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# A Blessing in Disguise

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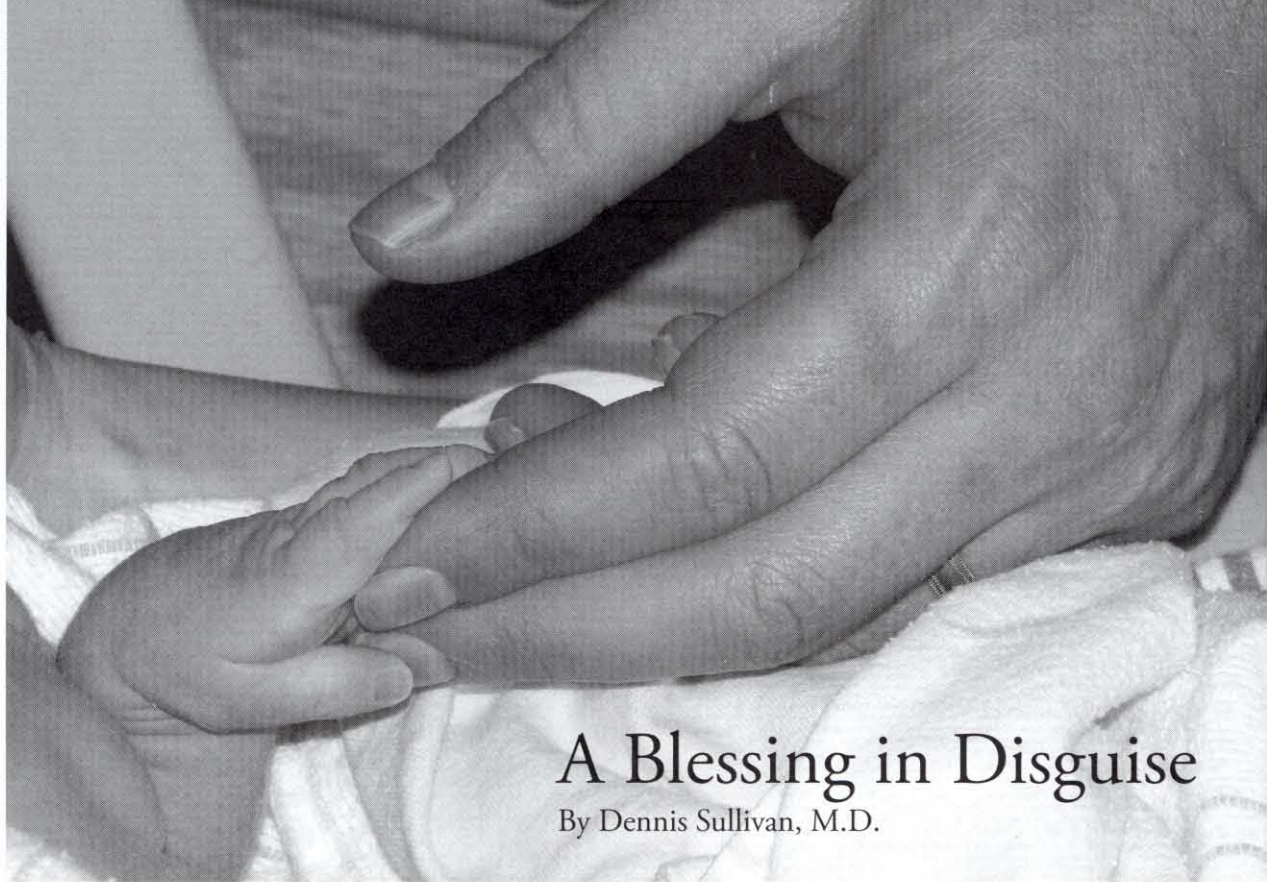


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## A Blessing in Disguise

By Dennis Sullivan, M.D.

C.S. Lewis has said, “You never know how much you believe anything until its truth or falsehood becomes a matter of life and death to you.” During the past year, this idea became a reality for Kristin, a 2000 Cedarville graduate, and her husband, Mike, as they prepared for the delivery of their third child.

Mike and Kristin married in June of 2000. Since Mike had a good job with a construction supply company, Kristin left her fourth grade teaching position when their first son was born in 2002. Another boy arrived in 2004.

In the spring of last year, Kristin and Mike learned that another baby was on the way. They were thrilled to have such a growing family. Would Trent and Drew have a baby sister or a baby brother to play with? With great anticipation, Kristin and her husband met with the obstetrician for a routine ultrasound exam. It was early August, and Kristin was 15 weeks into her pregnancy.

As the technician ran the probe over Kristin’s abdomen, she checked the baby’s measurements, estimated the fetal age, and

said, “By the way, I think it’s a boy.” Kristin looked at Mike and laughed. She rolled her eyes at the prospect of another boy, but the technician was rather silent. She casually said, “I’m just going to ask the doctor to take a look as well.”

As the doctor entered the room and continued the exam, Kristin and Mike began to realize that something was wrong. The physician was unusually quiet and spent a long time taking additional pictures and measurements. When he finally finished, he sat down next to them and told them about two problems. A large, fluid-filled sac was growing at the back of the head, just above the neck, and the kidneys were enlarged. Follow-up ultrasound exams and consultations with other specialists would later confirm the diagnosis of Meckel-Gruber syndrome.

Meckel-Gruber syndrome is a rare genetic disorder that causes brain and kidney abnormalities. As a result of these problems, the lungs cannot develop properly. The syndrome is always fatal, either in the womb or shortly after birth.

On that first day, Mike had to go back to work, but Kristin and her mother immediately went to church to talk with their pastor. Pastor John got right to the point: "You probably already know this, but the doctor is going to want you to have an abortion." He prayed with them, and they thought carefully about what they would say to the specialist. The appointment was scheduled for the next day.

The following day, the perinatologist was surprisingly sensitive to the frightened couple. Even as the doctor confirmed the diagnosis, he gently and kindly asked them about their wishes. For Kristin and Mike, their response was clear: "We are going to carry this baby."

The specialist's sensitive interaction with Mike and Kristin is part of a growing trend in obstetric medicine. It is no longer routine to recommend pregnancy termination when a fatal diagnosis is found.

An alternative to abortion is the compassionate practice known as perinatal hospice, with more than 40 centers in the United States. Such programs provide support and encouragement for those who choose to continue pregnancy in spite of a grim prognosis for the baby. Though no such program is available in the town where Kristin and Mike live, they had a sympathetic physician and a church that surrounded them with love and support.

I first met Kristin last November, when she came to my office to tell me her story. At the time I met her, she was 29 weeks pregnant and uncertain about what the future had in store. Kristin did not yet know when she would go into labor or even if she would get to hold her baby. We talked together, prayed together, and even cried a bit. Kristin impressed me with her clarity and her calm demeanor. She didn't know why God had allowed this difficult trial to come her way, but she trusted Him with a simple and uncomplicated faith.

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The dreaded phone call came on Thursday, December 14. Kristin's mom told me that her daughter had gone into labor the day before and had delivered early that morning. Noah Scott weighed 5 pounds 6 ounces and had dark hair and deep blue eyes, just like the two other boys. Mom and Dad and the grandparents all got to be with him during his short life, which lasted an hour and 42 minutes. Trent and Drew were able to hold, hug, and kiss their little brother after he died.

The memorial service at Mike and Kristin's church was a celebration. They had received e-mails from all over the world, and the church was full. Family members and friends gave testimonies, sang songs, and showed a slide show of Noah as he responded to his mother's loving touch.

In my first encounter with Kristin, I welcomed the opportunity to minister to another, to encourage a sister in Christ. I even thought we could take a stand for the sanctity of life and make a moral statement against abortion in the midst of our contemporary culture of death.

However, Kristin's goals were much more basic — she had no grand pro-life agenda, and she certainly had no intention of making a social comment. All she wanted to do was to love her baby. And she did so, beautifully and with great dignity. More than pro-life rallies or letters to the editor, Kristin's unqualified love for Noah has made a simple but profound statement to the world.

J. Vernon McGhee once said, "A brief life is not an incomplete life." Noah Scott lived for just moments on this earth, but he touched many others. And he was loved — by his parents surely, but most of all by a Heavenly Father who makes no mistakes. Disguised as a medical tragedy, Noah Scott became a true blessing. **T**