

Abortion: Causing the Death of an Unborn Child

Sheila Page, D.O.

“Whose life is more important?”

I remember watching a Wisconsin state representative shouting that question at a witness during a committee hearing. The law under consideration would have protected Down syndrome children from being selectively aborted. The questioner displayed anger and vitriol, pressing repeatedly for an answer.

After hearing hundreds of witnesses over the years, on both sides of the abortion issue, I have observed that this single question seemed to permeate the sentiment of many supporters of abortion. There was a persistent attempt to justify ending one life for the benefit of another. Women expressed fear for their own lives if they carried a pregnancy to term. Many women declared that a child would be the ruin of their personal lives and careers. It is sad to me that an innocent little baby could be viewed as so fearsome and burdensome that pre-emptively ending its life in the womb was considered necessary for a woman’s well-being.

At that Wisconsin hearing, as with many similar hearings, the representative of the state medical society aggressively defended abortion. The medical profession’s eagerness to protect abortion practices reflects a disturbing inversion wherein the ones we trust to be healers are using medical tools to terminate rather than protect life.

The U.S. Supreme Court decision on *Dobbs v. Jackson Women’s Health Organization* has inspired discussion of the legality and morality of abortion, beginning with the leaked document that revealed the court’s draft ruling that *Roe v. Wade* is unconstitutional and that abortion is a matter for state legislatures, just as it was before *Roe v. Wade*. State medical associations have restated their positions in favor of abortion. The American Medical Association and other medical societies are very protective of physicians who perform abortions. The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) and the Association of American Physicians and Surgeons (AAPS) are among the few medical groups who are willing to step up to defend innocent lives in the context of abortion.

It seems that some physicians give little or no consideration to the ethics of abortion, which is often referred to as a medical treatment or a “reproductive right.” It is represented favorably in medical schools and at conferences. Examination questions are designed to offer the choice of abortion as the only rational one, and any religious or moral objection is portrayed as irrational, ridiculous, or even dangerous.

The stark difference between abortion and life-saving procedures is often blurred. The Texas Health Code defines abortion, and makes the distinction:

Sec. 245.002. DEFINITIONS. In this chapter:

(1) “Abortion” means the act of using or prescribing an instrument, a drug, a medicine, or any other substance,

device, or means with the intent to cause the death of an unborn child of a woman known to be pregnant. The term does not include birth control devices or oral contraceptives. An act is not an abortion if the act is done with the intent to:

- (A) save the life or preserve the health of an unborn child;
- (B) remove a dead, unborn child whose death was caused by spontaneous abortion; or
- (C) remove an ectopic pregnancy.¹

In this health code, there is no question as to the purpose of the abortion procedure; the intent is to cause the death of a living baby in the womb. Procedures needed to save the life of the mother are specifically defined not to be abortions. An early delivery necessitated by a mother’s health issue is not an abortion, as every effort is made to preserve the infant’s life if possible.

Abortion and ‘Justice’

In the *New England Journal of Medicine*, Wilkinson et al. warn of the negative impact of further restrictions on abortions, describing it as an issue of societal justice:

The continued legal right to safe abortion is relevant to all of us, regardless of specialty, and to our family members, communities, and patients. The threat of losing this right calls for the engagement of the entire medical community. Abortion access is a critical component of reproductive justice, and an equitable and just society requires the existence of safe, affordable, and accessible abortion services.²

There is an irony in waving the banner of “equitable and just” in defense of a practice that ends the life of an innocent person who is treated as property instead of as a human being. It is a strange justice to insist on the right to abort a baby in the case of rape, essentially punishing the innocent instead of the guilty, and discarding the evidence. In discussing reproductive justice as the most important consideration, Wilkinson et al. dismiss the humanity of the pre-born child:

Reproductive justice is the recognition of “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”²

The life and choice of the mother is the only consideration here. There is no recognition that the pre-born developing human has a life of its own that is helplessly in danger of being eliminated. These authors refer to a commonly cited paper that uses inadequate reporting by abortion clinics to contrast with the well-documented mortality rates related to

live births: “In the United States, mortality associated with childbirth is 14 times as high as the rate associated with legal abortion.”³

Dr. Donna Harrison, executive director of AAPLOG, noted that a comparison between maternal mortality and abortion mortality cannot be reliable. “They have different denominators and are not comparable numbers. Worse still, live-birth mortality at least has some hospital records, whereas abortion mortality is actually completely unknown, as the only ones tracking abortion mortality are abortionists who have a vested interest in not reporting honest numbers” (Harrison D, personal communication, May 11, 2022).

Children born because of lack of access to abortion are somehow blamed for economic and social problems that women suffer. A common position taken by medical societies is that abortions offer a protection from societal ills, as described by Wilkinson et al.:

For example, when compared with people who received a desired abortion, people who were turned away from abortion services and gave birth were more likely to live in poverty, less likely to be fully employed, and more likely to receive public assistance at 6 months—differences that persisted for at least 4 years.²

Abortion and Medical Education

Medical students Marisa Giglio, Gabrielle Magalski, Yen Doan, and Sydney Bowman stated their position on abortion in the *New England Journal of Medicine*. They express their excitement and anticipation of seeking training in obstetrics and gynecology, particularly “reproductive health,” only to have their hopes and careers dashed by various state laws that were threatened by the anticipated Supreme Court decision. These students expect that a “comprehensive reproductive health care” program includes training to perform abortions at various stages of development. In their view, training that does not include this practice of causing the death of the pre-born child deprives them of the “education we need to provide exceptional care to our patients.”⁴

Abortion and Organized Medicine

Since the Supreme Court ruling returning abortion regulation to the states, numerous agencies and health-related organizations have stepped up to protest the ruling and insist that physicians who kill in this context are not criminals. Among them are: the Texas Medical Association, the World Health Organization, the American Medical Association (AMA), the American Academy of Pediatrics, the American Academy of Family Physicians, the U.S. Department of Health and Human Services, the American Public Health Association, the American Nurses Association, the Association of American Medical Colleges, the American College of Obstetrician and Gynecologists, the American Psychiatric Association, and the American Society of Clinical Oncologists.^{5,6}

Many physicians do not agree with this view but will not speak out because of fear of professional backlash by the abortion-friendly medical societies. The medical profession

is collectively defending abortion as a means of promoting health and stability. It is troubling that so many claim that the struggles associated with raising a child justify prescribing the death of a baby in the womb. The concept of the sanctity of life has been dismissed, and the principles of the Oath of Hippocrates that clearly protect life have been abandoned.

Conclusions

Medical knowledge cannot equip us to save the life of every pregnant woman or every baby. When faced with the tragedy of death due to failure of physicians to save a life, the response of a devoted healer is to search for better treatments to prevent such a failure in the future—not to advocate sacrificing one life for another.

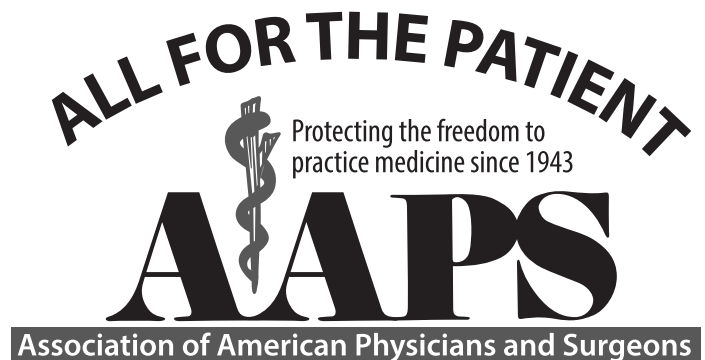
Abortions destroy innocent lives in the womb, often in a violent manner, rather than protecting pregnant women at risk, who are often victims along with their babies.

Physicians have a sacred duty to protect lives, especially of the weakest members of society, and offer healing and hope to future generations. The calling of a physician is to be a guardian of health and life, not an agent of death.

Sheila Page, D.O., specializes in neuromusculoskeletal medicine. She serves as president-elect of AAPS. Contact: sheilapagedo@protonmail.com.

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