
Celebrate Life

Respect Life Sunday 20th May 2001

A compelling story of unmeasurable love...

Clare and Tom discovered midway through Clare's pregnancy that their unborn child was severely handicapped and would die shortly after he was born. We are grateful to Clare and Tom for allowing us to publish this story.

Thomas Walter Joseph Ryan was Advent's child. He was born and died in the week before Christmas, in the season of watching, waiting, expectancy.

Advent and Christmas are times of knowing God is with us. Yet they can be a time of loneliness and of longing. A child will be born to us, angels will sing "Glory to God on high and peace on earth", and meanwhile Herod will be slaughtering innocent children. The Creator of the universe will become a fragile little baby for us.

Clare and Tom learned midway through Clare's pregnancy that their unborn baby was severely handicapped. Our society is one in which such babies are all too often not welcome. Despite the pressures of many in our society to abandon, indeed kill, those less fortunate than themselves, Clare and Tom determined to see their pregnancy through and give their little boy every chance. They approached the forthcoming birth with all the excitement and apprehension of new parents, but without the expectation that most have that their child will be healthy and will outlive them. Short of a miracle, Thomas' life would, they knew, be brief like that of the Holy Innocents. But that did not mean it would not be good. 'Pray as if everything depended upon God,' said St Augustine, 'and act as if everything depended upon you.' So heroically they persevered



Madonna del Baldachino
Lorenzo Lotto (1480-1556)

with the pre-natal classes and said their prayers.

They were not alone. I am convinced that God was with them in their hearts and by their side every step along the way. They and their parents and friends had many questions. Why would God allow this to happen to their little boy, to them? Should they pray for a miracle? Should they prepare for the possibility of no miracle and a dead baby, or was that a lack of faith? How do we make sense of all this? Tom and Clare approached these questions with inspiring faith and hope, with common sense and love.

Clare and Tom were admitted to the Mercy Hospital to begin the vigil of their labour. Their little boy was born soon after noon the next day. He was immediately baptised 'Thomas Walter' by his father Tom

and confirmed Thomas Walter 'Joseph' by me a little while later. To the doctors' and nurses' surprise Thomas lived for nearly eighteen hours. He had a beautiful little face and a perfect little boy's body, weighed 4lb 9oz, had dark hair and very soft skin, and was 17 inches long; he had dear little hands and feet and a beautiful face; but his head was incomplete and his fate therefore sealed. He had anencephaly. His little face had been bruised from the labour, but the rest of his body had good colour and he got warmer and pinker as the day went on. Occasionally he made little sounds and would hold tightly onto someone's finger with his little hands. His parents fed him little drops on the end of a finger.

Before I left we prayed the prayers for the dying for him. Around dawn Thomas died as he slept between his parents. We gathered again, his parents and godparents, this time to pray the prayers for the dead and to pray for those who grieve them. Everything possible had been done for Thomas by his parents, extended family and friends, by his healthcarers and the Church. But Clare and Tom and so many others prayed for a miracle. It is a mystery to us why God grants healing to some and not to others. But I firmly believe that Clare and Tom did get their miracles- four in fact- even if they were not quite for what they had hoped.

The first miracle came before his birth, and it was this: that in a society of Herods determined to kill little ones like Thomas, Clare and Tom protected and nurtured him with the devotion of true parents.



That was, of course, a great grace for Thomas himself: it meant he was as safe in his mother's womb as every child should be. But it was also a matter of great merit for his parents and a reflection of their faith and generosity and of their upbringing. "The life and death of each of us has its influence on others," St Paul reminds us. Even while still in the womb Thomas was influencing others, creating opportunities for others, giving his parents a chance to give testimony to the preciousness of human life and to show courage and true love. That they did so with such natural, unaffected heroism is surely the action of grace. The Pastoral Care Worker at the Mercy said she had never seen a couple in such a situation prepare so creatively for the birth of their child.

The life and death of each of us has its influence on others...

The second miracle was Thomas' birth itself: quick and easy, allowing him to be born alive, to be baptised (twice!) and confirmed, to be held by others. This time he made opportunities for his healthcareers to show their respect and was photographed and delighted in by his parents. Again unconsciously he made a space for care at a time when their profession is under greater and greater pressures to show less and less care and respect. He made a space for others too, to minister to him and to his parents, as priests and relatives and friends. That, we all know, is a great gift and privilege, one which little Thomas' birth allowed us.

The third miracle was his life: much longer than all had expected, long enough so that every grandparent, uncle and aunt, gathered from various parts of the country, was able to visit him, to touch him and be touched by him, to know him a little bit and share in his short



Clare holding Thomas

life and his parents' joy and tears. Every moment of his life Thomas was held tightly by someone who loved him. He packed so much into his seventeen or eighteen hours. It was long enough to have his clothes changed several times and to be hugged and kissed and stroked. Long enough for him to leave us many memories, to leave us the many tokens. Long enough, too, to give Clare and Tom some time with

...He was met at his death by all the other saints, transported by the angels to Christ's side...

him, to celebrate little birthdays as he achieved each new hour and especially their private one with him at midnight when against all the odds he saw in a new day. He even gave them a night of disturbed sleep with their child, which is every parent's right.

And the fourth miracle, strangely enough, was his death. For Thomas died free from all pain and discomfort, and free too from all sin. His was a truly holy death, the death of a saint, surrounded by love and prayer. He

was met at his death by all the other saints, transported by the angels to Christ's side, to the Father's bosom, granted eternal rest. This is, of course, the hardest miracle of all for us to see. We seem to be giving him back to the God who gave him to us, so soon, too soon. Yet as God did not lose him in giving him to us, we do not lose Thomas by his return. What God gives he never takes away: life is eternal, love is immortal, death is only the limit of our sight. In his very dying Thomas has again miraculously made space for us. His parents were as ready for his death as any parents could be and he left slipping away until they were so ready. But he did not merely slip into history and memory: he has gone into the future and promise. At his baptism and confirmation we prayed that by water and the Holy Spirit he might participate in the mystery of Christ's death *and* resurrection. Thomas has gone before us and he beckons us to follow.

So we pray, that God will "wipe away all tears from our eyes", even as we give thanks to God for Thomas' short life, trusting that both God and his newest saint are with us now.

Anthony Fisher OP

This is an edited version of the homily given by Fr Fisher OP at the requiem mass for Thomas Walter Joseph Ryan.



Angeli (detail)
Rosso Fiorentino (1495-1540)



Not perfectly formed

Edited version of a paper which appeared in the NZ Medical Journal 24th May 1996.

Life frequently presents opportunities for learning. Personal experience is invariably a valuable source of knowledge which, can change our lives to the good. As doctors, experience as patients on the other side of the consulting table, or, as in my wife's case, at the other end of the ultrasound probe, can hardly fail to influence our future dealings with patients, especially those with problems similar to our own.

Several years ago my colleague told me that the scan she had just performed on my wife, then 14 weeks pregnant, had shown a major defect in the baby. I remember this news being as devastating as any I have ever received - this was a much wanted baby, coming after years of fertility treatment, and several miscarriages.

The next few weeks were spent in complete turmoil - desperately trying to find out precisely what was wrong with our unborn baby. After various tests, we were eventually told that our baby had trisomy 18 (Edward's syndrome), with a hopeless prognosis. My head told me there was only one logical course of action- termination. Why go through another 20 weeks of miserable pregnancy, knowing what the outcome was going to be? We had to think of our 3 year old son. Why get him involved in all of this? Surely the best thing was to get it over and out of the way, so arming myself with these and other arguments I set out on the eventually successful job of



Scan at 20 weeks

convincing my wife to terminate her pregnancy.

This is something I shall regret for the rest of my life. In retrospect, I know I felt at the time it was what we should do. We were certainly steered down this path by our medical advisors, with family and friends in full agreement. We were never offered an alternative course of action, or support. We did not have the opportunity to talk to anyone who had been through the same situation. The termination procedure was undoubtedly the most dreadful experience I have ever been through. It was worse for my wife who never wanted to go through with it anyway. I am no stranger to distress, but this particular experience was the epitome of despair and loneliness. My wife was confined in a room for night on 34 hours, waiting for a dead and deformed baby to appear. To hear her recount even now how the baby's kicks got weaker as it died, and of the guilt she felt, is not pleasant.

I whisked her away for a week's recuperation in Fiji as soon as it was over, and on our return

Christmas was upon us. I mistakenly thought that this would help take her mind off what had happened, but the next 2 months saw her sink lower and lower into the depths of withdrawal, guilt and repressed grief. I ended up by almost forcibly taking her for counselling. Our follow up did not include the opportunity for grief counselling.

The counselling was a slow and gradual process of healing. My wife had been completely unable to grieve naturally for her baby, feeling that this would be totally hypocritical after a termination. My own grief had started months earlier, on the day of the initial scan in fact. A significant turning point came for us both when the counsellor suggested we see a church minister and name our baby. This we did, having a very special small service of dedication for our son.

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As a diagnostic radiologist, I spend quite a lot of my time doing antenatal scans. I found this part of my work particularly hard at this time. I shall never forget one mother who asked me the sex of her unborn baby. When I told her it was a boy, she said "Oh no, not another one." I could have hit her!

***The greatest disease in the West today...is being unwanted, unloved and uncared for.
...the only cure for loneliness, despair and hopelessness is love. ...
Mother Teresa.***



I have for the past year or so been thinking a lot about the why's and wherefore's of antenatal scanning. I still cannot bring myself to scan someone who is planning a termination nor do I see why I should. Those of us who do such scans are privileged to witness the wonderful development of the human form. We watch the babies move around, see their hearts beating, and even watch them swallowing the amniotic fluid. I have no intention of ever making such observations knowing that that life is about to be wilfully ended.

Last year I scanned a lady, I'll call her Pam, with an anencephalic baby. I found myself sharing with her my own experience with my son, and offering support if she decided to continue with the pregnancy. She felt at the time under pressure to terminate the pregnancy, and no one had ever suggested to her that she could continue the pregnancy. She had been made to feel that it was not appropriate. Pam in fact did continue, and was very pleased that she did so. I scanned her several other times, and was able to give her many pictures of her baby. She had time to prepare for his funeral, and

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during his 30 or so minutes of life after his birth, she was able to tell him all she wanted to. Pam's other child was fully involved. I would have to say that in my many years as a qualified doctor, this would have to be the most significant experience I have ever had with a patient. Since then, my wife and I have been able to offer support to other couples finding themselves in the same difficult situation. Obviously I am in a very privileged position to do so.

Why do we do antenatal scans? I have often wondered if we are finding things people would rather not know about, and hence giving them months of anguish that they would otherwise have not had. Are we confronting them with decisions they would not, or perhaps should not, have otherwise had to

make? I began to wonder if my job as a scanner was in the realms of quality control officer for the unborn, having every so often to get out the REJECT rubber-stamp, consigning the parents to the next abortion clinic. I believe I do have a positive contribution to make however, not just in technical skills but in compassion and empathy, as one who has had that experience. Pam has related how the scans greatly helped her, and was grateful for them. Antenatal scans of course do have positive contributions to make, particularly in the diagnosis and management of fetal growth retardation, multiple pregnancies and placental problems.

I would summarise the lessons I have learned as follows:- For doctors and other health workers in this area - we need to be sensitive to the wishes of patients. Dogmatism in an area in which we have no personal experience can be inappropriate, personal experience has enlightened me. People in such situations are intensely distressed, and helping them reach their decisions demands great skill. We need to be aware of all the local sources of information and support that these people so desperately need, and use them to the full.

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Reflection

"The life and death of each of us has its influence on others" St Paul reminds us.

How did the parents' decisions affect their lives and those around them?

How did the scan results contribute to the parents distress?

What kinds of pressures do parents experience to terminate a pregnancy if scan results show their child could be imperfect?

What support is available in your community to parents of disabled children?

How would you welcome a disabled child into the family?

How could our school community better support parents and families of disabled children?

What is "the civilisation of life and love" which Pope John Paul II refers?

Suggested Reading

Giving Sorrow Words: Women's stories of grief after abortion by Melinda Tankard Reist. Duffy and Snellgrove, Sydney, 2000

To know worship and love. James Gould House Publications, 2000.

Catechism of the Catholic Church. St Paul's, 1994.

The Gospel of Life by John Paul II St Paul's 1995

Issues of Faith and Morals by Archbishop G. Pell Oxford 1996.

Suggested Websites

www.health.thechurch.com.au

www.melb.catholic.aust.com

www.vatican.va

www.catholic.org.au

www.nccbuscc.org



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