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Eugene F. Diamond

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The Morality of Crisis Pregnancy Counseling

Eugene F. Diamond, M.D.

Crisis pregnancy counseling probably began with the first woman who was pregnant and unhappy about it. Most women have negative feelings toward their pregnancies during the first trimester. What they are rejecting is morning nausea, loss of figure, loss of freedom or some real medical or socioeconomic problem related to the pregnancy. It is important, however, to distinguish between an unwanted pregnancy and an unwanted child. It is ludicrous to suggest that every unplanned pregnancy results in an unwanted child. The vast majority of women, in Scandinavian countries, who apply for abortions and are turned down, go on to cherish the babies who are born of the rejected pregnancy. The pregnant woman is vulnerable to all kinds of familial and societal influences. Her vulnerability has increased immeasurably since abortion on demand has become universally available.

The first attempt to provide telephone consultation for pregnant women was the Clergy Con-

sultation concept fostered by Planned Parenthood. While these services were theoretically intended to be broad in scope, they were in actuality only abortion referral agencies. The Chicago Clergy Consultation service, for example, admitted that 97% of its clients were referred for abortion. This is probably the maximum possible when one considers that some cli-



Dr. Diamond is a professor of pediatrics at Stritch School of Medicine, Loyola. His article details the work of Birthright and sharply contrasts the concerns of this organization with the objectives of planned parenthood programs.

ents will not be pregnant and some will be involved in far advanced pregnancies. Clergy Consultation services usually received a fee and these fees amounted to an income of a quarter million dollars annually in Los Angeles alone. Clergy Consultation has become much less active since January 22, 1973.

In 1968, a Toronto housewife, Louise Summerhill, started the first Birthright Crisis Pregnancy Counseling Center. In contrast to Clergy Consultation these centers are designed to offer alternatives to abortion as solutions to problem pregnancies. Birthright and similar "hot-line" pregnancy counseling services have proliferated over the entire North American continent with literally hundreds of local chapters now operating. My own experience with Birthright of Chicago has impressed me with the fact that these services have responded to a great need in the community. In a short three years, 15,000 women contacted the Chicago office for solutions to problem pregnancies.

Approximately 65 unpaid volunteers answer the telephone inquiries and follow-up cases as required. The requests for assistance may involve a need for medical assistance, hospital care, employment, housing, pregnancy testing, legal advice, agency support, educational placement, counseling, psychiatric help, adoption referral or merely friendship. The volunteers make no

claim of professional competence but do have the backup of an advisory board of physicians, lawyers, and other professionals who can provide the expertise required by an individual situation. To date, there has never been a pregnancy-related crisis which could not be solved by an alternative to abortion, in the history of the Chicago office. This despite the fact that requests for assistance can involve incredibly complex problems. All services are provided without charge.

The accumulated international experience during the five years of Birthright operation has pointed up a variety of actual and potential moral problems for personnel involved in crisis pregnancy counseling.

Request for Abortion Services or Referral

The advertising for Birthright services is usually carried in the personal columns of the daily newspaper. The advertisement usually says merely, "Pregnant?, Need Help? Call (telephone number.)" Since the message is ambiguous, some persons call expecting to receive help in obtaining an abortion.

To make an abortion referral would constitute formal cooperation in the clearly immoral abortion act and would, therefore, itself be immoral. The charter of the Birthright International organization specifically prohibits any and every referral for abortion no matter what the indication. There are isolated abortion

alternative organizations which do make referral to Planned Parenthood when efforts to convince women against abortion have failed. Such agencies rationalize such referrals as permissible material cooperation and feel that their credibility suffers if they refuse all abortion referrals. Being a full service agency, they allege, enables them to reach some pregnant women they might not otherwise reach and to change the minds of some who might not have access to their persuasion. There is no statistical evidence to show that agencies making Planned referrals do, in fact, flourish faster or reach more people than Birthright. Community support, both material and moral, is usually turned off by the cynicism of such referrals. Agencies making such referrals usually do so as a covert rather than an advertised function of an abortion alternative center. The unwillingness of Birthright centers to cooperate in the termination of a single unborn life is based on sound medical principles as well as inescapable moral standards. Abortion as medical option must take cognizance of the following principles:

- 1) Abortion never saves anyone's life or cures anyone's disease.
- 2) Where pregnancy and disease coexist, pregnancy exerts no *uncontrollable* effect on disease.
- 3) The risk of doing an abortion is at least as great as carrying the pregnancy to

term in every instance.

- 4) Pregnancy does not cause psychosis or psychoneurosis.
- 5) The termination of pregnancy, either by abortion or by delivery, does not cure psychosis or psychoneurosis.
- 6) When disturbed women become pregnant, the mental condition of most remains materially unchanged.
- 7) Pregnancy is more likely to decrease than to increase the risk of suicide.

Confidentiality

Intrinsic to the operation of every Birthright center is the assurance of complete confidentiality for every client. The pregnant woman is allowed to assume a pseudonym to guarantee anonymity, if necessary. No details of any case record are ever communicated to parents, employers, school authorities, or any agency or person without the expressed permission of the client. Many requests from the press or media for specific case histories have been uniformly declined despite opportunities for much-needed publicity.

This guarantee of confidentiality imposes stringent moral limitations on all Birthright personnel and is underwritten by a signed pledge not to reveal the details of any case. This pledge is required of all Birthright volunteers prior to assuming actual duties. The guarantee of confidentiality has, however, been a great asset in reaching the pregnant and dis-

tressed woman, particularly when pregnancy occurs out of wedlock.

Informed Consent

The crux of the moral dilemma surrounding abortion counseling is the obligation to give every woman involved in the agonizing abortion decision the opportunity to make an informed decision. Inimical to informed consent is the concept of the woman's "right to her own body." This "right" is usually discussed under the rubric of "woman's liberation" which further compromises the opportunity for rational discussion. The notion of the fetus as a "part of the woman's body" is a product of an ersatz and parvenu biology which no competent biologist could honestly support. Birthright is a woman-to-woman organization. The imparting of biological information by a mature mother of children allows for the added emphasis only available to the women who have known the reality of a separate presence within themselves. The credentials of a woman, adequately indoctrinated in fetology by competent medical authorities, give her vastly superior rapport in dealing with the distraught candidate for abortion. These credentials should be acknowledged and respected by professionals.

When one investigates the circumstances under which abortions are usually performed in a typical American city, it soon becomes obvious that "informed consent" is not even a possibility. Free standing clinics in the Chi-

cago area perform abortions on a scale which does not even allow for a pretext of pre- or post-abortion counseling. Hospital abortions, even in university centers, restrict counseling to a brief recitation of "how the abortion will be done." Why it should be done, or whether it should be done at all, never enter into consideration. The following example is taken from the Birthright files.

Case History: A 16 year old girl was being held in the Audy Home, a residential center for dependent children. She gave a long history of psychiatric illness with at least two episodes of attempted suicide. She now was five months pregnant and again threatened suicide. She was brought to Family Court for purposes of vacating the court's guardianship to allow her to go to New York for an abortion. Birthright went into court and offered free psychiatric and obstetrical care. Residential psychiatric placement and lying-in hospital care after delivery were also offered without charge. After the birth of the child the alternative of agency adoption or free pediatric care was offered. The judge elected to vacate the guardianship, nevertheless.

The young mother was taken by plane to New York by Planned Parenthood personnel. She had a saline abortion without pre-abortion counseling. She delivered her dead child in bed, alone and without anesthesia. She was returned to Chicago and, according

to her mother and her attorney, given no further psychiatric care of any kind.

Contraceptive Counseling

The issue of referral of contraceptive counseling is really a non-issue for most organizations involved in crisis pregnancy counseling.

The notion that a significant number of women become pregnant as a result of contraceptive ignorance or contraceptive failure is completely without foundation. Even high school girls, in this day and age, know fully well where to buy contraceptives and how to use them. The only "contraceptive failure" related to unwanted pregnancy is the failure to use contraceptives at all. Any experienced Birthright volunteer soon becomes aware that many so-called "unwanted" pregnancies were really wanted, either subconsciously or consciously. In three years of operation, only two women even claimed to be pregnant as a result of contraceptive failure.

Birthright agencies do not become involved in birth-control counseling because they deal with women already pregnant and because birth control counseling really requires the individual attention of a competent private physician.

Birthright rejects the allegation that one must accept the "sexually active" teenage girl in the context of her adopted life style. Most sexually promiscuous

adolescents have never had the benefit of an indoctrination in the positive values of chastity. This is as true of those educated in parochial schools as of those educated in secular schools. Most teenage girls who are pregnant out of wedlock are characterized by social isolation and alienation from their parents. They frequently look forward to the birth of their child as a compensation for their loneliness. If aborted, they will be pregnant again in a short time, in all likelihood.

The experience of Iron Curtain countries would further refute the idea that the extension of birth-control services precludes the need for abortion. If anything, the inverse is true. Abortion in Eastern Europe has replaced almost all other methods of contraception to become the "post-contraceptive" method of birth-control for Communist societies.

Conspiracy of Silence

A seldom-discussed but an all-pervading moral issue related to abortion counseling is the non-participation of numerous individuals upon whom the obligation to participate in anti-abortion counseling clearly falls. Included in this immoral non-feasance category are the numerous curates and pastors who confine their pro-life activities to the reading of an occasional episcopal letter on the subject; the principals and teachers who steadfastly exclude pro-life issues from religious curricula in Catholic schools; the physicians who shirk their re-

sponsibility to teach the humanity of the unborn child to patients; the theologians who apologize for the abortion issue as contrasted with "larger" issues such as peace or racial justice or consign abortion to the peculiar isolation of "pelvic morality;" the advocate journalists of the press

and media who systematically exclude all mention of the issue. The conspiracies of silence on the abortion issue have increased since the infamous Supreme Court Decision and have the effect of implicating the conspirators in the deaths of hundreds of thousands of unborn children.

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