



## Abortion Factsheet

### Terminology

"Abortion" in medical usage refers to the "premature expulsion from the uterus of the products of conception – of the embryo, or of a nonviable fetus." (Dorland's Illustrated Medical Dictionary, W.B. Saunders Company, 2000)

**Spontaneous abortion:** in common parlance is called a miscarriage

**Induced abortion:** refers to the termination of pregnancy brought on intentionally by medication or instrumentation.

**Therapeutic abortion:** usually equated with "legal abortion". It implies the abortion is induced to save the life or health (physical or mental) of a pregnant woman. However "therapeutic" usually means the treatment of a disease. The use of the term "therapeutic" is inappropriate and implies that pregnancy is a disease.

### The Means

An induced abortion may be either surgical or medical.

**Surgical abortion** includes the following procedures

*Vacuum aspiration* whereby a tube is inserted into the womb and the baby is sucked piecemeal down the tube.

*Dilatation and curettage (D&C)* where an instrument is used to scrape the baby out of the womb

*Dilatation and Evacuation* (usually used later in pregnancy) where forceps are used to crush the body of the baby and remove the parts

*Instillation method* where by the woman is given drugs called prostaglandins making the woman go into labour. Often the baby will also be given a lethal injection while still in the womb to ensure that it won't be born alive.

**Medical abortions** (through giving 'medications') are becoming more frequent. They are usually effective in the first seven weeks of pregnancy. They include:

*Methotrexate*, a drug originally used to treat cancer, is given to a woman to stop the baby growing;

*Mifepristone* (or RU 486) taken in the form of a pill, works by blocking the hormone progesterone which is necessary to sustain pregnancy. Without this hormone the lining of the uterus breaks down and hence the baby can't be supported;

*Misoprostol* is usually taken after methotrexate or mifepristone causing the uterus to contract and expel its contents. Thus guaranteeing the end of the pregnancy.



## The Frequency

Reliable statistics are not easy to obtain and are often somewhat dated when published.

### Worldwide:

22 million legal abortions were reported in 1987

4 - 9 million legal abortions were estimated not reported

10 - 22 million "clandestine" abortions estimated

Hence there were between 36 and 53 million abortions worldwide in 1987

78% of these are in developing countries; 22% in developed nations.

The United Nations estimated there were 45 million abortions per year in 1995.

(Sources: International Family Planning Perspectives, 16:59, June 1990; USA Today, 8/8/96.)

### USA:

1,554,000 legal abortions from 5,912,000 pregnancies in 1980

1,609,000 legal abortions from 6,778,000 pregnancies in 1990

1,366,000 legal abortions from 6,240,000 pregnancies in 1996

(Source: US National Center for Health Statistics)

### UK:

17,500 abortions in 1967, the year before the abortion act

183,250 legal abortions in 1999

(Source: Office for National Statistics)

### Australia:

55,153 legal abortions in reporting year 1984/5

76,191 legal abortions in reporting year 1996/7

(Source: Commonwealth Dept of Human Services & Health)

In Australia, the ratio of abortions to live births is 1:4

Roughly one third of women having abortions in Australia are aged 15-19; one third are 20-24; and one third are 25-34. Less than 1 per cent are performed on girls under 15.

Out of every 5 women having abortions, 3 are unmarried. Only 1 in 7 are performed on women with large families (4 or more children). (*see Fisher and Buckingham, p.20*)

## Reasons for abortion

The reasons why any individual seeks an abortion are various.

Sorances of Ephesus writing in the second century A.D. noted three common reasons:

- to conceal the consequences of adultery;
- to maintain feminine beauty;
- to avoid danger to the mother when her uterus is too small to accommodate the full embryo

To these historic reasons (which still hold) the following may commonly be added:

- not wanting to be an unmarried parent;
- not being able to 'afford' another child;



- not wanting a child suffering from a disability;
- simply not wanting a child

In an extensive survey carried out in New South Wales in 1992 and published in 1995, the most common single reason for abortion was "can't afford a baby now" (60%).

Other reasons were: "don't want to be a single mother" (29%); "having a baby would change my life in ways I don't want" (38%); " I believe I should establish my career before having a child" (27%). Health reason was given by only 5% of the respondents. (Respondents could give more than one reason) (*"A survey of women seeking termination of pregnancy in New South Wales", The Medical Journal of Australia, Vol 163 (16 October, 1995) pp.419-422*)

## **The Effect on Women**

One of the most unreported aspects of abortion is the effect it may have on women.

The physical risks of abortion to the woman include infection, perforation of the uterus, infertility, increased risk of ectopic pregnancy and other problems with subsequent pregnancies.

The emotional effects are much more pervasive but often appear some time after the abortion. Women report symptoms such as nightmares, flashbacks, relationship problems, feelings of anger and depression. (*See Helen Watt, Abortion, CTS, London, 2001*)

Many women also believe they were not adequately prepared nor cared for by those who performed or facilitated the abortion. (*See Belinda Tankard Reist, Giving Sorrow Words, Sydney 2000*)

## **The Moral Argument**

There are five major arguments proposed in favour of abortion as being morally acceptable:

### **1. The foetus is not a human being**

The most radical argument is the one which holds that the foetus is not a human being, but simply a part of the mother's body to be disposed of as she wills. Sometimes it is claimed the embryo is "just a bunch of cells". If this argument is true, then there is very little moral problem and just about any reason would be sufficient to justify the risk of undergoing an abortion to remove this unwanted part of one's body.

**BUT:** The beginning of human life is first of all a scientific question and the same criteria should be applied to it as to other life. Modern science makes very clear that a new biological human life begins at fertilisation. Acknowledging this fact does not settle the abortion question, but it would allow us focus on the real questions. (Another page on this website considers the question of "when does human life begin?")

### **2. The foetus is indeed human, but not yet a human person**

A slight variation of the above argument holds that the foetus is indeed a human being, but it is not yet a human person -- and it is only the human person who is to be respected and who is the subject of human rights.



BUT: The question of "personhood" is a philosophical (and theological) question, not a scientific one. Briefly what is being asserted is that some living human beings are not human persons. Thus you may have living human beings who at some stage become human persons and, at the other end, cease being human persons while the human being continues. This view sees the human person as somehow separate from bodily life. It involves a dualism which flies in the face of human experience. (For more on this see the page on the beginning of human life.)

### **3. The foetus is of some lesser moral value.**

Some prefer to avoid talk of personhood and simply talk of the "moral status" of the embryo. According to this view you can acknowledge that human life begins at fertilisation, but that life doesn't have moral status until some time later.

Newsweek of Jan 11, 1982 in its Science pages ran an article entitled, "But is it a Person?" -- the "it" being the human foetus. The Article concluded:

*"Even many doctors who believe that abortions are justified will concede that life begins at fertilization, and that the foetus becomes human at any point the anti-abortion groups care to specify; the problem is not determining when 'actual human life' begins, but when the value of that life begins to outweigh other considerations such as health, or even the happiness of the mother. And on that question, science is silent" (p.42).*

BUT: On this view "moral status" would seem to be something conferred by others, not something inherent in the individual. So whether or not someone has moral status is usually the decision of the dominant class. This was frequently the approach used to justify slavery. (For more on the beginning of human life see the relevant heading on this website.)

### **4. The right to one's body**

Some acknowledge that the foetus is or might be human. But they argue that the mother has the right to dispose of her body as she wills, and the foetus is regarded as being merely a "tenant" or even an "aggressor" in her body. The woman is entitled to expel the foetus in defence of her own body.

Others simply argue that in certain circumstances a conflict of rights might arise (the conflict of the mother's right to life and the baby's right to life when the pregnancy endangers the mother's health), and this conflict is to be resolved in favour of the mother.

BUT: There is no legitimate analogy between the foetus and an aggressor, even a supposedly innocent one. An aggressor is a person who is in breach of a duty not to enter a place or violate a person's body. The baby in the womb is not there in breach of any such duty. Indeed he or she can claim to be there as an invited guest even if the invitation was ambiguous. Even in the case of rape it is wrong to regard the foetus as the aggressor. He or she is as much a victim of the rape as the mother.

Secondly, it simply isn't true that we have an unlimited right to use our bodies as we wish. Self-mutilation and suicide are both immoral. But more relevant to the discussion is the fact that one's freedom to use one's body is limited, among other things, by the rights of others. In this case the foetus has as much right as the mother to say about his or her body: "hands off! You have not right to do violence to my body"; after all it's his or her body.

### **5. Eugenic conditions**



This arises where the child is known to be or thought likely to be, "defective". It is asserted that in this case the abortion is not performed for the sake of the mother but for the sake of the child. It is better, it is said, for the child to be dead than to be subjected to a burdensome life. Abortions for this reason are becoming more frequent because of the increase in the use of pre-natal diagnosis.

If these arguments are accepted for abortion, then logic would insist that they also apply to the new born. Some already advocate this logic be carried through.

This kind of abortion is sometimes called 'therapeutic'.

BUT: This is an example of the misuse of language referred to earlier. Abortion does nothing to cure fetuses of the diseases they bear. What sort of therapy is death? The abortion may be "therapeutic" for the desires of human beings other than the real human beings in question, but it is by no means truly therapeutic. The truth of the matter is that the abortion is not carried out for the benefit of the child, but is for the supposed benefit of the parents and/or society.

We have a case of a putative weighing of values and the judgment that the benefits to one or some outweigh the value of another human life and justify the direct taking of that life. In the abortion case the so called weighing of values is more obviously performed in the dark. It is often very difficult to know what degree of defect a child will in fact suffer from. **A well-known example.**

## 6. Relative value of foetal life

This is the ethical presumption underlying any attempt to argue for the moral justification of abortion: that the value of a human life can be weighed against other values or other lives, and that the result of this alleged computation can be that the human life is outweighed by other factors.

BUT: The problem with those favouring this method is they never explain how this evaluation or weighing can be made. That is why their basic belief is called a 'presumption'. It is certainly not self-evident. Indeed it is manifestly false.

The rights of the mother and child both have the same foundation, their humanity, and in this mother and child are equal. Nor could wider societal claims justify the taking of an innocent life. One of the prime purposes of society is to protect the human person. The basic human goods which are constitutive of human well-being are incommensurable. The proper/morally right/only reasonable human attitude is to be open to all these goods and never to act directly against any of them. An abortion is, no matter what other aim you have in view, an act which is a deliberate assault upon human life. It is always immoral.

## The Teaching of the Catholic Church

The Catholic Church's teaching has two foundations. One is Revelation and Tradition which is grounded in the faith of the Church. The second is what is known as natural law.

"The tradition of the Church has always held that human life must be protected and cherished from the beginning, just as at the various stages of its development. ...The Second Vatican Council ..has most severely condemned abortion: ' Life must be safeguarded with extreme care from conception; abortion and infanticide are abominable crimes'" (*Sacred Congregation for the Doctrine of the Faith, Declaration on Procured Abortion, nn.6-7*).



"Even in the midst of difficulties and uncertainties, every person sincerely open to truth and goodness can, by the light of reason and the hidden action of grace, come to recognise in the natural law written in the heart (cf Rom 2: 14-15) the sacred value of human life from its very beginning until its end, and can affirm the right of every human being to have this primary good respected..." (*John Paul II The Gospel of Life n.2*)

## Conclusion

Proper respect for human life is not simply manifested by a series of "do not's".

It involves giving proper medical care to mother and child; it also involves giving help and encouragement to the pregnant mother, married or unmarried; it involves giving help and encouragement to the person with disabilities and their families; it involves, in short, working to remove as far as possible those conditions which tend to tempt people to have an abortion and creating a human community where all human life is respected and actively supported.

## Resources

### Recommended Books

"The Gospel of Life" by Pope John Paul II (NSW, St Paul Publications, 1995)

"Explaining Catholic Teaching: Abortion" by Helen Watt (Catholic Truth Society, 2001)

### Recommended Web Sites

<http://www.prolifeinfo.org/> -- ProLife website (USA)

<http://www.qrtl.org.au/> -- Qld Right to Life website

<http://www.nrlc.org/> -- Right to Life USA website

[http://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_19741118\\_declaration-abortion\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19741118_declaration-abortion_en.html) -- Document on Abortion from the Sacred Congregation for the Doctrine of the Faith

[http://www.vatican.va/holy\\_father/john\\_paul\\_ii/encyclicals/documents/hf\\_jp-ii\\_enc\\_25031995\\_evangelium-vitae\\_en.html](http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html) -- Pope John Paul II's encyclical letter on "The Gospel of Life".

### Journal Articles Online

"Traditional Teaching on Abortion" by Kevin Flannery (Linacre Quarterly, May 1993)

"Statement on Abortion" by Australian Episcopal Conference

"Direct and Indirect Abortion" by Patrick Lee (Ethics and Medics, February 1998)