Mammary Pathology, held in the State of Guanabara in September 1971, the theme was addressed several times.

Dr. Jerome K. Urban, “one of the world’s leading authorities on breast cancer, a special guest at that Congress, in one of his presentations referred to the association of breast cancer and pregnancy.

At that time, he opined that abortion does not improve the prognosis of curable cases and advised to treat cancer without knowing about pregnancy. Regarding the operated patients, he said he does not believe that a new pregnancy can be harmful, although he does not advise it.

Also Dr. Georges Arié? - Head of the III Surgery Service of the Central Institute of the São Paulo Association for the Fight against Cancer - he stated that he does not interrupt the pregnancy in a pregnant woman with breast cancer, nor advise against pregnancy after treatment. In general, this is how he summarized his conduct: until the 6th month, treat as if the patient were not pregnant; after the 6th month induce labor and treat cancer.

Dr. José Baptista Silva Neto, “a surgeon with the same service, came to the same conclusion after reviewing the substantial literature on the subject and studying 47 cases of breast carcinoma associated with pregnancy or lactation. He published his study and recommended the following treatment:

“It is almost universally accepted that surgical treatment offers the best results. In the case of cancer associated with pregnancy, there are some points of disagreement regarding the timing of the operation and the use of radiation.

The high percentage of axillary metastases in our material, both in cancer associated with pregnancy and lactation, has been widely confirmed in the literature. This fact tells us that treatment should be started as soon as possible. In the first two
trimesters of pregnancy, we operate immediately. In the 3rd trimester, we wait until the fetus is viable, when we then indicate cesarean and radical mastectomy to follow; this waiting is conditioned by the high risk of miscarriage during this period of pregnancy.

While we await fetal viability, we use radiation therapy. There are two aspects of treatment that deserve further comment, namely: the opportunity of the operation during the 3rd trimester and the problem of the use of irradiations during pregnancy. There are authors like Miller and Schmid who advocate immediate operation also in the 8th quarter. However, Bunker and Peters did not see a worsening of the results in those cases that waited for the delivery before starting to treat the tumor; on the contrary, it was exactly these cases that had better survival, while the least favorable results in the series were those of patients who started treatment in the third trimester of pregnancy. Because of this fact, Peters currently keeps these patients under observation, not using any type of treatment until delivery, and only after this does therapy begin. Harrington also found better results in cases operated after delivery. However, Holleb and Farrow report superior results in patients operated on in the 3rd trimester. We think that Peters' point of view still deserves further investigation.

Regarding the use of irradiations, we recommend it in the postoperative period whenever there are compromised axillary nodes, as well as in tumors of internal or central quadrants, even without axillary metastases. In common breast cancer, the percentage of cases with metastases in the internal mammary ganglion chain in central or internal tumors, without axillary metastases, is around 10%. In cancer associated with pregnancy or lactation, in which there is an increase in blood and lymphatic vascularization, this percentage is likely to be higher. We have not seen any inconvenience, at least immediate, to the fetus in our hospital. We use preoperative radiotherapy in the 3rd trimester of pregnancy, while awaiting fetal viability, when then cesarean and radical mastectomy are performed. In cancer, in lactation, we operate immediately and indicate radiotherapy in the same way as now referred to pregnancy."

Ahead concluded:

“Subsequent pregnancy in cases of operated breast carcinoma does not appear to worsen the prognosis. The literature review allowed us to verify that until the present moment there is no evidence that the interruption of the pregnancy produces an improvement in the results for five years, either in patients with simultaneous pregnancy or in those with pregnancy subsequent to the treatment of the carcinoma.”
Uterine disorders - The most disconcerting situations are found in pregnancy and matrix diseases.

Uterine fibroid - As it is a known benign tumor, although it is influenced by the pregnancy state (imbibition, softening, hypertrophy), the best approach for the pregnant woman and the fetus is the expectant one. Surgical intervention is only justified in the face of complications, which are the same as those observed outside pregnancy (degeneration, torsion of the pedicles, necrobiosis with secondary infection, etc.). Complication inherent to pregnancy is observed in large fibroids in which uterine growth, at the expense of the pregnancy state and the tumor itself, ends up causing space conflict, with pain and discomfort. In the circumstances in which surgical treatment is required, it must always be conservative and be limited to the excision of the fibroid nodules responsible for the complication, except in certain cases, a viable fetus, in which hysterectomy, when indicated, may follow the Cesarean.

Carcinoma of the uterine cervix - Within the limits of this study, comments on the questionable influence of pregnancy on cervical cancer are not discussed, nor are they discussed the difficulties that this condition may constitute for the good evolution of pregnancy. We will stick to the therapeutic approach in this dramatic circumstance, of low frequency, thus offering scarce and inconclusive statistical data. Regardless of pregnancy, there are two therapeutic methods applicable to the cure of cervical carcinoma: surgery and radiation therapy. Both have curative efficacy only when applied in radical extension, that is, by isolating, by surgical excision or by actinic action, the entire uterus, parametries and appendages, preferably also including adipose-ganglionic-pelvic tissue. In the best cases, the proper use of these methods, alone or in combination, offers a high curability index. In advanced cases, all therapeutic resources are impotent and only apply in a palliative manner. Thus, we can now select the cases of association of cervical cancer and pregnancy in two groups: curable patients and incurable patients (advanced cases). In curable cases, we make a new selection: viable and unviable fetuses. If the fetus is viable, cesarean surgery should be performed as a previous period of radical hysterectomy (Wertheim operation) or, as the case may be, radiation treatment. In incipient pregnancy (unviable fetus), both conducts properly applied will result in, in parallel to the mother's cure, the death of the fetus, an indirect consequence, neither intended nor desired, although foreseen. In order, in particular cases, to safeguard the life of the fetus, to the detriment of the mother, special radiotherapy treatments were carried out, with adapted techniques: Zamitti Mammana% cites Pouey, who reports good results with radiotherapy without causing damage to the fetuses; in Brazil the case of Gerson Rodrigues do Lago is classic, who treated, with radium, cervical carcinoma in a patient with twin pregnancies, whose twins were born by cesarean delivery at seven months of gestation and evolved within normal limits, leaving the
mother clinically cured. There are authors, however, who present opposite results, with maternal damage. Such exceptional treatments, with adapted and therefore deficient techniques, cannot serve as a rule, since they deprive the maternal right to correct treatment, with the usual therapeutic resources, such as radical surgery or the classic techniques of radium and cobaltotherapy, also radical.

In our view, since it is not possible to wait for fetal viability, the best approach consists of radical hysterectomy, which, in these circumstances, seems to offer a better chance of success and still allow the fetus to be baptized.

We also remember that, in the second trimester of pregnancy, although it is not mandatory because it constitutes a certain risk for the pregnant woman, it is possible to wait for fetal viability before intervening, saving the child. In this procedure, it is essential to subject the pregnant woman to weekly examinations so that any progress of the disease can be surprised, a circumstance in which treatment should not be postponed any longer.

As we saw in Part I of this paper, the double effect principle applies here. A good or indifferent act (in this case hysterectomy) is followed by two consequences: a good, targeted one, to which the act directly addresses (the mother’s cure), and a bad one, neither targeted nor desired, to which it is not directed. directs the act, but inevitable (the death of the conceptus).

In the group of incurable patients (advanced cases), it seems more sensible to wait for fetal viability and only then, after cesarean section, start palliative treatment.

Obviously, each case must be analyzed on its own, taking into account all the implications that involve it.

Below we transcribe the conduct recommended by Prof. A. Wolff Netto, Professor at the Obstetric Clinic of the Faculty of Medicine of Sorocaba and Free Lecturer at the Gynecological Clinic of the Faculty of Medicine of the University of São Paulo:

“In the treatment of cervical carcinoma in pregnant women, we must distinguish between operable and inoperable cases. In operable cases (stage I), when pregnancy is at the beginning (1st trimester), immediate radical surgery (WERTHEIM operation) should be performed, since waiting for fetal viability will render the neoplasm inoperable. Even from a moral point of view, this conduct is correct, because it is not a direct, but an indirect abortion. Here, the aim is not to destroy fetal life, but to remove a malignant neoplasm. The death of the fetus is neither an end nor a means, but a consequence of the necessary treatment. It is not the case of the so-called therapeutic abortion, where the destruction of the fetus' life is a means of treatment (?) And, therefore, the purpose of the action.

After the first trimester, it will be possible to wait for viability and then remove a fetus with life possibilities alongside the radical operation.
However, it is necessary to periodically examine the patient in order to assess the local situation of the neoplasia and, at the slightest sign of spread, intervene.

If the carcinoma is inoperable, radium should be applied.

In the beginning of pregnancy, the death of the egg is very frequent with curiotherapy.

In the 2nd trimester the fetus does not succumb so easily and can reach viability when it will be removed by cesarean section.

In the 3rd trimester of pregnancy, however, inoperable cases should be treated in a slightly different way. First, cesarean section is performed and then the patient is subjected to the application of radium.

Most radiotherapists advise only cesarean section and not hysterectomy, stressing the importance of conserving the uterus for the good practice of curetherapy. And when, in these cases, the hysterectomy has to be done, the physiotherapists ask to preserve, at least, the cervix.

Endometrial carcinoma - It is a very rare association, as this disease affects an age group above the woman's reproductive period. When it occurs, the diagnosis of this condition is very difficult and spontaneous abortion is the rule. Only then, by examining the material, is the disease revealed. In cases, however, in which a simultaneous diagnosis of pregnancy and endometrial cancer is made, the correct management consists of excising the sick uterus, although pregnant. This operation is morally permitted, as we have already seen when studying the principle of double effect.

Ovarian disorders - The association of ovarian tumor and pregnancy is the most rare occurrence.

All ovarian tumors must be treated surgically, a conduct that is also valid during pregnancy. Benign tumors can benefit from simple oophorectomy, a procedure adopted in young patients. Malignant tumors are usually treated, at any age, with more extensive surgery, which consists of ablation of the uterus and both attachments, even in localized carcinomas. As the definitive diagnosis of malignancy depends on histopathological examination, treatment is often done in two stages, especially in young patients, in which, whenever possible (non-malignant tumors), care is taken to preserve the other ovary and the uterus. in order to preserve hormonal balance, menstruation and the procreative function. Thus, in the 1st stage, a simple oophorectomy is performed and the histopathological examination report is awaited. If the result requires it, the most extensive surgery is performed in the 2nd period, excising the uterus and remaining attachments. The shorter the time between operations, the better. The most correct is the preoperative histopathological examination of the tumor ovary, for immediate continuation of the surgery, when the pathologist's report is conclusive and positive for malignancy.

From an ethical point of view, the double effect principle also applies here, which allows for adequate maternal treatment, as if there were no pregnancy.

Although ablation of the uterus and attachments, in the course of
pregnancy and ovarian cancer, is a valid conduct, as it is the safest, we should always consider the possibility of, after ovarian excision, waiting for fetal viability to conclude therapy, without forgetting, however, that among the ovarian tumors are of higher malignancy. In fact, there are studies in which good authors advise the preservation of the uterus to enable the application of radium in the postoperative period. Here too, each case must be considered in particular, with all its implications.

OBSTETRICS - Finally, the opinion of obstetricians, who is responsible for coordinating the assistance to pregnant women. We formulate consultations on the topic to colleagues who exercise this specialty, whose answers we will transcribe below. First, however, we would like to mention two important studies on the subject:

The first - presented at the National Academy of Medicine, at the session of November 26, 1963, by the eminent Professor Dr. Leonídio Ribeiro, 2, 53 former Professor of Legal Medicine at current Faculty of Medicine of Universidade Federal Fluminense - deals with abortion in case of rape, and we will return to it later. Here we are interested in the reference he makes about therapeutic abortion, citing the eminent obstetrician Professor Octavio de Sousa, former Professor of Obstetrics at the same Faculty of Medicine:

"... I wouldn't have to go very far, because, right here from this gallery, one of our most illustrious companions, the academic Octavio de Sousa, recently addressed the matter, recalling the opinion of several experts, national and foreign, all proclaiming that the clinical indications for therapeutic abortion have practically disappeared. And he said that the cases in which he had to appeal to this extreme resource, in his forty years as a midwife profession, are told through his fingers, giving us this important information: "Compiling my file of the Obstetric Clinic of Faculdade Fluminense of Medicine, which consists of almost eight thousand files, I only found three cases of therapeutic abortion, the last one practiced in 1956. ' And the academic Octavio de Sousa concluded:"I consider the assertion that therapeutic abortion will soon pass, as many other procedures have passed, in obstetrics."

The other study was presented in São Paulo, at the II Brazilian Catholic Congress of Medicine, integrating the round table on “Respect for Life”. The part referring to therapeutic abortion was presented by the eminent Prof. Alberto Raul Martinez, Faculty of Medicine of Ribeirão Preto, São Paulo, whose work are the following excerpts:

"... it must be taken into account that the most common reaction of the doctor not used to the gynecological specialty, when pregnancy occurs in one of his patients already affected by a physical or mental problem, is that the removal of the
pregnancy could simplify the question. Unfortunately, these faculties most often ignore the way in which these patients with organic or functional disease react to pregnancy and childbirth. Exceptionally they have experience with this. On the other hand, they are unaware of the intrinsic risks of interrupting the pregnancy, not reasoning that in most cases the interruption of pregnancy may be more harmful than the evolution of the pregnancy itself. Usually, the so-called therapeutic abortion constitutes a potentially dangerous operation and can, in many cases, pose greater risks than the pregnancy itself.”

Later, the same author:

“Strict medical indications show that the place of therapeutic abortion is decreasing rather than expanding (Rosen, 1954). Roth (1958) points out that “there is currently almost no indication in internal medicine to justify interrupting pregnancy”.

In practice, the physician, due to misplaced sympathies, peer pressure, who sees only one side of the problem, and considerations from relatives, is sometimes tempted to modify the personal criterion in a particular case. Making an exception, however, almost always leads to embarrassing consequences. Inducing abortion on a weak basis in one case inevitably results in the demand for new interventions by equally dubious indication. These can come from relatives or friends of the first patient and sometimes from the patient herself. If a woman finds it easy to get rid of an unwanted pregnancy, she will be less careful to avoid another. Although the basic principles that govern the decision remain the same, the current indications for termination of pregnancy change rapidly with the advancement of medical knowledge. Each case needs to be judged separately according to the circumstances inherent to it. Any disease cannot always be considered an indication for therapeutic abortion.”

Ahead, still the same author:

“There would therefore be fundamental conditions to be considered in the problem of therapeutic abortion, those mentioned by Simonin in his Judicial Legal Medicine:

a) that the mother is in an extreme, real, current danger that threatens her life and not just her health;
b) that this danger depends exclusively on pregnancy;
c) that the termination of pregnancy will undoubtedly stop it);
d) there is no other way, besides therapeutic abortion, to save the mother.

Given the current knowledge of Medicine, no physician, of good conscience, will be able to affirm or categorically affirm these items, especially item “c”, that is, the interruption of pregnancy
will surely end the danger of maternal life. Furthermore, the question that if Jaz is always the same: if pregnancy kills, will abortion save? On the other hand, experience teaches us, although it is very difficult to prove with accurate data, that the results of the practice of the so-called absolutely necessary abortion, in cases considered desperate by our current knowledge of Medicine, are numerically the same, when compared with those clinically similar cases, in which he abstained from any abortion intervention.

It is also accepted that the indication of abortion is often made without taking into account the various implications and not always by categorized doctors. It is also noted that the practice of abortions even in specialized centers does not fail to offer its dangers and, on the other hand, studies by several authors have shown that maternal mortality is not better in hospitals where abortion is practiced: “therapeutic” than in hospitals where they are banned - we therefore persist with the question: if pregnancy kills, will abortion save you?”

Response of Dr. Emílio Mastroianni, Professor at Escola Paulista de Medicina, to the consultation we formulated:

“My long experience working for more than 30 years, whether in the clinic of the Hospital-Escola or in the private clinic, individually and as a team, I can say that the current progress of the Medicobiological Sciences is such that it gives the assistant physician a plethora of resources that practically abolished the indication for therapeutic abortion from the obstetric arsenal. If sometimes the obstetrician is in trouble with problems that make him think about this indication, he should consider the whole problem again, since it will probably be the lack of own resources, or an excess of personal pride that prevent him from turning to specialists who they could support you therapeutically, to solve a clinical case complicating a pregnancy, or a pregnancy that settles in a sick patient, and so instead of simply appealing for the termination of pregnancy, you will have the means to carry it out successfully, or even in exceptional cases to the limits of viability, and thus you may have fulfilled a hypocratic precept of the oath that always forces you to try to save a life and will not use his knowledge to facilitate crime or pervert customs.

The legalization of abortion would be another means of corrupting customs, completing the social harms that the indiscriminate use of the “pill” is causing.”

Response from Dr. Henrique A. Paraventi Adjunct Professor at Escola Paulista de Medicina:

“Your question about the so-called“ Therapeutic Abortion “in our time has ceased to exist. My testimony as “Prof.-Adjunto”, at the Obstetric Clinic of Escola Paulista de Medicina and prenatalist in the Discipline of
“Hygiene and Maternal Health”, at the Faculty of Public Health of the University of São Paulo, we never indicate or witness this type of intervention in these 31 years of professional life. At the Obstetrical Clinic of Escola Paulista de Medicina, the most varied clinical and surgical complications have passed, always taking care of the fetus preservation. We are particularly opposed to this movement to legalize abortion, because even the item in our current Penal Code, which states that abortion is not punishable when performed on a mother with serious risk of life, results today in the technical advancement and medical knowledge that this term should be deleted.

I hope to have responded and given my opinion based on the experience of a university clinic with didactic and training responsibility like ours.”

We leave the answer of Prof. Álvaro Guimarães Filho, former Professor of Clinical Obstetrics at Escola Paulista de Medicina, former Professor of Maternology at the Faculty of Hygiene and Public Health of the University of São Paulo, currently responsible for Maternal Support. His testimony constitutes a true class on the subject:

“Specifying the purpose of the inquiry, we are asked to answer the following questions:
1 o - In modern obstetrics, are there conditions, inherent to pregnancy, that justify the so-called therapeutic abortion?
2 the - Does the modern medicine, with the extraordinary progress of science, of resources to permit the physician successfully lead until fetal viability, cases of pregnancy in pregnant woman who is serious nature of disease carrier (heart disease, neuropatia, pneumonitis, high blood pressure, etc.)?

“AS TO THE 1st QUESTION, WE ANSWER: NO, that is, there are currently no obstetric indications or clinical indications of the so-called“ THERAPEUTIC ABORTMENT ”.

“Summing up our expert opinion, we inform you that in 46 years of continued professional life, we never indicate a THERAPEUTIC ABORTION.

We also inform that we govern two university chairs with the direct and personal responsibility for the clinical conduct of the entire body of doctors, which comprised the teaching aquiliards, whether obstetricians or internists, and which are:

a) THE OBSTETRIC CLINIC OF THE PAULISTA DE MEDICINA SCHOOL, which was governed by us from the foundation of the chair in February 1938 until our compulsory retirement in August 1966, with an open maternity and active outpatient service at Hospital São Paulo, in the 29 years of teaching there was never a therapeutic abortion in the service indicated, we never failed to study the thesis of its indication, both in the theoretical course and in the daily clinical practice of the ward and outpatient clinic, giving a living and priceless testimony of the healthy obstetric conduct , easily controlled by the excellent nosographic statistics that we always present.

b) We exercise another university chair, the MATERNOLOGY CHAIR OF
THE FACULTY OF HYGIENE AND PUBLIC HEALTH OF THE UNIVERSITY OF SÃO PAULO, with its Pre-Natal Hygiene service. This service has operated since 1934 at the Health Center of the Institute of Hygiene of the Faculty of Medicine of São Paulo, and later became an integral part of our chair, for the practical application of the principles taught in the Course, when the Faculty of Public Health and the Chair of Prenatal Hygiene which we governed until our compulsory retirement in August 1971.

With its multiple Post-Graduate courses, in the regency of the chair and in the outpatient service, the same thesis has always been defended and there was never an indication of “therapeutic abortion”, nor did we register the so-called deleterious effects of clinical incompatibility with pregnancy in tens of years of professional exercise when many thousands of people were assisted.

c) We must also inform that we are responsible for MATERNAL SUPPORT, a charitable society that specifically takes care of motherhood and childhood in the Capital of São Paulo. Founded on August 20, 1939, and with its Maternity Hospital operating since 1962, with its doors open to the public, without any selection or restriction, housing two obstetric emergency services, one municipal and the other state, with increasing movement, because we reached in 1971 to 23,856 visits, with 17,151 mothers hospitalized in the year; we performed 10,356 deliveries and assisted 3,078 abortions.

In this busy service, equally, we do not indicate or practice “therapeutic abortions” and our statistics do not denounce any harm that this conduct may have determined to the thousands of mothers attended in dozens of years of care and giving a really positive balance, as they were thousands of saved children, who would be immolated in the name of a more "modern" and more "scientific" pseudo-assistance.

It is all this clinical experience, based on unmistakable facts, in the myriad of clinical cases of all forms, and in such a long time, that allows us to affirm that THERE ARE NO CALLS THERAPEUTIC INDICATIONS, at least in the daytime observation that represents only one philosophy, one only guidance and a single result, in almost half a century of practice in the Capital of São Paulo.

AS TO THE 24 QUESTION, WE ANSWER: YES, not only “currently”, but for a long time Medicine has resources that enable the doctor to successfully conduct, until the fetal viability, the pregnancy cases in which the pregnant woman has a serious nature.

We do not intend, nor would this rapid analysis allow, to specify the diseases and functional states, which at all times served to indicate the termination of pregnancy, but we must remember that, if a simple reading of the classic treatise is done, it is demonstrable the wide manu that the so-called “indications” change with time and fashion.

Before, it was systemic diseases, such as pregnant or incoercible vomiting, gastric ulcers; tuberculosis in its various forms; heart diseases in their anatomical and functional aspects; kidney diseases, etc. that took the palm.

In the 1930s and 1940s, these nosographic pictures were falling out of fashion, as the interruption was no longer justified, in view of the evidence of therapeutic results on these diseases, and the so-called “therapeutic indications” started to have priority in nervous diseases.
and emotional states, and are also used in the incidence of certain infectious diseases in the embryogenic phase of pregnancy. After this period was over, diseases gradually abandoned the role of abortionists and the practice of abortionists, and in their place they added, with great lavishness, certain psychological disorders that did not immediately demonstrate incompatibility; however, indicated the interruption of pregnancy to carry out the “prophylaxis” of late psychic and nervous disorders.

At that time, social indications increased, especially in regions where society has very loose moral ties. In these areas, the so-called “therapeutic” abortion constitutes the comfortable life-saving board for some and profitable means for others, due to the biological imperatives of a licentious life.

Finally, we reach the most modern times, those who no longer use the crutches of “medical indications”, and summarily admit SOCIAL ABORTION, by the simple will of the pregnant woman, her partner or the corrupt society in which they live, being the return of the paganism, moreover very characteristic of the spectacle we witnessed these days. It should be remembered that, in the analysis of the results of abortion therapy, two situations are in fact: a) those who practice it cannot intend to defend the salutary effect of the abortion practiced, as they cannot prove the harmful effect of pregnancy, in the face of disease, as it was canceled; b) while those who do not practice abortion prove to the evidence that there was no incompatibility, as they biologically solve the problem of pregnancy, and demonstrate with the maternal life the needlessness of abortion.

Statistics collected in two homogeneous groups of reputable hospitals in the United States, one of which doctors habitually practice therapeutic abortion, and the other group in which obstetricians did not indicate termination of pregnancy, demonstrated that in the same period of time and with an observation of about 3,000,000 births, maternal deaths studied globally or specifically in the face of intercurrent illness were fewer in hospitals that observed conservative care.

This is what we think about the “so-called indications”, they do not persist within an honest medical, obstetric or ethical conduct, but despite this, abortions are increasingly practiced, sometimes camouflaged with medical labels, but exactly constituting criminal abortions in the legal and social sense of the expression.

The anachronistic codes for some continue to impose penalties and establish rules intended to defend the unborn child; his articles, however, are dead letters, as dead as fetal or embryonic life in the concept of some colleagues, who daily practice abortion, as a true "way of life".

In the vicinity of changes to the Codes, which are in the process of reform, some intend to modify the letter of the law, so that, with the abolition of the current concept of criminal abortion, they can justify their daily clinical conduct, without being subject to admonitions or censures medical, ethical or even the Medical Councils.

Is this orientation that most doctors in Brazil follow?

We don’t think so. For countless are the doctors we know, who remain faithful to the millenary, hypocritical and Christian principles, fulfilling with
rigor and satisfaction a solemn vow with which they entered the professional practice. These are our concepts, long lived and that we try to synthesize. “

II. SENTIMENTAL ASPECT

“The Lord said to Cain:
- What have you done?
The voice of your brother's blood cries out to me from the earth.
In the future you will be cursed on earth.”
Gen. 4, 10-11

It is usually called “sentimental” the abortion caused in a woman whose pregnancy was the result of rape. Because the mother was the victim of brutality and became pregnant with violence, the intention is to justify the extermination, by the doctor, of an innocent and defenseless human life, still in the mother's womb, thus violating the spirit and purpose of the Medicine, respect for human life and, consequently, Law and Justice. And to what end?
Avoid a cruelty already practiced? Impossible!
Repair it? Not with the sacrifice of an innocent life, but rather, providing the mother with adequate medical, psychological and spiritual assistance.
Hide the consequences of the bestial act? Not even this, because the evidence of violence requires lengthy police and judicial processing, justified by the seriousness of the case, which cannot be done in secret and has inevitable repercussions and consequent disclosure, although undesired.
In the meantime, pregnancy evolving to viability will eventually absolve the guiltless "defendant" of the "death penalty", the innocent son, for the crime that his father committed.
For this reason, the impracticability of this item of the Penal Code (art. 128, inc. II) has been commented on and its repeal suggested, which, in this opportunity, we also do.
The illustrious Prof. Leonídio Ribeiro, 5 in the important work to which we referred above, and which was published in the Revista da Academia Nacional de Medicina, no. 1, 1965, first quarter, on pages. 25 to 30, obtained the opinion of several doctors and jurists on the subject of abortion in case of rape. Below we transcribe those that seemed most expressive.

Afrânio Peixoto:

“Every constituted society has an explicit foundation in respect for human life and the doctor, charged with caring for it, cannot, under any pretext, stop it or diminish it. It is a closed matter of professional ethics.”

50
Alcântara Machado (Jurisconsult and Professor of Legal Medicine):

“I do not claim, for any woman, the right to have an abortion. As a result of rape or freely shared love, the son of the bestial enemy or the chosen man, what I distinguish is the human creature. All motherhoods are sacred, all lives are inviolable.”

Moreira da Fonseca (from the National Academy of Medicine):

“The State protects the embryo, because there is a right to guardianship, which takes place in the life of the unborn child. The contrary argument is meaningless, given the intangibility of future rights and which are materialized, during pregnancy, in the physical and biological person of the fetus. Feticide is a homicide.”

Fernando Magalhães (initiator of the Brazilian Obstetric School):

“It is not possible, within a Code of Ethics, to allow the doctor to practice abortion. The embryo is a subject by law, it is someone, and killing someone is a crime.”

Olavo de Oliveira (Professor of Criminal Law at the University of Ceará):

“When and how can and should the doctor perform an abortion? If it were after the process, the time required would be longer than that of the pregnancy. Making the victim the sole judge of the operation is to open a source of ominous lightness and secure impunity for many abortions. Leaving the decision to the doctor’s personal discretion, at this juncture, whether or not to admit rape, is a thesis unrelated to his profession.”

Ataliba Nogueira (Professor of Criminal Law, Faculty of Law, University of São Paulo):

“Neither moralists nor jurists will be able to authorize abortion, since man is not allowed to kill a human being, claiming that he is a legitimate defense or in need. Medicine is a defender of life and the clinician never has to kill. The precept of the Penal Code is nothing more than the escape route through which the most abominable acts against morality pass. To suppress it is to prevent numerous abuses covered up by pseudoscience and generally approved by the current, corrupt and materialistic society. Perhaps the number of lives claimed by abortion reaches one million annually in Brazil. And all of this is the fault of the doctors, driven exclusively by money. This is the reason that justifies the approval of the project that repeals the text of the Penal Code in force, in the chapter that allows the termination of pregnancy.”
Leonídio Ribeiro. (Former Professor of Forensic Medicine at the UFF Medical School):

“Why kill human beings who were not to blame for the crime committed by their parents?

Already then Professor of Forensic Medicine, in three higher schools, two of Medicine and one of Law, I wrote a volume analyzing and criticizing the new penal legislation, in view of my specialty. And I dedicated one of its chapters to the problem of abortion, in which the pages stated that it was a license that should be condemned, as an illegal, immoral and antisocial act, because the sacrifice of human life reaches the very source of the wealth of a people, since it is the fundamental element of its progress and development.

It is, in essence, a criminal act, a typical homicide. The current Penal Code thus qualifies it. The fetus is a living being, with the protection of the law for everything that interests him, with the guarantee of all rights, most of all the primordial of them, which is the right to life. Still here, the old Roman concept prevails: “Nasciturus pro jam natus habetur si de comodo ejus agitur”.

For this very reason, I consider it a no-brainer that the new Code of Ethics, now in the process of being reformed, continues to approve the practice of abortion, in the case of rape, opening the doors to midwives who do not respect their oath and who have turned cold. repeat offenders

the article of the Penal Code in force in our country, authorizing the practice of abortion, in case of rape, is a legal monstrosity ...

We also transcribe the following excerpts from CZ Mammana:

“In GAUTIER’s opinion, the abolition with absolute certainty of the principles of impunity, or the legitimacy of abortion in case of violation, will occur so rarely that its admissibility will be more dangerous than useful. (…)

Before finishing, we cannot refrain from commenting on the doctor’s position regarding ethical and sentimental abortion, as provided for in some Penal Codes. In fact, almost all the devices, not mentioning the evidence of the fact, imply that they authorize the doctor to cause abortion not only in cases where the victim has complained to the police, but also before the simple report of the pregnant woman who says she is the target of carnal violence. In other words, they grant the qualified doctor special powers of JUDGE ABSOLUTE AND CARRASCO: JUDGE ABSOLUTE because, without judicial practices, he condemns an innocent to death, and CARRASCO
because he himself carries out the death penalty. There is no
conception of how the doctor can put powers in his hands to
decide on a human life whose rights are inalienable.

For the doctor who lives At the cost of perpetrating abortions
and who is outlawed daily, such devices represent a
wonderful ...
safety valve that allows him, under the protective cloak of the
law, to continue frankly in the task of taking innocent lives and
extending the field of activities. Abortion clients who usually
flock to his office and who have no idea what rape is going to
be, are instructed by him about this crime, and the abortion
said to be necessary. If any circumstance is involved in the
mesh of justice, it always appeals to the same refrain: "This is a
sad and painful case of carnal violation, provided for in my
country's Code!"

However, the doctor in good faith and without malice, who is
part of the majority who honestly exercises the noble
profession and believes in the allegations of his client, is always
in difficulty, when harassed by a rape victim or pseudo-victim
or by family members who insist and make use of all resources
to achieve the intention, that is, the termination of pregnancy.
The inexperience in legal matters convinces him that any and
all penal legislation was based on sound moral and true legal
doctrine: that is, that no man is allowed to kill his fellow man.
Believing in this principle, the reading of the penal provision in
your country, which allows the doctor to cause an abortion in a
raped woman, or a victim of rape, leads to a false conception
that, interrupting a pregnancy in such a case, is within the law,
what worth saying, does not commit an infraction against the
precepts of legal doctrine and natural morals, let alone
Christian morals.

This very serious and dangerous failure in criminal statutes, a
true legal monstrosity, influences malefically the spirit of a
large number of doctors, leading them, under the law, to
unconsciously practice abortion which, even so, is still a
criminal. (..)

What is the doctor's situation before the courts, if tomorrow it
is proved that the woman's allegations were false, or if she
succumbs in the wake of abortive maneuvers? In either case,
he can be held civilly and criminally responsible for the fact,
and then he does not find in the criminal law the circumstances
in which he can base his defense. (..)

In order for the doctor not to have any future hassles, some
authors advise that abortion should only be performed after a
manifestation of judicial authority. Then, the problem arises of
the time in which it must pronounce itself: whether to wait for
the evidence that the pregnancy occurred in consequence of a
crime, or whether it is necessary to wait for the criminal process to be untied. This requires, more often than not, a period of time that is too long, during which the pregnancy becomes more and more apparent to the public, and may even come to an end."

Let us use, once again, the valuable collaboration of Dr. Celso Panza (Judge of Law)

“Sentimental abortion, followed by violence - rape - shoot from any angle, is not protected by any exclusion. It opens up from law as a post-war faithful fruit. The future psychosomatic picture, in terms of predictability, is called upon to intervene with anti-juridical galas. All without the necessary authorization from the Science of Law. A jump in the dark at scientific terms. The impalpable; without the minimum weaving for proper interpretation and discussion.

Anti-legality, in my conviction, lies in taking away latent, helpless, inert life, blameless in the violent biological act.

Because there is no love in the reproductive act, the fetus does not deserve to have extra-uterine life.

It is the theory of unloving.

But what is the biggest lack of love, what is the biggest crime? Did life come from an act where love was absent, or death consented by unloving?

Where is the greatest lack of love?

I have that in the second proposition. This is doubtful. Future traumas can be solved, avoiding them, through psychologists, psychiatrists and appropriate therapies; much more, as it is the inexhaustible source of love - motherhood.

Jimenez de Asúa called him sentimental for being “liberator of the just disgust of women: (in Freedom of Love and Right to Die, pp. 137 to 144).

The notable alien treatist was not questioned, if the biggest disgust would not be to kill those who have the right to live. The unforgettable Afrânio Peixoto has always vehemently disobeyed such intentions, among other renowned doctors who have managed to stay awake.”
IV. EUGENIC ASPECT

“You knew it to the bottom of my being, my bones were not hidden from you. When I was made in secret, woven into the deepest earth, your eyes saw my embryo.”

Psalm 189, 15-16

Eugenic abortion is prohibited by our laws. Its legalization has been proposed on some occasions, in an attempt to introduce a new wedge, to open a new crack, in the ethical wall of Medicine. Ultimately, it consists of the extermination, in the name of eugenics, of defective or likely fetuses. Now, Eugenia, considered as Science, could never assert itself by sponsoring the destruction of human lives. As this abortive practice was legitimated, we would follow a line of reasoning to justify all the barbarities already practiced in the name of a false idea of eugenics. Thus Dayl de Almeidas (Law Professor) expressed himself:

“We will say now: cowardly homicide, homicide against those who did not ask to start to exist nor are they able to react against the aggressions that affect them. We agree with everything these doctors say. We agree with them, because for us too, human life is a unit whose value is in its very existence. (...)”

I do not believe that men are judged, in the merit of their life, for the integrity of their organs or their functions. Eugenics applied to humanity should not be the same as that applied to animality. We do not prepare men for races, nor do we prepare men for fights, nor do we prepare men for production and reproduction, as cattle are prepared, as horses are prepared for racecourses. What criteria do we have to judge the value of a life just by its eugenic defects? And I ask what else can contribute to a family’s maladjustment: the memory of a murder or the stimulating presence of love and solidarity in front of a living child, but defective? What is more important for the elevation of the nobility of feelings and human solidarity than the emotion of a father in front of an exceptional son? I believe that this can do much more to unite the family than it can separate the memory of a murder. (...) We said that, scientifically, philosophically and theologically, human life is a unit that goes from the egg to the grave, and that man is an individual with characteristics and personality that are fundamentally irreducible to evaluations of his merit by other men.

Thus, the right to exist is the prerogative of every human being from conception. And that right cannot be subject to the opinion of anyone, because it is not the result of a convention, it is not the result of reasoning, it is a commandment, it is an imperative of human nature itself and, more than that, it is a determination of the divine will itself “(Diário do Congresso Nacional, Section I, pages 1580/88, 8.6.72).
Truncating the obvious, to confuse the general public, some abortion doctors stated, in an interview with the lay press, that they advocate "the right of a child to be born perfect and healthy". Now, no one will fail to advocate this cause. What they defend - it is easy to conclude - is quite another thing. They argue that only perfect, healthy and "desired" children have the right to be born, the others do not: if she is blind, if she is defective, if she is weak, if she is unwanted, she must be killed, still in her mother’s womb.

It is evident that this crime should never be committed, and no law can legitimate it.

In this regard, in order to promote real progress, it is the responsibility of the Public Power, as it has been doing, to stimulate the development of prenatal care throughout the national territory, as well as to encourage the emergence of entities that are intended for the study and diagnosis of hereditary diseases, for guidance and counseling of interested people, evidently not mandatory and safeguarding the limits of morality and the essential human rights. It must also encourage the development of institutions, preferably private ones, with the purpose of providing assistance and assistance, of all the necessary modalities, aiming at the recovery of creatures with severe disabilities, not only those that come from the maternal womb, but also those who acquired them in childbirth injuries or in various illnesses, throughout life.

The growing scientific and technological progress offers new conditions and resources always better, of inestimable value, to guide these cases, aiming at their physical and mental recovery and better social integration.

Drs. Reginaldo de Oliveira Silvas and Eduardo Martins Passos, in a recent study, expressed themselves about the diagnosis, treatment and prophylaxis of congenital malformations:

**DIAGNOSIS** - This topic can be seen in two aspects: 1) intra-uterine diagnosis, and 2) extra-uterine diagnosis, after birth.

Both are important, however, in our view, the diagnosis of fetal malformation in utero, the subject of work of one of us (SLVA, RO), which will soon be published, has greater importance, especially in cases of hydrocephalus, anencephaly and double monstrosity, due to the implications they can bring during labor.

The diagnosis after birth must be early, mainly to allow the correction of the malformation as soon as possible.

According to BARBOSA, the advantages of an early diagnosis are:
1. Guide the obstetrician on special delivery procedures, dictated by the existence of certain fetal malformations.
2. Prepare special care for the malformed at birth.
3. Provide for the correction of the congenital malformation within the shortest time it is indicated.
4. Establish the congenital nature of maljudgment, avoiding confusion with diseases of other etiologies and not establishing useless treatments or misinterpretations in the future.
5. To be able to inform parents about the conditions presented by the newborn and the prognostic perspectives not only of their case but also of their next children.
TREATMENT - With the evolution of Medicine, in particular Surgery and related specialties, the possibilities for recovery of malformed individuals have increased considerably. It is true that there are malformations incompatible with life, but in the majority they are amenable to surgical treatment, which allows for a physical as well as social integration of the malformed person, as he is. It is important that the treatment is instituted as soon as possible, which is permitted by an early diagnosis, as we have already mentioned.

PROPHYLAXIS - The prophylaxis of congenital malformations is the responsibility of all doctors, but, mainly, the obstetrician, who has prenatal care as his main weapon. A good prenatal care allows, in our view, not only the elimination of the factors that cause malformations, but also their early diagnosis, with its already mentioned conveniences. This is an indisputable fact, as there is a greater frequency of malformations in patients with low socio-economic status, who have little or no prenatal care."

Do we consider it opportune to transcribe the following topics (cited by Maria Helena Fraga)? so that we can better understand the contradiction of those who advocate eugenic abortion and claim to be defenders of the “right of a child to be born perfect and healthy”.

Pierre Maroteaux:

“In men, there are multiple causes of congenital malformation and we can schematically classify them in three groups: 1) hereditary diseases; 2) chromosome abnormalities; 3) the action of viruses or some harmful drugs during pregnancy.

In the first case, we can say that the chances of having an abnormal child are 1 to 4 or 1 to 2, depending on whether there are anomalies in the family or not. Through aniocentesis, the liquid that surrounds the fetus is analyzed and allows the recognition of serious diseases before delivery. It cannot be done before the fourth month of pregnancy and is not without risks. The laboratory result on cell cultures requires at least four weeks. In such cases, therefore, abortion would only be possible in the 5th or 6th month of pregnancy.

In the second case, of chromosome anomalies, which have Mongolism as the best known example, there is nothing to predict it except in exceptional cases. Its cause is purely accidental and only the mother's advanced age can favor it. Aniocentesis leads to diagnosis.

In the third case, of infectious diseases, especially rubella, it is impossible to verify, with certainty, the child’s situation. When it attacks the mother in the 2nd month of pregnancy, in the most
vulnerable case for the child, only 20% of the fetuses have malformations. The risk gradually decreases, becoming null after the 4th month.

Only chromosomal abnormalities can be characterized by systematic amniocentesis, which sometimes needs to be repeated. Should this examination, which is far from harmless, become mandatory?"

Professor Lejeune:

“What reasons would lead to maintain that it is lawful to reject trisomics (who represent 11 to 12% of the mentally weak) on the grounds that we can characterize their anomaly before childbirth when we will let live the other weak people who are lucky to go unnoticed?

(...) I think that Medicine will have to choose between what kills and what it treats."

Dr. Rendu:

“In the case of mothers who had rubella, will it be necessary to kill all the children when a good part of them is normal? A prospective research, conducted since 1955 in the Laboratory of “séroprophylaxzie” at the Hospital of the Sick Children of Paris, on pregnant women with rubella having at that time taken a dose greater than 10 ml of “standard” human plasma gamma globulins (at 16.5% ), the overall results were as follows:

- spontaneous abortion: 126 (47%);
- stillborn and dead at birth: 47 (1.8); — abnormal: 85 (1.3%);
- normal: 2,453 (922%).

Would it be necessary to kill 2,488 children to prevent 35 abnormal births?"

The above teachings show us that, even if we reason with the abortionists’ criteria, we can demonstrate the inconsistency of their arguments.

But our criteria are different. We know that in all human life, even in defective life, there are always values to preserve, including the value of life itself. The induced abortion constitutes a crime against life, whether the victim is normal or abnormal, because if it is a barbaric crime to kill an innocent and healthy human being, it will not stop being the fact that the innocent person has deficiencies. Poor life needs protection, not aggression.

Admitting the elimination of disabled human life, in its intrauterine phase, means real moral aggression to all disabled people, of all ages, as it would be the same as telling our disabled brothers and sisters that we only tolerate them, that they should not exist, what better would it be if they had been killed in their mothers womb ...

In this regard, the following words of the current Pontiff, John Paul II,
which we transcribe from his last encyclical, on Human Work (Laborem Exercens), are opportune:

“They (the disabled people) are also fully human subjects, endowed with the corresponding innate, sacred and inviolable rights, which, despite the limitations and griefs inscribed on their bodies and faculties, put more emphasis on the dignity and grandeur of the man. And since the person who has any “disabilities” is a subject with all the rights, participation in the life of society should be facilitated in all dimensions and at all levels that are accessible to their possibilities. The disabled person is one of us and participates fully in the same humanity as us. It would be something radically unworthy of man and it would be a denial of ordinary humanity to admit to the life of society (...) only members in full possession of the functions of their being, because, by doing so, there would be a serious form of discrimination, that of the strong and healthy against the weak and the sick.”

V. NATURAL MORAL LAW AND MEDICAL CODE OF ETHICS

“I will give no one, to please, deadly medicine or advice that will lead to destruction. I will also not provide an abortive pessary to a lady.”

(from the Hippocratic Oath)

The requirements of professional practice do not allow the doctor to go deeper into the study of other sciences important to his profession, especially Ethics, as would be desirable and necessary. In the day-to-day exercise of the profession, in the relationship with the patient and his family, with other colleagues and other professionals in the medical field, one sees the doctor, often with more or less delicate problems, related to his duty of conduct, using common sense to not violate the Medical Code of Ethics. However, for the correct exercise of the profession, nowadays, it is necessary to go deeper into the studies of Ethics in general and Medical Ethics in particular. We feel the duty to try to open up gaps in the vastness of knowledge that make up the normative precepts, conduct of professional practice. This is the reason why we propose to make the present considerations, which represent an effort to search for the truth, rather than the intention of imparting knowledge on a subject that is not specifically in our field, but that we cannot ignore.

NATURAL LAW - It is worth reaffirming that there are certain human rights that are innate, necessary, inalienable, and are not granted by any other man, by any society or state or even supra-state entity (UN, WHO, etc.), in short, by no human authority, but directly by God, these rights are inserted in the recess of their moral conscience, regardless of time, civilization and context. On the other hand, we see that nature is governed by immutable laws
and that only little by little man gets to know and use it for its development, for its progress. Physical laws, for example. Animal organisms are governed by laws of physiology, which allow them to be born, grow, feel, reproduce and die.

And there are also psychological laws, sociological laws, etc. For man, to be free, that is, endowed with free will, which conditions his merit or demerit in his actions, the only one capable of acting freely, according to his understanding and his will, there are laws that regulate his conduct to conform it to the good, to the truth, to the purpose of things. These laws together constitute the laws of nature, natural law in its generic sense. (This term, natural law, is more reserved for those laws that govern human conduct, the natural moral law.) They receive the name of law, because they were thus imposed on beings, according to their needs which, being according to the nature of each being, they are different in the inorganic, in the organic and in the Man.

It is said that moral laws, before being imposed, are proposed to the free, rational nature of man, in the sense that they are not ineluctable. It is evident that man is endowed with a physical capacity (physical freedom) to fulfill or not the moral obligation. However, your observation is a duty, because no one is given the right to do evil. The realization of this would be an abuse of freedom: it is free to do good. Because authentic freedom implies obedience to the natural moral law. Moral obligation is imposed on human freedom as much as fatality is imposed on other beings. Thus, the accomplishment of the good is a duty, by imposition of the natural moral law. This physical capacity allows man to act contrary to duty, even in a respectable number, without creating norms of conduct with it: man does not define himself statistically.

Within the moral law, there is a part that deals with the relations that must exist between people and on which the social and legal order must be based and which is called natural law or natural legal law. This agreement between the positive law (legal order) and natural law gives rise to the notion that the laws drawn up are fair and, thus, compel consciences. Positive law really only has value when it is based on justice, understood as a moral value. Thus, the Law must conform to Morals and everything that is just, legitimate, in human law comes from natural moral law.

The Natural Law would then have this broader sense of the moral law arising from the rational nature and dignity of the human person, the moral law in all its breadth, a law that man is able to know by the natural light of reason, implicit in the nature of things and at the bottom of your rational being. We are all impregnated with it, because it is imprinted in our consciences. It is so closely linked to the essence and order of things that it is only knowable through them.

For example: everyone recognizes that no one is allowed to slap his neighbor, or spit in his face, take his belongings, denigrate his honor, ridicule him, etc. These examples constitute the most elementary notions of natural moral law, notions available to anyone, regardless of their level of education. Therefore, all men are bound, morally, not to practice such acts, contrary to natural moral laws. Nature, however, in the face of our free will, imposes only moral impediments on us, which are perceived by conscience, and not physical impediments. Hence the
need for express laws, with determined punishments, to guarantee the moral order and security of life in society. Let us make a parenthesis here to answer a question that arises, regarding the difficulties that reason may have to achieve the essence of things. The three circumstances that hinder the natural light of reason are known: passion, perverse customs and the bad disposition of nature.

1. Passion - In certain circumstances reason is found as if obscured, obscured by a strong and deep feeling, creating an affective state such that it did not allow normal reasoning. Sometimes they are caused by real blocks in our reasoning due to these influences of affection. That is why we say, for example, that no one can be a judge in his own case.

2. Perverse customs - Also, in certain times or cultures, customs can become so perverted that reason is deformed to the point where it is no longer able to achieve the good, the truth and the purpose of things. We can even say that we are witnessing a phenomenon of this nature, due to the hedonistic, utilitarian mentality, which is inserted in the consciousness of modern man. Obviously, there is no room for a sociological and philosophical analysis of the present times: we lack the competence to do so. However, it is not difficult to prove in our civilization, the anxious search for happiness at any price, the hope that man has put in progress, in development, in the technique to be happy; in such a way that progress is no longer a means by which man conquers happiness and has become an end in himself: progress for progress, development so as not to be underdeveloped. It is the pursuit of indefinite, cancerous growth, of society at the expense of its dehumanization. And the man who is the author of progress is not its beneficiary. It is almost always your victim. The conflict that results from this situation we can glimpse it through the anxieties, depressions, anxieties, which day after day knock on the door of our offices. Man has lost himself, he has lost the raison d’être of his existence. With existential anguish and despair, the anxious search for pleasure becomes a constant, a habit, a second nature, as if it were a conditioned reflex. Customs become corrupted, there is an escape from drugs, alcohol, widespread and stimulated eroticism, homosexuality takes on forms of normal human sexuality. In everything we see the dullness of the ethical sense that is reduced to the useful and the pleasant: pleasure is what determines the ethical value of human action.

8. Nature's bad disposition - The free act, that is to say, freedom, is often limited by pathological conditions of the human person whose reason is stunted to attain the truth. We understand that, in their purely biological aspect, neuro-endocrine-psychological functions are essentially governed by the laws of human heredity and accidentally by cosmic and social factors. The resulting failures can compromise human reason. It is the aforementioned poor disposition of the nourishment, which covers a wide range of gem and acquired diseases. Several neurological diseases would be included here, especially those related to brain pathology. In the field of endocrinology, for example, we know how much our glands can influence our behavior. In the field of psychopathology, we can remember the changes in perception, representations, memory, attention, affection, orientation.
Not that we defend the existence of biological determinisms for which man would not be responsible for his actions. As, also, we do not defend that the man is a product of the environment, although we know how much this can influence him.

We just emphasize that there are circumstances in which the changes in intelligence are such that they will compromise moral freedom. There are, therefore, people who, due to nature’s ill disposition, are unable to reach the truth.

Let us close the parenthesis,

The natural moral law is immutable and necessary as the very essence of things. For this reason, it does not result from an tacit or expressed agreement between men - it would be very fragile and inconsistent - but, necessarily, from the natural order, from the ontological order, without depending on the arbitration of any human authority. They impose, in their general principles, objectives, a “no-must-do-in-another-way”, although, in itself, it is susceptible to different types of realization, particularized by customs. What may seem like a paradox.

However, if we look closely, we will see that there is no contradiction here. This is what Walter Brugger and J. de Vries say about:

“The natural moral law is immutable insofar as moral requirements result, due to unconditional necessity, from certain ontological spheres. Lasting this, the moral norms that emanate from human nature, always equal, remain in force at any time, regardless of all historical circumstances. On the contrary, norms that are only valid due to the effects of real, historically changeable circumstances, lose their mandatory force when these conditions cease. ”

Do not understand that we are going to adapt moral norms to the circumstances of each case and make them an individualistic moral or situation moral; but, rather, making them remain an objective morality, which emanates from human nature and the essence of things.

**Code of Medical Ethics** - Our CEM, by its name, is a systematic collection of laws and principles related to the rules of conduct in professional practice. It was prepared by the Federal Medical Council, under the terms of art. 30 of Law No. 3,268, of 4/30/57, which created the Medical Councils and was published in the Federal Official Gazette of 11-01-65, the date on which it came into force.

As it refers to ethical precepts, in theory, it is prior and superior to the positive law. With regard to the practice of Medicine, the physician, above all due to a duty of conscience, is obliged to follow the dictates of natural law, and the legislator, in turn, when explaining the laws that will compose the CEM and the law relating to the act physician, it must also be based on natural moral law. It is the application, in the field of Medicine, of the principles mentioned.

This systematization is necessary, this codification of the precepts of natural law, since, being very general, they lack a clear determination. The application of its general principles requires detailed and precise prescriptions, in order to facilitate their feasibility in routine medical acts.

However, venia venia, we say that the CEM writers were not happy,
because it is clear that, in an inversion of values, they tried to copy certain prescriptions of our Penal Code, without having the concern of checking whether or not they were in accordance with the natural moral law. The eminent jurist Levi Carneiro, author of the Lawyers' Code of Ethics, referring to the relationship between Criminal Law and the Code of Ethics, says:

“It is very old, very well known, and very accurate, q the configuration of Law and Morality as two concentric circles, the second wider than the first. Moral establishes precepts much more extended and more difficult than those of Law. The Romans already recognized: “non omne quod licitus honestum est.”

For the importance of the subject and for what it relates to today, let's see, for example, art. 54 of CEM, which faithfully repeats art. 128 of the Penal Code, allowing, incongruously, the two hypotheses of exemption from penalties provided for the crime of abortion; and, precisely, when it comes to the protection of human life, which is the very scope of Medicine. In this regard, Professor Afrânio Peixoto, of indisputable value in the field of Legal Medicine, states:

“Every constituted society, every legal organization has an implicit foundation in respect for human life. For this reason, crimes against people have always been punished, corporal and cannial penalties have been and are being abolished, war - collective murder - will cease to exist in a civilization worthy of the name. This respect for human life begins at the moment of fertilization and extends to the creature's last breath.

The doctor, charged as a technician to take care of it, cannot, under any pretext, stop it or diminish it. It is a closed matter of professional ethics. There is no coroner who deserves that name and does not have, as a dogma, such a precept of Deontology. The practice of abortion will therefore be criminal, and I do not even mention those cases that still unfortunately occur, in which the clinician is offered the alternative of risking the life of the pregnant woman or suppressing the life of the fetus, because transient incapacities of obstetrics are tomorrow provided with the means to save both lives.”

And Deputy Ataliba Nogueira - Professor of Criminal Law at the University of São Paulo - in an opinion expressed on the matter, when at the Constitution and Justice Commission of the Chamber of Deputies, says:

“Medicine is a defender of life and the clinician is never in charge of killing. The precept of the Penal Code is nothing more than the escape route through which the most abominable acts against morality pass.”

There is no reason, therefore, to copy prescriptions of the Penal Code in our CEM, especially if they are contrary to the defense of human life or to any precept of natural law. We must carefully avoid falling into moral relativism, situation morals,
based on an ethical individualism that undermines the natural moral law. When drafting the Code of Medical Ethics, we must always bear in mind the precepts of natural moral law, especially, in the case of Medicine, the innate, necessary, inalienable rights of the Human Person. In the elaboration of the rules of conduct, for which we will guide the exercise of the noble medical profession, it is important, above all, to fight for Medicine to occupy in society the place that has always been reserved for it, either for its high scope of protection and defense of Human Life, or for the smooth behavior of its cultivators,

VI. FAMILY PROTECTION AND RESPONSIBLE PATERNITY!

“Before I even formed you in the womb, I knew you; before you left the breast, I consecrated you.”
Jeremiah 1.5

"The value of the human person requires that his dignity be respected at the very level of the sources of the transmission of life."
Fr. Ney Sá Earp

Family protection - In addition to factors of a purely material or economic nature, related to the organization and protection of the family, the public authorities should promote, in a careful and very special way, an environment of general morality, among other aspects, in what refers to the exaggerated and abuse of sex by the powerful media. We live in an environment of moral pollution in which eroticism is artificially exacerbated. Cinema, television, radio, press, theater, frivolous shows, literature, the exploration of the nude, in all their forms, contribute to forming an atmosphere charged with sexuality, which depreciates fundamental values family life, constantly stimulating the disorderly exercise of primary instincts. It is obvious that one of the main and urgent measures that the government must adopt - not only for ethical reasons but, and even, in order to avoid the premature and inconvenient maturation of our youth, the relaxation of customs and irresponsible procreation - is that of promote, by all means at its disposal, the improvement of the spiritual and moral environment of society. With these premature stimuli, with the use and abuse of contraceptives that are offered for sale, without the least intervention from the authorities, with the irresponsible multiplication of furniture and similar items, we will end up seeing institutionalized prostitution, the stimulating source of abortions, implemented in our country violence, the spread of diseases that had already been practically abolished, such as syphilis, blenorrhagia and other venereal diseases that are transmitted on a large scale, and, if poorly treated, will constitute reproductive and infertility risks, often irreversible,

Responsible paternity - Responsible paternity is implicit in the exercise of the conjugal function. The problem is: how to make an honest and conscious responsible
parenting? The universal consensus tells us that there are honest actions and dishonest actions: not all human acts are good and honest. In the way in which responsible parenthood is carried out, it is important, above all, to safeguard the dignity of the human person. There is only real progress, there is only the development of man when the natural potential of humanization is developed. Science and technology, when misused, are often dehumanizing. If fission and nuclear fusion are used to impose atomic terror, or if knowledge of psychology is used for brainwashing, we cannot speak of human growth. Man, in his actions, cannot be inconsequential and disoriented. He needs objective norms of behavior, objective criteria of morality, which should not be confused with customs (use, convention). They must be informed by moral rules if they are to promote human dignity. Moral conscience is a basic human need and this is very important in this historical moment, since - it is not difficult to conclude - the crisis of humanity, the crisis of our world, is of a moral nature. The technique itself is neutral, indifferent; it depends on how man uses it or for what. The crisis in our world is of a moral nature. The technique itself is neutral, indifferent; it depends on how man uses it or for what. The crisis in our world is of a moral nature. The technique itself is neutral, indifferent; it depends on how man uses it or for what.

For example, having an abortion, even using the best techniques, consists of killing innocent and defenseless human beings. One cannot speak of human progress when the law of the strongest is instituted! Abortion remains a crime even if there is a legal omission of punishment.

What, then, are the characteristics of a conscious humanizing fatherhood? Considering that the doctor's role is to prevent and cure diseases within the premises of the health and normality of his client or his community, what are, for the doctor, the guidelines of a conscious fatherhood according to human nature?

From an ethical point of view, it is necessary not to give up the genuinely human values that pragmatic solutions despise. Among these values, the respect for the morphological, physiological and psychological integrity of the human person stands out. The more the natural process of the act is destroyed, the less it conforms to its objective institution. Artificial family planning processes do not consider this denaturation of the act.

Hence all of them have medical contraindications, some of a serious nature, absolute, as is the case with anovulatory; other times less severe, such as withdrawal, condom, diaphragm, etc. whose psychological disturbances to the marital relationship are known and not negligible. It is also necessary to reaffirm, within human sexuality, the respect that one must have for the other - the respect for human dignity - and to vigorously denounce a tendency of sexuality itself: the instinct of possession and domination. There is a tendency, characteristic of current behavior, to place pleasure as an end in itself of the sexual act and in this perspective the other is instrumentalized as an object of pleasure. This is a “thingification” of the human person, who attacks his own dignity.

And human sexuality loses its natural goodness at the expense of the exaltation of sexual pleasure. It is ambiguity that marks great human
values. Instead of liberating humanizing, man is enslaved to his instinctual animality, reducing sexuality to its genital, depersonalizing dimension. In this way, a fundamentally contraceptive mentality is created, the cause and consequence of selfishness and utilitarianism characteristic of our historical moment, distorting, denaturing that fundamental goodness of human sexuality. It is narcissistic, immature and characteristically irresponsible sexual egoism because it is directed towards pleasure itself and not towards the psychosociobiological, interpersonal, humanizing dimension of sexuality.

Natural method - These values, genuinely human, are preserved in the family's natural planning. We chose natural methods, among other reasons because artificial methods are harmful to health and have provided pre and extramarital sexual unions, sexual promiscuity, debasing human sexuality and promoting irresponsible forms of human behavior, which undermine the basic structure of family and society.

The natural planning of the family, on the other hand, implies basic respect for the biological processes of human reproduction, while also respecting their psychological and social aspects, making the conjugal union the responsible expression of a good human relationship.

It is known that ovulation is necessary for pregnancy and that it is around it that the woman's fertile periods are located. Ovulation is preceded and accompanied by symptoms (cervical mucus, thermal elevation, etc.) that can be perceived relatively easily by women. In the perception of these symptoms, mainly the presence of cervical mucus, with defined physical aspects that characterize the fertile period, the success that the ovulation method - the Billings method - has been achieving in the natural planning of the family is based. It is a truly scientific method, proven with hormonal evaluations and physical exams and already submitted to experimental tests. It is quite simple and practical, applicable, even, in geographic areas of low cultural level. Successful experiments have been carried out in countries such as the Philippines, Ireland, India (Bangalore), El Salvador and New Zealand, under the guidance of WHO, which in turn included the Billings method among the most effective (98.5 %). It is a method applicable to variable situations in female physiology, such as regular or irregular cycles, anovulatory cycles, breastfeeding, pre- and post-menopause, etc. For this, the woman must learn to observe her own mucus pattern, which is not difficult, as has already been observed by several Brazilian specialists, including in the natural planning ambulatory of the family of the Conjugal Sterility Sector of PAM 517.051.402 of Niterói-RJ, where the method that has been shown to be innocuous and efficient, and that fully respects sexual intercourse, is simple, practical and economically inexpensive, nor does it even require specialized personnel, as couples themselves can propagate it, when oriented to do so, the woman must learn to observe her own mucus pattern, which is not difficult, as has already been observed by several Brazilian specialists, including in the family planning ambulatory of the family of the Sector of Conjugal Sterility of PAM 517.051.402 of Niterói- RJ, where the method that has proven to be innocuous and efficient, and that fully respects sexual
intercourse, is simple, practical and economically inexpensive, nor does it even require specialized personnel, as couples themselves can propagate it, when oriented towards this, the woman must learn to observe her own mucus pattern, which is not difficult, as has already been observed by several Brazilian specialists, including in the family planning ambulatory of the family of the Sector of Conjugal Sterility of PAM 517.051.402 of Niterói- RJ, where the method that has proven to be innocuous and efficient, and that fully respects sexual intercourse, is simple, practical and economically inexpensive, nor does it even require specialized personnel, as couples themselves can propagate it, when oriented towards this, and that respects sexual intercourse in its fullness, it is simple, practical and economically does not cost anything, nor does it even require specialized personnel, as couples themselves can propagate it, when oriented to do so, and that respects sexual intercourse in its fullness, it is simple, practical and economically does not cost anything, nor does it even require specialized personnel, as couples themselves can propagate it, when oriented to do so.

In the sympothermic method, the fertile period is identified by the combination of signs and symptoms of ovulation, such as the perception of characteristic cervical mucus, pain and intermenstrual bleeding; the end of the fertile period is identified by the disappearance of the characteristic cervical mucus and by an increase in the basal body temperature.

The Billings method (also known as the “ovulation method”) is based only on the observation, by the woman, of the sequence of changes in the quantity and quality of the cervical mucus; it is admitted that virtually all women can identify the fertile and infertile days of the menstrual cycle, paying attention to the sensation produced by the cervical mucus and its appearance.

Thus, the techniques of natural family planning are based on the scientific fact that women, throughout their sexual maturity, corresponding to the reproductive phase, have long sterile periods, alternating with short periods of fertility. The woman’s ability to recognize when she is fertile or sterile is an important feature of her maturity by knowing herself. From this knowledge, together with her husband, she is able, in a human perspective of responsible growth, to regulate her physical sexual relationship in view of the number of children she can and must have.

VII. COMMENTS AND CONCLUSIONS

“Didn't you spill me like milk and curdle like cheese?
You clothed me with skin and flesh, with bones and nerves you wove me,
You gave me life, and love,
and your care kept me.”
Job 10, 10-12

1. It is a scientifically proven and widespread fact that the cycle of a new human life begins with the fertilization of the egg by the sperm, when
the genetic potential of the new being is established and its progressive
and uninterrupted development begins until the end. death.
2. There is unity and continuity in the development of the new being,
which goes through all the genetically determined phases in the initial
cell, all of which are stages of life,
38. It consists of abortion caused directly in the premeditated death of
the new being, in its intrauterine phase. It is thus an attempt against
human life. For this reason, Brazilian law equates him to homicide.
4. The right to exist does not stem from simple convention, but
constitutes a fundamental principle of natural law. It is the prerogative
of every human being from conception and is conditio sine qua non of
all other rights. Therefore, Medicine can only be applied in favor of this
right, and not against it,
5. Any attempt to solve human problems by devaluing and demeaning
human life at the animal level, at any stage of its existence, is false and
dangerous, in order to be destroyed with impunity.
6. The progress of science - in the particular case of medical sciences -
must not, and cannot, be used against human life, but for and for the
good of all.
7. Based on the important scientific testimonies transcribed above, it
can be said that, currently, Medicine offers the physician the means to
continue the struggle in search of the desired end, which is the
salvation of the mother-child binomial, the appeal to the so-called
“therapeutic” abortion.
8. Rape does not compromise compromising the physiological process of
pregnancy resulting from it, and the fact that it is brutal violence does
not constitute an obstetric problem, therefore, there is no room for
other medical conduct other than the correct prenatal care, assisted by
psychological and spiritual.
9. In cases of pregnancy due to rape, the practice of abortion - the
deliberate extermination of a new human life - consists of violence even
more brutal and incompatible with medical conscience and the spirit
and purpose of Medicine.
10. The legal permissibility for the practice of abortion in “special cases”
will only serve to cover up crimes or provide an easier alternative,
outside the real solution, in the face of difficult situations that require
arduous and responsible task. It also constitutes a serious injustice
towards those cataloged among the “special cases”, unfairly excluding
them from legal protection.
11. It is becoming increasingly easy to predict that the next step to the
release of abortion will be the legalization of euthanasia. The escalation
continues at an accelerated pace in the succession and occurrence of
facts: Contraception tolerated and then consented, stimulated and
widely spread - Premeditated confusion in the concept of contraception,
including, among contraceptives, some methods known to be abortive
(typical example is the IUD: Intra-Uterine Device, and also the so-called
“morning after pill”) - Abortion legalized in special cases, in which the
law is exempt from punishment, and now tried to discriminate - Legal
benevolence for other situations, in which abortion is only weakly
punished by law --- Expansion of legal permissions to abortion until full
release. - Next: euthanasia, first “charitable”, then eugenic,economic,
social, etc.
12. It is not lawful for anyone to judge the intrinsic value of a human life by its deficiencies, or by factors that are random, to consider it so insignificant and negligible that it deserves to be destroyed.
13. Contraception, breaking the first link of the moral law of respect for human life, favors the acceptance of crypto-abortion methods and, later, of freely practiced abortion, a widely proven fact; it is known that in the cities of the world where contraception is practiced the most is where abortion is practiced most.
14. The ethical-social implications of artificial methods of birth control, as well as the damaging effects on the human organism and the highly unfavorable repercussions on morality, contribute to the corruption of customs and consequently harm social order and harmony.
15. Intrauterine device (IUD) is a systematic abortion device disguised as contraceptive, it is a foreign body intentionally placed inside the uterus to prevent - by virtue of its presence - the development of pregnancy every time its carrier conceives a child.
16. The natural planning of the family (option for natural methods) implies basic respect for the biological processes of human reproduction, while also respecting their psychological and social aspects, maintaining in the conjugal union the responsible expression of a good human relationship.
17. The natural method is truly scientific, proven with hormonal evaluations and physical exams and already submitted to experimental tests, it is quite simple and practical, applicable, even, in geographic areas of low cultural level.
18. The World Health Organization (WHO), after successful experiences, included the natural method (Billings method) among the most effective (98.5%).
19. The Billings method (natural), also called the ovulation method, is applicable to variable situations of female physiology, such as regular or irregular cycles, in the puerperium, in breastfeeding, in pre- and post-menopause, etc.
20. “Medicine, from its most remote origins and in all its forms, has always been characterized by the fundamentally moral content of its intentions and actions” (P. KASSAB).
21. Finally, “above all human law and above all 'indication', the law of God rises indefectible” (Plo XII).

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