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Abortion on Demand*

James A. Fitzgerald, M.D.

Anyone attending the abortion hearings at the various state capitals or reviewing the lay and medical press on this subject cannot help but be impressed by the new direction and tactics of the proabortion groups.

Gone, to a great extent, are the so-called medical indications; any medical problems seeming to warrant an abortion are so rare that they represent no significant statistical frequency. The victims of rape and incestuous conception are of less concern; they may have their status legally altered by hormone therapy or dilatation and curettage. And little emphasis is placed on psychiatric or emotional disorders as indications for abortion – at least in theory; it is universally acknowledged that the duration and long-term pattern of any psychosis are not significantly altered by termination of pregnancy.

R. Bruce Sloane of Temple University, writing in the authoritative *New England Journal of Medicine* (281: 1206, May 29, 1969), says: "...there are no unequivocal psychiatric indications for therapeutic abortion." He further points out that if the pregnancy is not interrupted, "the risk of exacerbation or precipitation of a psychosis is small and unpredictable, and suicide is rare." In practice, however, the therapeutic abortionists of California and Colorado, operating under their new liberalized policies, have listed psychiatric indications for over 80 percent of the abortions done in California and 70 percent of those in Colorado. These are appalling figures. Syllogistically, they lead to the conclusion that there are few nonpsychiatric reasons for producing fetal death. The medical apologists from Colorado lamely explained that a number of abortions not fitting into any classification acceptable to state supervisory authorities were lumped into the "psychiatric group."

The various classifications, trumpeted in the past by advocates of abortion reform as sound and substantial reasons for permissible feticide, no longer serve as the basis for their argument. The abortion enthusiasts have become less vocal about maternal health indications. The reason is simple: there are few that are of sound basis. They do make considerable reference to fetal indications. Their contention is that the somatype and karyotype of the intrauterine dweller may demand his or her death – just as the fingerprints of the killer on the murder weapon may serve to obtain his conviction and death. In our society, capital punishment may be on the decline – but not for the disordered *in utero.*

How remarkable is the legal inconsistency in a system that has established a whole body of laws concerning inheritance, trust funds, and guardianship to protect the property rights of the newborn, yet cannot guarantee the fetus the right to life itself. Of what use are such safeguards, when fetal existence itself is not safe from assault?

Professor Andre Hellegers, of Johns Hopkins University, pointed out *(MO & R,* May 1967) that the term "fetal indications" for abortion is inaccurate. He states that it is obviously clear that no abortion can be justified on a fetal indication – no fetus survives the abortion. It is equally obvious that abortion in such circumstances is performed for the sake of the parents. There is no evidence that a fetus does not want life, and it cannot be consulted in the matter. There is no evidence that those who have congenital anomalies would rather not have been born. Such evidence might exist if suicide were more common among them, but it is not. So, while it is easier to feel that the abortion is being performed for the sake of the fetus, honesty requires us to recognize that we perform it for adults.

LAWS AND LIFE

At this time, it is intrinsic to the medical procedures for accomplishing abortion that the fetus will always die and that the mother will occasionally die. Frequently, there will be unavoidable pelvic disabilities and poorly enumerated psychologic sequelae in the aborted female. The state simply cannot legislate safe, uncomplicated abortions. It can legislate the death of the child, but not necessarily the concomitant physical health and mental welfare of the mother.

Scientific advances have reduced the medical indications for therapeutic abortion. In terms of frequency of occurence, the unsalutary United States figures on cerebral palsy and mental deficiency associated with premature births are much more pressing than the rare congenital anomaly.

The proabortionists appreciate that we do not need sweeping and all-encompassing laws for situations that are rare and that may in the future become rarer. Anti-Rh gamma globulin will make the problem of erythroblastosis transitory; and a vaccine of proved efficacy, already developed and in production, places German measles in a similar category. Trapped in the shifting sands of their own

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arguments, they arrive at a new position – abortion on demand. The demand may be made for social or economic reasons. There may be no reason at all except that the child is unwanted. This is regarded as a more-than-sufficient consideration. All other reasons may be faulted for this one alone.

The unborn baby is appraised as a tumorous excrescence, an intolerable burden, an economic disaster, a monumental inconvenience, a threat to health. Its normalcy or abnormalcy is of no consequence. I have heard some of the effete in the clergy and some feminine activists argue that the child is the exclusive property of the woman who bears it – and that she alone may decide, at will, whether it lives or perishes. This is abortion on demand; this is one individual deciding the fate of another. It is not a matter of wisdom or justice, simply a personal decision made for personal reasons.

The true corollary of abortion on demand is life on demand. Why should not an all-wise government decide who shall live, what number shall be born? Could we not rid our cities and countries of the glut of humanity with a discerning program? In Orwellian terms, the committee might be entitled "The Life Group."

OBVIATED ISSUE

There are and will be alternatives to solving mental-health and medical problems by destruction of an infant *in utero*. The parents with a significant transmissible genetic defect can elect not to conceive by judicious use of contraceptives or by sterilization. Even this approach has a negative element: the rapidly expanding knowledge of genetics may make the abnormal allele or gene subject to modification. This is not only likely but also feasible. Another med l generation may look back in ho r at us, at a so-called culture and lization that sought solution for s e of its problems in feticide.

The progress that I ar ipate in these matters does not, course, offer solutions to present roblems. But surely before we so s nissively accept and establish a prac e that is basically abhorrent, we uld give priority to any and every ernative methodology.

The state, legislators o contribute to the liberal lion of abortion policies show a narkable ignorance of the medica roblems associated with the tec ques of performing an abortion. e Royal College of Obstetricians d Gynecologists stated in the *Bri Medical Journal* (April 2, 196 "Those without specialists' know dge, and these include members of medical profession, are influenced adopting what they regard as a h anitarian attitude to the induction abortion by a failure to appreci what is involved. They tend to re rd induction of abortion as a trivi peration, free from risk. In fact, n to the expert working in the st conditions, the removal of an rly pregnancy after dilating the c ix can be difficult, and is not infre iently accompanied by serious co plications. This is particularly true in he case of the woman pregnant fo the first time. For women who ha a serious medical indication for ter nation of pregnancy, induction of bortion is extremely hazardous, an its risks need to be weighed carefully against those involved in leavin the pregnancy undisturbed. Eve for the relatively healthy woman however, the dangers are considerable."

The American College of Obstetricians and Gynecologists states: "It is emphasized that the inherent risks of a therapeutic abortion are serious and may be life-threatening; this fact should be fully appreciated by both the medical profession and the public. In nations where abortion may be obtained on demand, a considerable morbidity and mortality has been reported."

The American College of Obstetricians and Gynecologists has firmly stated its policy. Abortion will not be considered or performed for purely unwanted pregnancy or as a means of population control.

ADMINISTRATIVE PRESSURE

The encroachment of federal and state government on medical policies should be strongly resisted. Is there an obstretician with welfare patients in his practice who has not been covertly advised by some clerk in the Welfare Department that a certain family should not be allowed to procreate?

The public image of the medical profession may or may not be high. It will certainly be suspect when the government places us in the role of Lord High Executioners. The sole and exclusive function of the medical profession is the reasonable maintenance of life.

Our theme should not be a destructive one. Let us treat the disease that may be exacerbated by the concurrent gestation and, in so doing, accomplish as much for the mother as for the child *in utero*. Our goal should be the health and welfare of both of them, not the well-being of one at the expense of the other. Let us increase our knowledge of viral infections and genetic problems to the point where our only purpose is to obtain a physiologically and mentally normal newborn. Let us affirm what we know and have been taught: that neuroses may be temporary and psychotic states may be permanent and that destruction of an infant is not even the beginning of a solution to these disease states.

We may not be able to abolish poverty, but certainly the economic position of the childbearing woman should be such that want should not preclude bearing and rearing offspring. Is it not better to offer a loaf, and all that goes with it, rather than an abortion? Even in the field of population control, we have seen the nonwhite call our offers of contraceptive advice, made in good faith, attempted genocide.

FULL TURN

We are all conceived in some degree of concupiscence and, we hope, also in love, but never, really, in convenience. What is not convenient is not wanted, and when our society becomes entirely permissive and totally egocentric, the rare and infrequent birth may become a medical phenomenon. At this point, we may have completed the circle and the state may demand that a select couple procreate.

Statistics indicate that the number of out-of-wedlock pregnancies in the United States in 1940 totaled 90,000. The total was almost 300,000 in 1965. These figures are a comment on our society, particularly when further studies show that early dating and lack of proper sex education and parental supervision are significant causal factors.

As parents, we cannot control the degree of emotional involvement of a young couple, but we can establish when dating begins. We can have an interest and concern in our children's dating partners. An we can see that our children are as knowledgeable about the physiology and psychology

of sex as they are about the new mathematics.

FATAL SOLUTION

The out-of-wedlock pregnancy easily fits into the pattern for "abortion on demand." For certain age groups in this category, abortion on demand may already be permitted in some states. We are at a point where we have to choose between supervising and educating our children in this regard or facing the awesome logistics of aborting a large percentage of 300,000 unwed mothers a year. The concepts of megatonnage and overkill decline. If the trend continues and if abortion on demand is permitted and accepted by this group alone, the medical profession may kill more Americans *in utero* than all our wars have killed. The curette will be mightier than the sword.

Leaving conjecture for fact, let us consider the effects of the liberalized abortion laws in England. England may be "merrie" but the medical profession is not entirely "happie." The *New England Journal of Medicine (280:*1240, May 29, 1969) points out that in England "in one year, over 32,000 abortions have been performed (nearly 30,000 more than in 1964), and 40 percent of these procedures have been carried out in private London clinics. These clinics, moreover, are crowded by foreigners. In March of this year, 125 of the patients came from Germany, 96 from America, 50 from Canada, and 62 from other countries. 'Doctors who concentrate on abortion lead a busy life.' One is said to use two clinics and in a record day performed 41 abortions. The medical profession is understandably concerned that its reputation will not be enhanced by 'newspaper headlines [that] read "Dial for a £1 abortion." ' " One wonders if all the perfumes of Arabia would more for the hands of these abo ionists than they did for Lady Macb h's. If it were mandatory in Engl d that abortions be performed with t fee, do you seriously think th their frequency would be so high?

GREATER GOOD

The staid editor of the *v England Journal of Medicine* cluded his remarks by stati that "...perhaps more might gained by a concerted moral and cial effort to revitalize—at least or the young unmarried—the co pt of chastity." He reflects, "Like any of mankind's abstract ideals, eally is a most utilitarian practice." further comment that utilitarian is orrect—for the boy, for the girl, fo e child not conceived, for the abor n clinic not visited, for the pa ts not anguished, for the demogr her not annotating.

What in essence is implie s that a basic, simple morality m be in order, that it might be ful and good, and that for the wa of it we are experiencing a uniqu and destructive form of decadenc There is an alternative to abortion demand; it is simple morality.

A certain teacher once d, "Live so that you may have life d, living, have it more abundan ." This should be our doctrine d philosophy and practice. O all the members of society, th medical profession should have the east need of a voice in Lambarene ying out for "reverence of life—all life." Our alabaster cities do not gleam undimmed by human tears and neither will their "lustre" be enhanced by being studded with abortoria.

Abortion on demand is arrived at because the majority of arguments for abortion lack validity. It is arrived at by a callous and inhumane attitude to the unwanted or altered intrauterine dweller. It is arrived at by a permissive and frightened society that may prefer eliminating its problems to solving them. It is arrived at by a culture that, as yet, has not developed the expertise to control population, civil disorders, crime, poverty, etc., yet can mount an unconscionable, destructive attack on the very beginnings of life. It is arrived at on a note of failure, in a cloud of despair.

Historians may record that, in our attitude toward both bombs and babies, we were the most dangerous barbarians of all.

In Memoriam

Dr. Daniel Mulvihill

With sadness we report the death of Dr. Daniel Mulvihill on July 12, 1970 while on a speaking engagement on the west coast. Dr. Mulvihill, an honorary president of the National Federation of Catholic Physicians' Guilds, practiced for many years in New York before moving recently to Chicago. While in New York he spearheaded a tremendous growth in guild membership and activities. May he rest in peace.