

The Universe

– Comment –

Great Games, but at what price for Rio?

These last two weeks have seen British competitors at the Olympic Games in Rio showered with medals, and the country has rightly taken great pride in their achievements.

But as the glory of the Rio Games dims, so we have to look again at the darker side left behind.

Human rights campaigners have rightly voiced strong concerns over the impact hosting the Games has had on Rio's most vulnerable communities. Residents of its favelas have spoken of forced evictions, police violence and wasted spending, while hastily erected barricades have shielded many of the city's slum areas from the thousands of well-heeled visitors.

Hosting the Olympics is, of course, a great chance to actually benefit the population as a whole. It can create a sense of unity, a unity that reaches towards national goals, such as education and healthcare. In the case of Brazil, torn by political scandals and turmoil, the Games could indeed have played a stabilising role.

However, these Games are at risk of doing the opposite: cutting across the interests of local communities, which were deprived of any say as their homes and communities were swept away by the bulldozers. The state media effectively gagged these people by maintaining a wall of silence as people battled against forced evictions and police brutality. The Brazilian Government had but one main aim, to boost its international image by demonstrating an ability to hold a great global event.

The world's media have touched on the way many in the city are viewing the Games and their legacy now they are over: a financial nightmare for Rio's citizens, who are already suffering as a result of its crumbling infrastructure. While Rio is flooded with projects to revitalise the south zone, central Rio and Barra da Tijuca, where most of the Games are taking place, people die in the favelas to the north and west for a lack of basic health care while enduring daily battles between police and drug traffickers.

For such people the Olympic Games is not a dream but a nightmare. People watched helplessly as an estimated \$4.1bn was spent on overpriced Olympic structures, money which could – and undoubtedly should – have been spent on education and health projects for the people of the favelas, those who could not afford entry to the glorious, sparkling, three-quarters empty Olympic structures.

Rio has put on a good Olympics – an excellent one for Team GB – but the question has to be asked, did it need to? In a country with a chronic housing crisis, crumbling hospitals and many desperately poor people, the answer surely has to be, No.

Michael J. Winterbottom

The Catholic Universe

Editor: **Joseph Kelly**
Tel: **0161 908 5301**

Email:
joseph.kelly@thecatholicuniverse.com

The Universe Media Group Limited,
Guardian Print Centre, Longbridge Road,
Trafford Park, Manchester, M17 1SN

News items:
pool@thecatholicuniverse.com

Tel: **0161 908 5301**

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Using the wrong language has the power to harm the unborn

Tracy Harkin



Parents whose unborn babies have been diagnosed with life-limiting conditions such as anencephaly and Trisomy 13 understand all too well the power, and the potential harm, of language.

These babies are alive and kicking at the time of diagnosis, and their severe disability should not be used to undermine their right to life.

Yet parents often feel pushed towards abortion by the use of misleading phrases like 'incompatible with life', which add to the fear and uncertainty families feel for their baby. "I felt those words took her life from me there and then," one mother has testified, and others have spoken powerfully at the UN calling for an end to these discriminatory and hurtful phrases.

Yet, as the media debate on abortion escalates in Ireland, we've seen a sharp increase in the use of upsetting and medically meaningless labels like 'fatal foetal abnormality' and 'incompatible with life'.

These are not medical phrases, they are not, as Professor Jim Dornan pointed out, found in any medical textbook. As he put it: "we are all fatal, and a life of a few minutes can be as perfect as a life of sixty years".

The Geneva Declaration on Perinatal Care, which acknowledges that the phrase 'incompatible with life' is not a medical diagnosis has been signed by hundreds of medical professionals, and research in peer-reviewed journals recognises that there are no conditions which can be correctly described as 'lethal' or 'fatal' since babies do live beyond birth, even with the most severe disabilities.

Yet these phrases are still continuously used by abortion campaigners in order to dehumanise babies with a severe disability; to make them appear less than human and to justify taking away their right to life. Babies like ours are being used, it seems, as a means to overturning Ireland's Constitutional ban on abortion.

For the many thousands of Irish parents who have lost their beautiful and much-loved babies to these conditions, this has been a difficult time, and it is appalling that they have had to endure their children being



Irish pro-life protesters. Parents often feel pushed towards abortion by the use of misleading phrases like 'incompatible with life'

described by words that are hurtful, cruel and offensive. Yet they have persisted in asking for respect to be shown to their children, and for the more correct phrase, life-limiting conditions, to be used. They have also campaigned for better care to be made available for families who face such a devastating diagnosis, focusing on the life-affirming alternative of perinatal hospice care, and seeking improved bereavement counselling services to help families through the heartbreak.

Now a major new report from the Irish Health Service Executive has noted that there is "no agreed definition of phrases such as 'fatal anomaly'," and that "neither is there a legal definition for fetal anomaly that maybe fatal, or an agreed list of conditions associated with fatal fetal anomaly." Furthermore, it notes that "an assessment of the seriousness of a fetal abnormality should be considered on a case-by-case basis, taking into account all available clinical information."

The HSE's Standards for Bereavement Care says that it chose to use the term 'life-limiting condition', a term consistent with the National Policy on Palliative Care for Children with Life-Limiting Conditions, and also notes that the term parents prefer should not

impact on bereavement care.

Most importantly, the Standards set out that bereavement care must be an integral part of Ireland's maternity services, and stress the important role that healthcare professionals play in providing a caring and compassionate response to parents.

The guidelines emphasise the need for sensitive and accurate communication, and state that written information must be made available regarding the condition affecting baby.

Where baby has been diagnosed with a life-limiting condition, the guidelines state the Bereavement Support Team will assist parents in making the most of time with baby before birth; will discuss memory making; talk through sibling involvement in accordance with parents' wishes; make arrangements for counselling and support; make a birth plan; and more.

The announcement that additional funding will be made available to recruit badly-needed bereavement specialist teams for maternity hospitals and units is also very welcome.

The HSE team who worked on the Standards gave a great deal of time to listening to parents whose babies had died, and to suggestions for improvements. Their kindness and consideration is to be commended, and

these Standards are an important step in ensuring that full perinatal hospice care is made available in all maternity units in the country.

Because language is so important, it is hugely significant to families that the Health Service Executive decided to make use of the correct terminology and, throughout the Standards, described babies as having a life-limiting condition rather than being a 'fatal abnormality'. That some media commentators publicly opposed parents in this matter is almost incredible. It seems that the distress and, even worse, the misinformation caused by the use of these terms is irrelevant to those who want to misuse language to liberalise abortion laws.

As I noted recently in the Irish Times, it would be inspirational if a fraction of that time and energy was given to working towards better supports and care for parents whose babies are very sick and may not live for long after birth.

Our children's lives may be limited by a devastating medical condition, but they are not 'fatal abnormalities' - they are children whose lives have value, and who are compatible with love.

• Tracy Harkin is a spokeswoman for Every Life Counts