

Dr. Lejeune, Abortion, and End of Life Care

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In 1969, Jerome Lejeune became the 5th recipient of the William Allan Award of the American Society of Human Genetics, the highest honor a scientist can receive in the field of genetics. He earned this honor for discovering Trisomy 21, the cause of Down Syndrome.

His discovery, rather than leading to a greater insight and acceptance of Down Syndrome, instead led to prenatal detection and subsequent abortion of those with Trisomy 21. This consequence greatly troubled Dr. Lejeune, a devout Catholic. He had already become very active in pro-life causes by 1969. Like any martyr urged to denounce Christ in order to spare his or her life, Lejeune was advised to just stick to scientific information in the speech he gave to the ASHG; instead, he carefully decided to use it to reflect his deeply-held beliefs.

After his speech he wrote to his wife, “Today, I lost my Nobel Prize in Medicine.”

The medical and scientific communities severely punished Dr. Lejeune for his beliefs. He and his family endured hatred from the public for his views, some even calling for his death. As grants were denied and colleagues shunned him, he no longer could work in genetics. That was in the 1970’s.

Today, abortion as a result of prenatal screening is commonplace and abortion itself—for any reason and at any stage of development—has claimed the lives of millions. Just as we are turning the tide in public opinion regarding the moral acceptability abortion, now at only 43%, we are seeing the rise in the acceptance of doctor-assisted suicide, now at 53% according to a May 2016 Gallup poll.

The same medical establishment that martyred Dr. Lejeune professionally, one which has steadily grown in its acceptance not only of abortion but also of expensive technology to manipulate embryos, now wants to minimize our end-of-life care through physician-assisted suicide, medical orders for life-sustaining treatments (MOLST), and advance directives. Society is aging, they claim, and it is too expensive to continue giving “futile” care.

Had the medical establishment heeded Dr. Lejeune, we would not have aborted millions of lives; the percentage of the population considered elderly would be much lower and we would have many more people paying into Medicare than depending on it. Now that we have killed so many grandchildren we seek to hasten the deaths of grandparents.

Dr. Lejeune concluded his lecture with the following:

For millennia, medicine has striven to fight for life and health and against disease and death. Any reversal of the order of these terms of reference would entirely change medicine itself. It happens that nature does condemn. Our duty has always been not to inflict the sentence but to try to commute the pain. In any foreseeable genetical trial I do not know enough to judge, but I feel enough to advocate.

Replace *genetic trial* with *decline in health* and those words call out still more loudly today.