

## Ob-Gyn on the Battlefield: An Interview with Dr. Lewis Hicks

*Dr. Hicks practices obstetrics and gynecology in Lexington, Kentucky. He came to know the Lord in 1983 through a Bill Gothard seminar.*

**JBEM:** The Journal is interested in **physicians who have integrated their practices with Scripture.** The specialty of Obstetrics and Gynecology is one of the major battlegrounds in medical ethics today. Previous contact with you indicated unusual thoughtfulness and breadth of application of Biblical doctrine in Ob- Gyn. We wanted to interview you regarding some of your practices and the reasons for them. Abortion is the logical place to begin. What are your practices with respect to patients who request abortion?

Dr. Hicks: Obviously, I do not do abortions nor refer for abortion. My present practice is a result of prayer, trial and error and, by the grace of God, less error. I could find no sources to guide me.

Through connection with Christian Pro-Life groups in town, four to five pregnant young women come to our office each week. Prior to coming, they are pretty well determined that they are going to have an abortion. They come with the understanding that they are going to see a pro-life physician, that I am going to examine them and tell them how far along they are in pregnancy, and that I am not going to charge them. I begin the same way I would with any patient, with a brief medical and social history, then an examination.

I try to hear the baby's heart tones with a hand-held Doppler. I have learned a technique whereby they can be heard quite reliably as early as six weeks - if the uterus is elevated toward the abdominal wall with the pelvic hand while directing the Doppler towards the uterus with the other hand they can nearly always be heard. An amplifier is hooked into the handheld Doppler in order that the mother can readily hear her baby's heartbeat. Most of the time that really affects them to hear the heart tone. It is difficult to reach most people philosophically, but one can often jar them into

reality by activating their five senses. When I noticed that hearing the heart was getting through, I wanted them to hear it again. It dawned on me that I should tape the baby's heartbeat and give the mother a tape as a parting gesture. Printed on the tape cover is a verse from Psalm 127: "Behold, children are a heritage from the Lord, the fruit of the womb is His reward." I also write baby's name on the tape.

A lady from the crisis pregnancy center then meets with the patient and myself after the patient is again dressed. At this point I ask a leading opening question, such as, "How did you feel, hearing your baby's heartbeat?" She will respond, giving insight into where she is in her feeling. Early in this part of the encounter I ask point blank the question, "Do you know the Lord Jesus Christ?" I've only had two instances in which the patient said, "No". In my culture, in our area of the country, this is common. Many, indeed, don't know the Lord, but once they say that they know Christ you have all of scripture to use as your sword. That is extremely effective.

Once recently, a girl had a little bit of an angry reaction. "What are you, some sort of minister or something?" "Have I said anything to you that is untrue?" I asked. "No," she answered. "in fact my father is a minister."

I continue with the conversation for as long as it seems to take. It is almost like watching a boxing match, the patient recoiling from the convicting blows of scripture, the Holy Spirit almost palpable as He works. There is a tremendous struggle going on. The final knock out punch is to hold their hand and pray for their baby. That usually does it. They usually break down, start weeping, and after that, it is usually clear that they are not going to abort. Most of them keep their infant. We then talk about plans for prenatal care.

**JBEM: Do you do amniocentesis for any reason?**

Dr. Hicks: Yes, sometimes, if it is necessary to establish the dates on the pregnancy for repeat Caesarean sections. I get the LS ratio to determine if it is safe for the baby to be delivered. I don't do genetic analysis on these samples. Oddly enough, it is often Christian patients who ask about amniocentesis for genetic defects. I respond that U.S. law allows it, but that I do not feel qualified to do quality control on the God of the Universe, your Maker. That usually rocks them back.

I explain that you are either an accident, or the Creator-God determined which one of the 200 million sperm actually impregnated the one egg from the million or more that your mother had. It therefore was a total accident or it was controlled by your Maker. The Creator is also in control of the child you have in your womb. That child is not there and will not be born to honor and glorify you, but to honor and glorify his Maker. Suppose it turns out to be a Down Syndrome baby. You and I were given many talents, the Down Syndrome child may have only a few. But if we think back to the parable of the talents, the operative principle was that we use effectively the talents that God has given us.

It is possible that the Down Syndrome child will hear, "Well done, good and faithful servant," whereas we, who have more talents, but have been less faithful in their use, will not hear it. It is presumptuous of us to attempt to judge who is fit by some artificial standard of man.

I had a professional man who came over specifically because I was a pro-life doctor. He then told me that he was going to have an amniocentesis done by someone else on his wife, since she was in her mid-thirties and the baby was at increased risk of having a congenital defect. This was despite the fact that he sought me out because I was pro-life. We received an amniocentesis report of a normal baby boy on the same day the baby was stillborn. I do not discharge them as a patient if they go off and have an amniocentesis. Likewise, if a patient has had an abortion and calls later to be seen, I will see her again. Sometimes patients will ask my forgiveness for an abortion they have had

against my advice. I point out that they owe me no apology and that I cannot forgive them, as no wrong was done to me. Only the Lord can forgive them.

Incidentally, the technique of using the Doppler early in pregnancy to date the earliest the heart can be heard is so dependable that in the case of repeat C-sections we can usually eliminate the need to do an amniocentesis. I start seeing these patients 8 weeks after their last menstrual period. If I hear the heart at about that time I know that they can be delivered with impunity thirty weeks later. I thus eliminate the amniocentesis, its risks and costs.

**JBEM: Do you prescribe birth control pills for reason of contraception to those not married or imminently to be married?**

Dr. Hicks: That issue is the biggest cross I've ever had. I previously wrote such prescriptions but have stopped doing so. When the Lord asked me to cease that, it really hurt. Some Christian ministers told me that I was going too far. Previous to my conversion I had a carnal mind which thought conservatively. There is a difference between that and Biblical thinking. Once you realize that the wages of sin is death, that is the key. How can you participate in someone else's suicide? The medical precept, "First of all, do no harm," applies to the spirit and soul. As physicians, we relate to more than a patient's body.

Even considering only the patient's body, we can do harm to patients by prescribing birth control pills for illicit sexual activity. Some sexually transmitted diseases can be transmitted by other than sexual means. When, however, a sexually transmitted disease is indeed transmitted through sexual activity, it derives from one of five activities: oral intercourse, anal intercourse, homosexuality, adultery and fornication. Cervical cancer, for example, is a sexually transmitted disease. Human papilloma viruses types 16, 18, 31 and 33 are the causative viruses. If I don't tell my patients what they have and how to prevent it, am I not a pimp in a white coat? If I prescribe birth control pills for the unmarried I have women working in the night for me just as a pimp does. What I mean is, when I write their prescription I know I am sending them out to wallow in

the cesspool of sexually transmitted diseases. I can bank on their returning with a disease, the treatment of which will be most profitable for me, as the physician who initiated colposcopy in this state. **[JBEM note:** For our non-medical readers, *colposcopy is a technique for early detection of cancer or precancerous changes in the cervix of the uterus.*]

It was tough but, after years of prescribing birth control pills to the unmarried, I quit doing so. It was the hardest thing I've ever done. Initially, about one-third of my patients would get angry and storm out when I explained my new position. About one third would take it quietly, then go and get their pills elsewhere, and about one-third would weep and thank me for telling them what they knew was right and what they needed to hear. One girl even returned with her boyfriend so that he, too, could thank me. With time, patients have selected themselves out so that it is not as often now that I have them get angry. Sometimes your reputation undergoes criticism because of your different practices.

We have an erroneous idea of what love is. Love is not sentimentality and niceness, doing whatever pleases our patients. That kind of love is really what I call loving someone to death. Christians are charged with the task of loving people unto life. Christ came that we might have life and have it more abundantly.

**JBEM: What. is your practice with respect to tubal ligation?**

Dr. Hicks: I do them. However, the Lord is tugging on me again to reconsider some aspect of sterilization. I recognize that tubal ligation stands in opposition to the command to be fruitful and multiply and the clear Biblical teaching that children are a blessing from the Lord. Also, I recognize that the effect is sometimes different from the intent, that is, ectopic pregnancy. Should I be doing future tubal sterilization operations it could result in a pregnancy which would have no chance of survival. I require the husband's consent. I counsel the patient regarding the procedure and then send her home with the assignment that she and her husband write me a letter. The letter needs to explain four things: (1) why they want the tubal ligation done, (2) that they understand that it is permanent. (3) that they know that it can fail, and (4) that they know that, if it fails, it can cause an ectopic pregnancy. The failure rate is two times in a thousand.

*JBEM extends its appreciation to Dr. Hicks for being willing to share some of his thoughts with our readers. We look forward to hearing from others who have sought to submit their practices to the lordship of Christ.*