

Roe v. House: A Dialogue on Abortion
by Katie Condit

It is a typical day in Princeton Plainsboro Hospital. Paramedics are hurriedly escorting trauma patients into the emergency room, nurses are attending to the many demands of patient needs, and Doctor Gregory House, famous diagnostician, is lounging in his office watching an episode of General Hospital. A small woman enters the hospital. She is about sixty years old, and it is evident that she has an important task to accomplish. With a glint of wisdom in her eyes, she approaches the information desk and requests to know where Dr. House's office is. The secretary directs her to the elevators, and the woman sets off to see the noted physician.

The woman calls herself Norma McCorvey, but you are more likely to recognize her as Jane Roe, the woman that helped launch the nation into a legal frenzy over the rights of women and the rights of the unborn child in the Roe v. Wade court case. A few short years after legislation removed many restrictions on abortion in the United States, Norma became a Christian. Her new faith, coupled with new beliefs about life, have caused her to revoke her former stance that abortion is an acceptable practice (McCorvey, 1998). With this background in mind, we turn to a conversation between a pro-life woman and one pro-choice doctor.

Norma: Dr. House?

House: I don't recall placing a welcome mat in front of my office. One of the nurses in the hall should be able to direct you where to go. As you can see, I am quite busy.

Norma: I'm sorry to intrude, doctor, but you see I'm not lost. My name is Norma McCorvey, and I have come to have a discussion with you.

House: Maybe I didn't make myself clear. I'm rather occupied right now and have no interest in anything you have to say to me.

Norma: Perhaps you are indifferent to an interesting dialogue. However, I believe I have an incentive that might persuade you to participate. I spoke with Dr. Lisa Cuddy, your hospital administrator, about conducting this conversation. She agreed to release you from clinic duty for an entire month if you would merely have a simple discussion with me.

House: Hmm. A boring discussion with you in place of a month of awful clinic duty – What would persuade Cuddy to allow me to skip clinic duties in return for a chat?

Norma: Dr. Cuddy and I think that this issue is vital to the future of this hospital and its patients. She is interested in implementing some new policies concerning a certain medical practice. Dr. House, the topic I would like to approach with you today is abortion.

House: Abortion? Why would you want to discuss abortion with me? I'm sure my colleague Dr. Cameron would love to chat with you about that subject. She gets all warm inside when you mention babies. I would rather endure the chronic pain in my leg without medication than argue with you about an issue that can never be resolved. Seriously, why do you want to talk to me?

Norma: Dr. House, I would love to see a movement across this nation in which unborn children are protected. Millions should not suffer because of the poor choices of uncaring mothers and unconcerned doctors. Your reputation of stiff indifference to rules and established order convinces me that if I can persuade you to change your views on abortion, there is hope for change across the nation. Instead of going to the hospital administrators who make policies, it seems much more beneficial to me to hold a discussion with a man who breaks those policies.

House (looking contemplative): Fine. I will humor you with your little discussion. Not because I am interested, but merely because I loathe clinic duty so much. Here are my views. Abortion is an acceptable medical procedure that may be conducted upon agreement between a patient and

her doctor. All circumstances are acceptable for choosing to do an abortion, and in some cases, abortion is even necessary.

Norma: Dr. House, I must respectfully disagree with you. My Roman Catholic faith reinforces my beliefs, and I hold to the doctrine set forth by the church. “The church has always rejected abortion as a grave moral evil. It has always seen that the child’s helplessness, both before and after birth . . . increases our moral obligation to respect and to protect that right” (Melton, 1989, p.17).

House: Well, I can’t deny the helplessness of the unborn, but helplessness does not imply that a particular act is evil.

Norma: No. Not directly, but taking an innocent life is evil. Would you agree that terminating life is murder?

House: Yes, ending a life is murder. I would even concede that abortion is murder, but that does not mean that it is evil (Shore, 2007, “One Day”).

Norma: You agree that putting an end to life is considered murder, and that abortion is murder, yet you don’t find it wrong? Isn’t murder wrong?

House: Naturally, that depends upon the circumstances. It depends upon the value you place on a particular life. A particular murder is wrong if it puts an end to a “wanted” life. For example, if a woman is pregnant and she and her husband want the child, the child has value. It would be wrong to kill the child if the parents want him (Singer & Kuhse, 1986). This is why our legal system permits abortion and yet prosecutes criminals with double homicide when they commit a murder that takes the lives of both a mother and her unborn child. In the first case, the fetus is unwanted, and in the latter case, the fetus is wanted. The distinction of whether or not the murder is wrong is dependent upon whether or not the child is valued.

Norma: So, would you agree that it is wrong to take life if that life is valued by someone, and if there is a desire to continue that life?

House: Yes, to an extent. Of course in circumstances such as war it is justifiable to kill another individual even though the opponent may have family that values his life. I think I can agree with you on that statement though.

Norma: Excellent. Could you do me a favor and briefly describe what happens at the point of conception up through the first couple of weeks or so?

House: I do not see the relevance of this, but I don't think refusing to do so is going to make you go away any faster. At conception, the process of syngamy occurs in which union of a haploid sperm and a haploid egg yield a diploid zygote. The zygote begins to divide in a process called cleavage. At approximately day six, the embryo attaches to the endometrium of the uterus. It will then bury into the uterine wall so that it can receive nutrients from the mother and continue developing (Tortora & Derrickson, 2006).

Norma: Is there ever a chance of the embryo not attaching to the uterine wall, or are there ways in which the embryo ensures that it will attach?

House: Spontaneous miscarriages are more frequent than you may expect. To help ensure that the endometrium of the uterus is maintained for successful implantation, the embryo secretes human chorionic gonadotropin (hCG). This prevents the corpus luteum, a structure necessary for secreting progesterone, from degrading. Progesterone then maintains the endometrial lining and prevents it from being sloughed off so that the embryo can implant (Tortora & Derrickson, 2006).

Norma: So, the presence of hCG allows the embryo to survive.

House: Err, yes . . .

Norma: And the corpus luteum is maintained because of hCG, which in turn changes the nature of the endometrium so that the embryo can develop. These processes are a result of signals from the embryo. The mother's body then responds by allowing the embryo to implant.

House: If you are just going to sit there repeating the things I say, it would be much simpler and much more entertaining for me to tape record myself speaking and play it back.

Norma: I apologize – I was just recapping to make sure we were on the same page. You stated earlier that it is wrong to take a life if that life is valued. Could you not concede that the embryo values its own life based upon the fact that it perpetuates itself early on in development by secreting hCG? If the embryo did not want its own life, it would not do so and would simply not implant. You might even say that the mother's body values the life as well, because it allows the life of the fetus to continue.

House: Those are interesting points, but I would suggest that your argument is fallacious, because the responses of the zygote and the mother are purely biological. You cannot say that biological processes can be the basis whereby we attribute value to something. Right now, my instinct is to give you a sedative, so you'll stop making these ludicrous statements that are irrelevant and frankly annoying. I think it is time to turn the tables. You said that abortion is wrong. Do you believe there's not a single case where abortion is permissible?

Norma: Abortion at any point, regardless of circumstances, is wrong (Pavone, 1997).

House: So, you would declare yourself pro-life.

Norma: Yes, one hundred percent pro-life. No exceptions. No compromise (McCorvey, 1998).

House: In that case, consider a forty year old woman who is twenty-one weeks pregnant. After suffering a stroke, her kidneys and liver begin to shut down. My team and I determined that the patient was experiencing maternal mirror syndrome, in which lesions on the lungs of the fetus

were causing the mother's body to shut down. At twenty-one weeks, a fetus is not viable, so a Caesarian section was not an option. In order to save the mother, our only option was to terminate the pregnancy (Shore, 2007, "Fetal Position"). Would you condemn me and the mother for implementing a lifesaving medical procedure?

Norma: As I stated before, abortion is wrong under any circumstances.

House: That is illogical. You claim to be pro-life, yet you would allow two people to die instead of one because you think killing a fetus is wrong. Are you only pro-life whenever the fetus is concerned, or do you also care about the life of the mother?

Norma: Of course the life of the mother is valuable; however, the baby must also be protected.

House: At this point, it's not a baby, but a tumor. It is my job to care for my patient, and my patient was dying.

Norma: I agree that this is a difficult situation, and I do not judge you or the mother for your decisions. However, I cannot justify abortion under any circumstances. I know this may seem illogical, but that is truly my conviction. You offer a valid point, but you must realize that situations where the mother's life is in danger from pregnancy are virtually nonexistent (Alcorn, 1994). Even if I were to agree with you concerning this rare case, we should not let the circumstances of a unique occasion dictate the protocol for everyday cases. To promote my cause against abortion, I must take a firm stance on all grounds.

House: I will not revoke my position that I set forth at the beginning of our conversation, but you have given me things to contemplate further.

Norma: Dr. House, thank you for your time and your input. I hope that I have helped you rethink your position.

House: I think you know where the door is. Please remind Dr. Cuddy of her responsibility to change the clinic schedule for next month.

References

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