

THE ABORTION PROBLEM *(Originally published April 1975)*

Some two years ago, a decision made by the United States Supreme Court struck down legal restrictions on abortion. It was a needed step, clarifying a confused situation and welcomed, with reservations, by all except confirmed anti-abortionists. However, some of the problems created by this judicial action have been disturbing, and continue to excite much emotional argument between those enthusiastically in favor and those who would like to see the decision completely reversed. Between the medical supporters of both extremes are large numbers of obstetricians and gynecologists who also continue to have mixed emotions about the abortion problem.

On the one hand, most of us who have no basic objection, religious or otherwise, to abortion are pleased to be relieved of the hypocrisy of having to justify, on flimsy medical indications, the necessity of having to abort someone's pregnancy. You will remember that about 80% of the so-called medically indicated abortions during the brief period of "liberalized" abortion laws were performed on grounds that a continuation of pregnancy was "injurious to the mental health" of the prospective mother, a very tenuous and gray area at best. Now at least we don't have to perjure ourselves in writing by manufacturing medical indications where none exist. Most of us are also pleased, even though we may not care to do the procedure personally, that facilities are available where unwanted pregnancies among teenagers, divorcees and over-burdened married multiparae can be taken care of properly under adequate medical supervision.

On the other hand, we remain upset about the safety of abortion procedures during the second trimester of pregnancy. The recent case of Dr. Kenneth Edelin in Boston, aborting a two-pound living fetus, is illustrative of one problem aspect in late abortion. But of even more concern are published figures for the complication and maternal mortality rates in second trimester abortions. Most of the difficulty here—apart from those incident to the more complicated techniques necessary for termination—arises in the wishful, inadvertent or deliberate miscalculation of the duration of a pregnancy to make it fit into the 24 weeks or less category. It goes without saying that the longer a pregnancy progresses, the more troublesome and dangerous it becomes to end it by premature interference.

It has been our opinion all along, even before the Court decision, that abortion of convenience or demand should have been strictly limited to first trimester pregnancies of no more than ten to twelve weeks; and that second trimester pregnancies—12 to 24 weeks—should have continued to be aborted on the previously liberalized ground of medical indications only. It would seem, then, that a simple amendment of the Supreme Court decision accomplishing this would resolve most of the difficult problems arising out of the present situation.

Such a modification would probably elicit the usual hand-wringing from feminists,

women's libbers and that dedicated corps of civil liberty devotees who react automatically to any action in conflict with their own prejudices. It might even, in an occasional case, work hardship on an ignorant, frightened or procrastinating female who delays too long in making decisions. But in the long run, women desiring abortion would soon learn to be checked early and have pregnancy confirmed well within the first trimester limit. For the infrequent case truly deserving of termination on compassionate grounds beyond the twelve-week limit, we can, if we have to, always fall back on medical hypocrisy.

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