American Medical

AMERICAN MEDICAL ASSOCIATION • AUGUST 19, 1996 • VOLUME 39 • NUMBER 31

EXCLUS VE NTERV EW

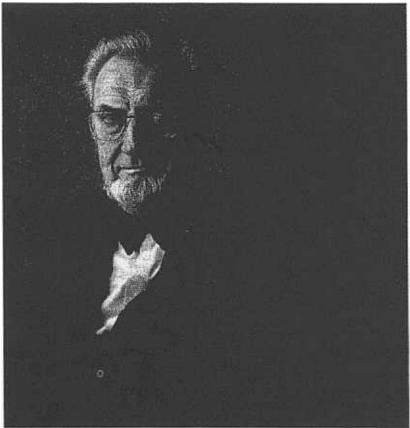


Photo courtesy of Time Life Medical

The view from Mount Koop

By Diane Gianelli and Christina Kent AMNEWS STAFF

The view from Mount Koop

An exclusive interview with the outspoken former surgeon general.

Page 3

Q: Clinton just vetoed a bill to ban "partial birth" abortions, a late-term abortion technique that practitioners refer to as "intact dilation and evacuation" or "dilation and extraction." In so doing, he cited several cases in which women were told these procedures were necessary to preserve their health and their ability to have future pregnancies. How would you characterize the claims being made in favor of the medical need for this procedure?

A: I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortions. Because in no way can I twist my mind to see that the late-term abortion as described — you know, partial birth, and then destruction of the unborn child before the head is born — is a medical necessity for the mother. It certainly can't be a necessity for the baby. So I am opposed to ... partial birth abortions.

Q: In your practice as a pediatric surgeon, have you ever treated children with any of the disabilities cited in this debate? For example, have you operated on children born with organs outside of their bodies?

A: Oh, yes indeed. I've done that many times. The prognosis usually is good. There are two common ways that children are born with organs outside of their body. One is an omphalocele, where the organs are out but still contained in the sac composed of the tissues of the umbilical cord. I have been repairing those since 1946. The other is when the sac has ruptured. That makes it a little more difficult. I don't know what the national mortality would be, but certainly more than half

of those babies survive after surgery.

Now every once in a while, you have other peculiar things, such as the chest being wide open and the heart being outside the body. And I have even replaced hearts back in the body and

Q: And live normal lives?

had children grow to adulthood.

A: Serving normal lives. In fact, the first child I ever did, with a huge omphalocele much bigger than her head, went on to develop well and become the head nurse in my intensive care unit many years later.