

Chapter 8

Abortion

Abortion has long been seen as a logical alternative or fallback to contraception and, in fact, the ancients saw little or no difference between the two. But over the centuries an increasingly sharp divide was made. As far back as the Romans, contraception was okay but bringing about an abortion could get you exiled. The Church tried to blur the distinction by maintaining that both practices are wrong—a position largely ignored by both followers and legislators. Today, with more knowledge of the processes of conception and contraception and new methods being developed, the distinction is again becoming more blurred.

Much of this centers on when life actually begins. The Catholic Church still adopts the extreme (and, to most people, illogical) view that, since sperm and ova contain the potential for life, they must not be interfered with.

Most people would say that, until fertilization has occurred, there is no possibility of life and, therefore, no possibility of interfering with life by preventing fertilization. It is but a tiny step beyond this to see conception, when union of sperm and ovum is completed, as marking the beginning of life.

What of the so-called postconception birth control methods? Two of these prevent implantation of the conceptus in the uterus—the so-called morning after pill, and the implantation of a copper IUD into the uterus within four to five days after intercourse (since the function of the IUD as normally used is to prevent implantation, what is its status anyway?).

The third—menstrual extraction—actually sucks the pre-embryo out of the uterus after it has implanted—a process that basically differs from the vacuum aspiration method of abortion only in being performed earlier in pregnancy.

The vacuum aspiration procedure, in which the embryo and the membranes of the uterus are sucked out by vacuum, is the usual method for abortions in the first trimester (three months) of pregnancy. It is generally very safe. Infection is a problem, with 1 in 200 experiencing mild infection and 1 in 4,700 severe infections. The next most common problem is retained tissue, a problem which increases with length of pregnancy—to the extent that vacuum aspiration is combined with dilation and curettage, where the cervix is dilated and the uterus scraped, in abortions carried out in the late first trimester or early second trimester. The complication rate for this procedure climbs to about five percent.

Dilation and curettage is also occasionally used for first trimester abortions but has the distinct disadvantages of requiring a general anesthetic and having a greater risk of hemorrhage and other complications.

After the fifteenth week of pregnancy, induction abortions are usually performed. In these, the uterus is induced to contract and expel the fetus and placenta in a manner resembling normal birth. They have the disadvantages of much higher risk (complication rates up to about twenty percent), of taking about 24 hours to work, and of not always working.

There are two methods used. In one, a hypertonic salt solution is injected into the amniotic sac surrounding the fetus. Complications can include cervical lacerations, uterine hemorrhage, excessive sodium levels in the blood, heart failure, and widespread bleeding throughout the body. Two percent of such inductions don't succeed on the first attempt and require a second injection.

In the other method, prostaglandins (a type of hormone) are injected or infused into the uterus. Common side effects, affecting more than half of patients, include nausea, vomiting, diarrhea and headache. Less common, but more serious, complications include hemorrhage, seizures and cervical laceration. The chance of the procedure not working the first time (eight percent) is also higher than for hypertonic saline, while there is also a greater risk of incomplete abortion (necessitating an immediate dilation and curettage).

Then there is the pill which may eventually become a bigger part of birth control than The Pill. Mifepristone, or RU 486 as it is commonly known, was approved for sale in France in 1988, since when over 200,000 women have used it safely and French women have come to prefer it to other abortion methods two to one. It has been completely successful in 96 percent of cases (surgical termination is used in failures). Less than one percent of women have side effects (headache, nausea, pelvic pain, heavy bleeding and uterine infection). Despite this, the drug is still banned in the United States, where it has been subject to a particularly vigorous attack by pro-life groups—mainly because it makes having an abortion too easy.

RU 486 works in a diametrically opposite way to The Pill and similar hormone-based contraceptives (or at least those varieties containing progesterone). Progesterone is necessary for pregnancy to occur and continue. RU 486 works by blocking its action. It is also necessary for ovulation, which holds out the prospect that RU 486 could be equally as effective as a contraceptive. Unfortunately, this possibility has been lost sight of in the furor surrounding its use in abortion, as has its ability to block the action of another group of hormones, the corticosteroids—which suggests a role in treating some cancers, Cushing's syndrome (overactive adrenal glands), and even aging and hypertension

As I said earlier, much of the debate about abortion hinges on the question of when life begins. The US Supreme Court, in its historic *Roe v Wade* decision of 1973, decided that a fetus was not a person and not, therefore, entitled to legal protection. The judgment split pregnancy neatly into three trimesters. In the first, the decision to have an abortion was strictly between the woman and her doctor. In the second, States could regulate abortions in order to protect the woman's health. In the third, because the fetus could be viable, abortions could be banned unless they were necessary to preserve the mother's life or health. Many countries have adopted more or less similar guidelines but there is tremendous variation and continuing debate.

The *Roe v Wade* decision was a rather neat one, but it is really only defensible if we are prepared to evaluate and question our willingness to support the killing of innocent persons when it is socially pragmatic for us to do so; otherwise, the human status of a fetus is irrelevant. There is really no sound reason to consider abortion more objectionable than other widely accepted forms of institutionalized killing

The fact that the majority of abortions occur in poorer, single women but rates in developed countries have been steadily decreasing suggests that better sex education and access to reliable contraceptives may be the most useful approach to lessening abortion.