

## ABORTIONS UNLIMITED

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It is unfortunate that the problem of abortion has been dragged into the briar bramble controversy of overpopulation by enthusiastic workers in social welfare. The starry-eyed dreamers and Utopians of socio-anthropology are never happy unless they are projecting large scale disasters or prophesying doom for humanity, and then offering their pet plans for survival. They have concentrated recently on population control and along with friendly political opportunists have neatly tied it into their other popular cause, environmental pollution. How can we eliminate pollution they ask, unless we reverse population expansion and thus reduce the number of polluters and the polluting industries that must provide for them? Education in "family planning," their euphemism for contraception, which has not taken hold and which, in any event, is not producing results fast enough, has recently suffered a set back because of unfavorable publicity against the Pill. Also, in the nine or ten states with liberalized abortion laws, results have disappointed the theorists in that the numbers of abortions done have been relatively insignificant. So, their next big push is being aimed at unlimited abortion on demand.

At least half, and maybe more, of us who practice medicine have no strong feelings about abortion. If a woman wants to get rid of a pregnancy, we generally tend to be sympathetic. If there is a good, sound medical reason [such as to spare the life of the mother], we are willing to get involved and will see that it gets done; and we have done so in the past even though we had no true legal protection while doing it. But if the reason for wanting an abortion is one of convenience or economics, we shy away. We are especially disturbed and resentful now to be called upon to do abortions for social reasons while at the same time being asked to certify them as medically indicated.

Medical indications for therapeutic abortion have always existed and will continue to exist. New laws have given us additional legal indications in cases of rape and incest, and also in cases where the probability of fetal damage due to genetics, disease or medication can be shown to exist. The hook in the new spelled-out laws is the indication for abortion when "pregnancy is likely to gravely impair the mental health of the mother." (Translation: When pregnancy makes the mother unhappy.) And in states where new laws are in effect, 75 to 90% of all abortions done last year had this for an indication.

This has put a strain on the consciences of psychiatrists who are being called upon in consultation to give medical approval for abortion on the flimsiest of grounds. Most psychiatrists recognize this as an extremely gray area. Even in patients with previously documented psychiatric disorders, it is often very questionable whether the continuing stress of pregnancy or the post-abortual guilt reaction will be more detrimental to the

patient's mental health or even whether she will be affected at all. Understandably, psychiatrists do not want to put themselves on record one way or another for the simple reason that in the individual case it is impossible to predict any outcome. If this is true for patients with preexisting psychiatric illness, it follows that asking the psychiatrist to deliver medical judgments on women with no psychiatric history, now pregnant and emotionally upset about it, is an imposition beyond the call of any medical obligation. Psychiatrists resent having to twist their professional judgment and compromise their ethics in such cases.

But new women's liberation groups and the American Public Health Association have given their approval to the concept of abortion on demand. The Planned Parenthood World Population organization endorses it also "with full knowledge of the woman's personal situation, with consideration of her social, economic and cultural environment and with reasonable medical safeguards." This, of course, is pious hypocrisy and double talk aimed at approval on "medical" grounds for abortions of convenience. If abortions are to be done on social environmental and anthropological grounds, there is no need to have doctor approval or to involve doctors in the legal red tape attending such abortions.

In the April 1970 issue of *Redbook*, an article, "Abortion: A Startling Proposal", by Dr. Michael Halberstam, points out clearly why doctors do not like to do abortions. There is one vital reason:

“Medicine is basically the business of life . . . . I am talking now of biological life as opposed to life that concerns the psychiatrist, the sociologist, the social worker—the life that has to do with the welfare, say, of the mother, the family, or of society as a whole. By the very nature of his training and function the physician is committed to the preservation of life, biological life, regardless of its stage or quality. “

Later on he writes:

“I have heard people argue that the fetus is no more significant than the tonsils or adenoids, and that there should be no more fuss when a woman wants an abortion than when she wants a tonsillectomy. Conversely, there is the attitude that the fetus has an immortal soul and that its willful destruction is murder just like any other. These views can never be reconciled, since they are matters of ethics and morality and consequently open to interpretation. The biological facts about the fetus, on the other hand, are incontestable. (It is biologically alive.) The proper function of the physician in society is implicitly agreed upon by physicians and those they serve, and that function is to preserve biological life. If the time has come when our civilization's sociological interpretation of fetal life has changed, it does not necessarily

mean that the physician's role has changed with it.”

The article also quotes Dr. Myre Sims of the University of Birmingham, England:

“The doctor has regard for life. He has regard for fetal life. Society is now telling him that this life is expendable. He knows that if he falls in with this request, he will not be of much use to you as a doctor. He can easily be tricked into other decisions.”

He adds that if general society feels that such action needs to be taken, it could "train crews of abortionists with no medical ethics, supervise them, license them, give them penicillin and so on, so that the job is done cleanly and quickly, and that would be society's solution to the problem. But don't dress it up. Don't be sanctimonious about it."

Dr. Halberstam's "startling proposal" on abortion is just that. He feels that if social forces want abortions on demand, then let them go ahead and set up the programs for it. But they should recognize that the last people in the world who should be called upon to do such abortions are the physicians. We will continue to perform abortions when medically indicated and, as we always have, will continue to treat the complications of any abortion. But since these same forces are suggesting that because of physician shortages we should delegate work to trained assistants and paramedical personnel, we in medicine should renounce our responsibility for performing or certifying the need for abortion in cases done on sociologic grounds. He suggests that we will be willing to help train new cadres of medical assistants to be qualified abortionists who could work in registered and regulated abortion clinics under the control of some branch of HEW like the Public Health Service.

This discussion of abortion brings to mind an old, often told medical tale. Years ago, an elderly obstetrician in Nashville was approached by his middle-aged neighbor who found herself unexpectedly and distressingly pregnant for the eighth time. She asked for an abortion and tearfully pled that this was just one too many, that at her age she could not possibly survive another pregnancy and the rearing of another child. The obstetrician was sympathetic and agreed wholeheartedly. "You certainly do have too many children," he said, "and I don't believe you could raise another one. But," he added, "your eight-year-old Johnny is the neighborhood terror and absolutely the worst child I've ever known. So why don't we just do away with him and keep this new one instead? It's bound to be an improvement."

As Dr. Halberstam indicates, it should be evident that abortion on demand is a sociologic, not a medical problem. At the very least, there is no need for doctors to give

medical certification to these cases. If population control by means of abortion becomes a necessity, let's put the curettes in the hands of the sociologists and anthropologists who have the enthusiasm for it.

But the old obstetrician had a point. Dr. Sim's warning that one step leads to another is valid. We could be tricked into creating a new crusade by beating the drums for euthanasia, for the elimination of all misfits, criminals and no-good citizens, and if we throw in all of our rabid social engineers and a few politicians, population might be able to balance itself without abortions unlimited.