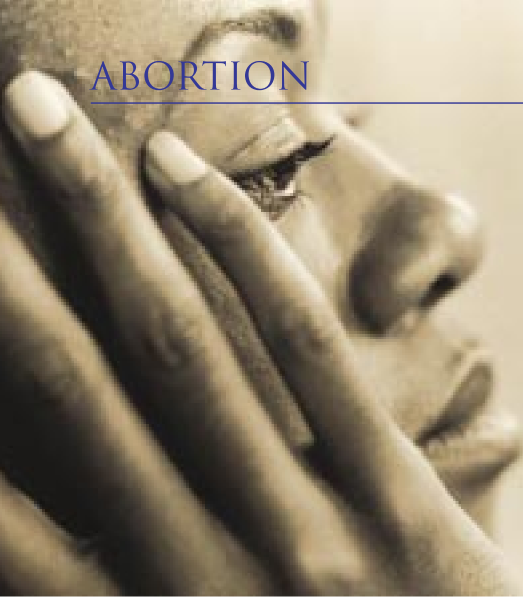

We need new strategies for capturing the moral high ground in the abortion debate, insists **Greg Gardner.**

Pro-life movement at the crossroads

It is well recognised that traditional strategies against abortion have had only limited success and there is now a growing realisation that new alliances and strategies are needed.[1]

The solution is far from simple as every reform movement contains members with different opinions over strategy, priorities and the tension between long-term goals and short-term fire-fighting. Within the pro-life movement there is a clash between purity and pragmatism, for example with regard to proposed changes in legislation. On one side are those who recommend a 'no exceptions' absolutist approach. On the other are those who prefer a gradualist, incremental approach, taking back a bit of ground at a time and making compromises where necessary. Is there any possible way forward?

Conflicting compassion for both mother and unborn child has led to an uneasy acceptance of the status quo

There are several factors that need to be considered here. First, probably the most powerful witnesses for the humanity of the unborn are mothers who grieve over their aborted children. Secondly, the vast majority of people are not pro-abortion but pro-choice. Thirdly, for various reasons the pro-choice position has come to be associated with compassion and non-judgmentalism.

Then, fourthly, from a purely economic point of view, abortion is a matter of supply and demand. Abortion providers in the private sector can only charge what the 'market' can bear. They can only keep their profit margins intact by keeping costs low and turnover high. This has meant a 'conveyor belt' approach to abortion, with inadequate counselling, paltry screening, limited information about risks and therefore a lack of informed consent.

Abortion is Harmful

These factors, taken together, constitute the basis for an alternative strategy for opposing abortion that can be both pure and pragmatic whilst remaining free of compromise. It is based on the fact that abortion is traumatic and poses a significant risk to the health of women. Data from a record linkage study in Finland analysing half a million births and 94,000 abortions over seven years, showed that the mortality rate of women in the first year after abortion was nearly four times that of women who had full term pregnancies.[2] Analysis of subsets of this data showed that the suicide risk in the twelve months post abortion was three times the general suicide rate and six times that of women who gave birth.[3]

Deaths from accidents and natural causes are also increased in the post abortion group. This study only went as far as a year but there are other longer term risks to be factored in such as substance abuse, smoking, depression and cycles of self-harm. There is an increased risk of breast cancer, particularly in women who abort their first pregnancies. There are identifiable factors for women at risk of post abortion trauma.[4]

Targetting the Middle Majority

What Reardon calls the 'middle majority'[5] are people who are ambivalent and uneasy about abortion and wish to adopt a non-judgmental stance. Conflicting compassion for both mother and unborn child has led to an uneasy acceptance of the status quo. This has come by default to be identified with the pro-choice position. Those in the middle majority have two main concerns: not to interfere with the autonomy of women and not to condemn those women who have already had abortions. They are quite receptive to expanding women's rights in ways that would reduce abortion or make it safer.

There are at *least* four areas where pro-lifers could recapture the moral high ground in the minds of the middle majority. These are:

1 Protecting women from being coerced into unwanted abortions.
2 Guaranteeing a woman's right to full disclosure of information.
3 Protecting those women most likely to be injured by abortion by requiring proper screening of patients.
4 Expanding the possibility of fair compensation to women for resultant physical or psychological harm.[6]

Coercion: A woman may 'choose' to have an abortion because she feels this is her only choice. There may be family, financial, social or health pressures that make a woman feel she is forced into having an abortion. If her 'only choice' is contrary to her maternal desires, she should be offered an option which does not conflict with these desires. At the

present time, abortion providers in the private sector steer women towards an abortion decision because it is in their commercial interests to do so.

Disclosure of Information: Valid consent involves the exercise of choice, which is itself dependent on information about the options available and the risks attendant upon each. Inadequate disclosure invalidates consent. The failure to tell a woman of identifiable risk factors for post-abortion injury is concealment of relevant information and a violation of her right to full disclosure. Because abortion is a unique procedure encompassing medical, psychological, social and moral dimensions, the requirements for disclosure are so much greater. This may especially be the case when a woman has not fully explored her own moral views.

Women with pre-existing moral conflicts are more likely to suffer post-abortion sequelae. It is therefore necessary to equip women considering abortion with accurate information in order that they work through their own moral position prior to abortion. Some women may conceal a history of a previous abortion; this should mean that abortion providers should *routinely* disclose all possible risks so that each woman can do her own risk-benefit analysis. Full disclosure is a right. Abortion providers should be expected to provide any information that a reasonable patient might find relevant.

Current British law relies heavily on the doctor-centred Bolam test (what a 'responsible body of medical opinion' might believe) rather than what the patient requires in order to reach an informed choice. This situation is outdated, paternalistic and allows abortion providers to give minimal information. In this respect British law is well behind North America and Australia, which are much more patient-centred.[7]

Screening: The failure adequately to screen for risk factors constitutes negligence.

A competent doctor should:

1. Provide adequate pre-abortion screening to identify those women at risk of negative reactions; for example, those with a history of child abuse, drug dependency, behavioural problems or ambivalence.
2. Provide counselling to high-risk patients explaining why they are at increased risk along with information about possible post-abortion reactions.

The failure to identify known risk factors, the failure to notify the patient of potential risk factors, or the failure to refuse to perform a contraindicated abortion may provide grounds for a claim for malpractice. If screening discloses any high-risk factors, the abortionist should be expected to provide additional counselling above and beyond the normal standard in order to alleviate these predisposing risks and discover a safer course of care. Finally they should document why an abortion is recommended over other options.

Compensation/Legal Issues: A number of changes can be recommended:

1. Abortionists should be required to document the basis for their recommendation of abortion over alternative options for managing the woman's crisis.
2. There should be an end of the prevailing situation that allows private abortion providers to destroy medical records after three years.
3. There should be liability for wrongful death in the case of women being coerced into abortion.
4. The ability of abortion providers to demand up-front payment should be stopped, as such practices involve an element of coercion.
5. There should be mandatory reporting of cases involving potential sexual abuse in under-age girls, as these are more likely to be pressured into unwanted abortions.
6. Family planning agencies such as the FPA and Brook Advisory Centres should have to disclose anonymously all material risks if making an abortion recommendation. Any violation of this should result in withdrawal of charitable status and government funding.

Conclusion

When faced with initiatives such as these, pro-abortion politicians will be forced either to agree to reforms that will harm the abortion industry, or to side with the abortion industry against women's rights, which will harm pro-abortion politicians. These policies can be promoted as something positive for women and would expose the ideology of those committed to abortion regardless of the consequences.

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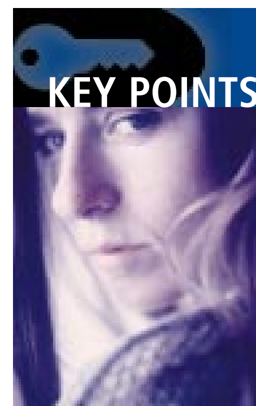

Most people remain ambivalent and uneasy about abortion but could be persuaded to adopt a pro-life stance by strategies which emphasise the considerable adverse physical and psychological consequences of abortion for women. The abortion industry harms women through coercion, failing to offer fully informed consent, neglecting to screen for patients at high risk of adverse sequelae, and through inadequate compensation for those harmed. Christians can play a vital role by telling the truth about abortion's adverse effects and through using political and legal channels both to challenge abortionists and policy-makers and to promote the right of women not to be exploited and abused.