

Abortion: A Pro-Choice Perspective

by Robert L. Blake, Jr.

Three years ago, I was one in a group of health professionals that challenged a newly enacted Missouri state law restricting access to abortion. The law was declared unconstitutional at the federal district and appellate court levels. In *Webster v. Reproductive Health Services*, the Supreme Court upheld provisions of the law prohibiting most abortions in state-supported hospitals and requiring tests for fetal viability in abortions performed after nineteen weeks of pregnancy.

While the immediate effect of this decision is small, its implications for the future are profound. With this decision, the Supreme Court has indicated a willingness to allow states greater latitude in limiting access to abortion. It is apparent that the landmark decision in *Roe v. Wade* affirming the constitutional right to abortion is in jeopardy. The Court's decision in *Webster* has fueled an increasingly acrimonious controversy over abortion in the United States.

A fundamental issue in the debate over abortion concerns the nature of the embryo/fetus. Does life begin at conception, as the disputed Missouri law asserts? People who would limit or completely prohibit abortion insist this is the case. From the moment of conception, the fetus is considered a living human being whose right to life supersedes the mother's right to control her own body and reproductive capacity.

Along with many others, I disagree. We see the fetus as a potential life that is uniquely dependent on the mother until the point of viability at approximately twenty-four weeks. As long as this physiologic dependency exists, the right of the potential life to continued development is subordinate to the mother's right to privacy, which includes the right to terminate an un-

wanted pregnancy. Thus, the abortion debate arises from conflicting views about the balance of rights between the fetus and the pregnant woman. These views are based on a combination of religious or philosophical beliefs

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and scientific knowledge.

In recent years, those who would deny a pregnant woman the option of abortion have increasingly invoked scientific evidence to support their position. In some ways it is logical to look to science for an answer to the question of when life begins. Science has provided extensive information about reproduction, embryogenesis, and fetal development. However, science does not tell us how to interpret or discern meaning from these facts, and consequently does not resolve the basic conflict.

The claim that life begins at conception is based on the fact that the fertilized egg possesses unique genetic material and undergoes a process of cellular growth, division, and differentiation. That the product of conception is genetically distinct and composed of one or more living cells is seen as qualifying it as a "life" in every sense of the term. This reasoning leads to the rhetoric that equates the fetus to a "child" or a "person" and equates abortion to "murder."

Is this a valid interpretation of the

scientific evidence? Does the combination of unique genetic material and living cells constitute a life? Certainly it does not when we determine when death has occurred. The "brain-dead" person who is connected to a "life support" machine has the same characteristics of the fertilized egg: unique genetic material and growing, dividing, and differentiating cells. In fact, the brain-dead person has something the fetus does not have until at least a month after conception: a beating heart. Yet legally and morally, the brain-dead person is not alive. Why should we accept criteria for life in the nonviable fetus that we reject when considering life in a human being after birth?

There is a major difference between the fertilized egg and the brain-dead: the potential for future life. Scientific evidence indicates that the fertilized egg has a fifty to seventy percent chance of developing into a viable human being. This is consistent with the interpretation that the previable fetus is a potential rather than an actual life. And clearly, something that is not a life cannot be murdered.

If the scientific evidence is susceptible to such disparate interpretations, can we look to scientific experts for guidance? The truth is that there is no consensus among experts regarding when life begins. There certainly is not compelling support for the view that life begins at conception. The preponderance of knowledgeable opinion expressed to the Supreme Court regarding *Webster* opposed this view. The American Medical Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Fertility Society, the American Society of Human Genetics, and the Association of Reproductive Health Professionals were among many scientific organizations which submitted amici curiae briefs urging the Court to reject the Missouri law. A similar brief opposing the law was submitted by 167 distin-

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Robert L. Blake, M.D., a family physician and Professor of Family and Community Medicine at the University of Missouri-Columbia, was a plaintiff in *Webster v. Reproductive Health Services*.

guished scientists and physicians, including eleven recipients of the Nobel Prize. There appears to be a strong scientific challenge to the notion that life begins at conception.

Ultimately, the question of when life begins is not a scientific question but a metaphysical one. This issue will never be answered by scientific discovery. Empirical facts are interpreted in the context of philosophical or religious value systems to yield contradictory or irreconcilable conclusions. What should society do in the face of such conflict? It is clearly unconstitutional for the government to impose a particular religious doctrine about the inception of life and ensoulment.

One approach is to eliminate the need for abortion by preventing unwanted pregnancies. The widespread use of contraception and sex education in Western Europe has resulted in rates of teenage pregnancy and abortion that are much lower than those in the United States, despite a level of teenage sexual activity that is at least as high. One might think that the prevention of unwanted pregnancy could be the common ground of agreement between the pro-choice and anti-choice forces. Unfortunately, this is not the case. Incredibly, some of the same people who oppose abortion also oppose contraception and sex education. It is tragic that we lack a national commitment to use these effective strategies for preventing unwanted pregnancy.

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Another approach has a certain simplistic appeal: submit the abortion debate to the democratic process. Why not allow our elected officials to decide the issue by a vote? Because in a society that values individual free-

dom and limits government power, it seems much more appropriate to leave the decision to each person, in the context of his or her moral beliefs and conscience. The democratic process is vital to our political life, but there are inalienable rights not subject to the vicissitudes of political opinion. Constitutional guarantees protect these precious rights, including the right to privacy, which forms the basis for many of the specific rights enumerated in the Constitution.

Some people argue that the right to privacy does not include the choice of an abortion. They claim that a woman relinquishes control over an intimate and central part of her life when she becomes pregnant. This strikes to the heart of the concept of privacy. What is more private than a woman's decision regarding her reproductive capacity? If a woman can be forced to continue an unwanted pregnancy against her will, then there is no right to privacy.

Although the case for the legality of abortion is based primarily on individual rights, it is further supported by considerations of safety. While there is great dispute about the "life" of the pre-viable fetus, there is agreement that the pregnant woman is a living person who is entitled to full protection of the law. The evidence is irrefutable that legal abortion is far safer than illegal abortion. Once a common cause of maternal morbidity and mortality, abortion now rarely causes adverse medical consequences. As a medical student twenty years ago in St. Louis, I often saw women who had suffered serious complications from illegal abortions. It has been years since I have seen a complication of abortion, despite the relative frequency of the procedure. Abortion is now much safer than childbirth. According to a 1987 article in the *American Journal of Public Health*, a woman is twenty-five times more likely to die from complications of pregnancy, labor, and delivery than from legal abortion. Many women, if deprived of access to legal abortion, will obtain an abortion any way they can, at considerable risk to their health and lives. The safety concern is a compelling reason not to turn the clock back to the pre-1973 era.

Opponents of abortion claim that women who obtain abortions frequently suffer serious psychological effects. This claim has been buttressed by a handful of highly publicized cases of women who regret their previous abor-

tions. It should not be surprising that, among the millions of women who have obtained an abortion, there are some who now have negative feelings about the decision. The underlying question, however, is whether guilt feelings or detrimental emotional impacts are more common in women who have

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abortions than in those who continue unwanted pregnancies and either keep the baby or give it up for adoption. Former Surgeon General C. Everett Koop, an opponent of choice, has acknowledged that there is no evidence that abortion causes psychological damage. Through the years of my own practice, some women have expressed regret that they became mothers. These anecdotal experiences have not motivated me to deny women the choice of having children.

Anti-choice forces have rallied around the slogan, "adoption not abortion," a simplistic dichotomy popularized by the presidential campaign of George Bush. Adoption is an option many women choose. This alternative is made more appealing by the intense desire of infertile couples for a child. But our sensitivity to this legitimate desire should not induce us to force other women to be baby factories. Women who choose adoption deserve support and assistance in this decision; women who choose abortion deserve similar support and assistance.

The reality is that we already have too many unwanted children in the world. We cannot adequately care for the children we have now. How can we expect to care for the thousands more that would result from banning abortion? In the United States, thousands of children in institutions or foster homes cry out for adoption—to no avail. There is great demand for near-perfect white newborns, but there is little in-

terest from prospective parents in older, minority or handicapped children. It is conservatively estimated that 500,000 children in our country are homeless. According to UNICEF, approximately 37,000 children in the world starve to death every day. As the richest nation in the world, we have the resources to prevent these tragedies, but we lack the will. Perhaps those who profess to be "pro-life" could direct more attention and concern to these children, who are indisputably alive and suffering so terribly. It is incredibly cruel to force women to bring unwanted children into a world that is not committed to caring for them.

The claim that life begins at conception is an opinion. People are entitled to their opinions, but they are not entitled to impose their opinions on the rest of us. In a situation where rights are in conflict, where science does not provide an answer, and where a great diversity of religious and philosophical belief exists, the appropriate role of the government is strictly limited. Other than assuring that medical licensure laws apply to the performance of abortion, the state should stay out of the controversy. This optimizes the exercise of constitutional rights in a legal and safe environment. Those who believe that abortion is wrong are free of government interference in their reproductive decisions. They are also free to express their convictions regarding abortion and to try to persuade others. But they are not free to bomb clinics, threaten health professionals or harass and terrorize women who are exercising a fundamental human right.

In my practice, I have seen many women who were struggling with the crisis of an unwanted pregnancy. I provided information, discussed options, and offered emotional support. Each woman eventually made a decision based on her own values and circumstances, in council with her family and others important to her. Some chose an abortion; others elected to continue the pregnancy and keep the baby; some opted for adoption. In each case the woman made the choice, not me and not the government. A free society can tolerate no violation of this right.

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Sexual Ethics and AIDS

by Alan S. Lubert

All of us today, whether we realize it or not, have a homosexual friend; and perhaps most of us have lost a friend to AIDS. Imagine another friend, this one heterosexual, who discovers he or she has AIDS. Question: When we think about all the issues bound up caring for people with AIDS, does the fact that one person is "straight" and the other is "gay" make a moral difference to the way we should treat him or her? My sense is that much of our thinking about AIDS is clouded by prejudice against gay people. I believe that confusion about sexual morality explains (1) why we have delayed for years in formulating coherent, competent policies for fighting the disease; (2) our continuing reluctance to dedicate ourselves to people with AIDS.

Put most graphically, this unconcern reflects a judgment that gay people are expendable. We see this clearly in the rising incidence of violence against gays. It is instructive that gay activist groups have adopted the pink triangle as their symbol, to remind us that homosexuals were specifically targeted for destruction by the Nazis.

In our discussion, I will argue that all of the values we struggle to reach in heterosexual love—friendship, intimacy, trust, fidelity—are equally reachable in homosexual love. The central difference between heterosexual and homosexual love—the gender of the partners—cannot justify moral discrimination against gay people. To clarify our thinking about AIDS and sexuality, we will investigate what is perhaps the core issue, the concept of normality.

When we look at different people and cultures, we can't help but notice the variety of moral ideas and practices. People everywhere seem committed to dramatically unorthodox notions. But how do we know what's orthodox, how do we determine what's customary and what's exceptional? How do we distinguish the regular from

the eccentric, the natural from the abnormal, the conventional from the non-conforming? Are moral beliefs testable or verifiable, can we confirm their truth or validity? Perhaps moral ideas depend on culture and environment, so that one's views about right and wrong or good and bad are relative to one's place in the world. When two people disagree about the "solution" to a moral quandary, do they contradict one another so that one is "right" and the other is "wrong"? When, if ever, do we apply "true" and "false" to moral judgments? Are there any "facts" to

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which a moral explanation can be pegged?

Moral theory ought to embrace the diversity of human experience. Experience is polychromatic, so why expect theory to be narrowly constrained or uniform? This view might be tested by reflecting about how we should morally understand people whose sexuality is focused on persons of the same sex. Perhaps in no other arena of human affairs is variation so controversial or little understood. We are often perplexed by the shades and shapes at the intersection of intimacy, love, sexuality. It is intriguing to ask why people are so intolerant of forms of sexuality which diverge from what they've grown up with, why people morally condemn alternative expressions of sexual feeling.

Is variation beyond certain limits pathological? Are people who become sexually involved with members of the same sex morally perverted, or is this commitment yet another aspect of the

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Alan S. Lubert, Ph.D., is editor of *Midwest Medical Ethics*.