

Prepared by Father Tom Knoblach, Consultant for Healthcare Ethics, Diocese of Saint Cloud

History

Prior to 1967, abortion was prohibited in all 50 states except when the mother's life was in danger. Between 1967 and 1973, 18 states added further exceptions for rape, incest, and certain medical reasons. On January 22, 1973, the United States Supreme Court ruled that abortion (*the killing of an unborn child while still in the womb of its mother*) is legal.

Subsequent interpretations of the conditions placed by

Roe v. Wade

for procuring an abortion have essentially made abortion legal for any reason throughout the nine months of pregnancy. The Supreme Court decisions

Roe v. Wade

and

Doe v. Bolton

established that abortion is a legal right of the mother in the first trimester, a right with which no one can interfere; after the first trimester, states can essentially enact laws to protect the unborn child after viability, but abortion must be allowed if the life or "health" of the mother is threatened. In

Doe v. Bolton

, the Court defined health to include all factors relating to the well-being of the mother, including physical, emotional, psychological, family, and age factors. In practice, this broad definition of health allows abortion on demand.

Incidence

Abortion has become a national tragedy. There are now at least 1,500,000 abortions annually in the United States. This translates to 4,400 per day, or one every 20 seconds. One in every three pregnancies in the U.S. ends in procured abortion. Most abortions are performed on women aged 20-24 (32.7 percent), followed by those aged 25-29 (21.8 percent). Almost 2/3rds of women choosing abortion are white; 82.6 percent are unmarried. About 43 percent of all abortions are repeat abortions (the woman has had one or more previous abortions). About 95 percent of abortions are done in the first trimester.

Methods

Abortion is done by several methods. The most common are:

1. **Suction D & C (dilation and curettage)** abortions are often done in the first trimester. The mother's cervix is dilated. Then, a curette (an instrument like a sharpened spoon) is used to scrape the uterus. A suction catheter is inserted to vacuum the parts of the child out of the mother's womb.

2. **D & E (dilation and extraction)** abortions are done between 12 and 16 weeks. Since the child is larger, the cervix must be dilated further. With a forceps, the abortionist reaches into the womb and grasps the limbs of the child, dismembering the body into small enough pieces to remove. The skull must be crushed before removing it. The placenta and smaller pieces of the child's body are suctioned out. The abortionist must identify all body parts to ensure that the womb is completely empty.

3. **Saline or prostaglandin abortions** work by killing the child chemically and inducing labor. A strong saline solution or the hormone prostaglandin is injected into the amniotic fluid surrounding the child in the womb. This poisons the child and stops its heart; it also causes severe chemical burns. The dead child is then delivered. If the child should happen to be delivered alive, the usual procedure is to place the child in a basin covered with a towel and leave it to die of neglect. The woman usually needs a D & C afterwards to remove the placenta.

4. **RU-486** is a powerful drug (trade name Mifepristone). It is taken one to three weeks after the mother has missed her first period. It works by blocking the action of the hormone progesterone, which prepares the uterus for pregnancy by preventing premature contractions and bleeding so the embryo can implant and grow on the uterine wall. Thus the drug induces bleeding and contractions to flush out the embryo. To increase the effectiveness of the Mifepristone, another powerful drug, a prostaglandin, is taken two days later. RU-486 has resulted in massive hemorrhaging requiring hospitalization in 5-10 percent of cases. Thirty percent require narcotics for the pain. Some severe bleeding occurs in 90 percent of cases. At least one woman died of cardiac arrest during the procedure, involving both RU-486 and prostaglandins. The child is not completely aborted and so a surgical abortion is still done in about three percent of them. There have been reports of deformities like those associated with Thalidomide if a child survives the RU-486 attack.

5. **D & X (dilation and extraction)** abortions received much media attention as "partial birth abortions." This method is used in the last trimester. Guided by ultrasound, the abortionist grabs the baby's leg with forceps, pulls the leg out into the birth canal, and delivers the baby's entire body, except for the head. Then, blunt scissors are poked into the skull, and opened to widen the hole to allow a suction catheter to be used to extract the child's brains. This kills the child, which is then fully delivered, dead.

One must also consider the fact that several widely used forms of contraception are in fact abortifacient, always or at least some of the time. This is true of the **oral contraceptive (OC)**, usually called "the Pill" (statistically, from two to ten percent of the time, or roughly one cycle per year;

Depo-Provera

(50 to 65 percent of the time);

Norplant

(60 percent of the time);

the intrauterine device (IUD)

(always abortifacient). Combined, these various forms of contraception are responsible for perhaps another 10 million abortions annually.

Risks and Side Effects

The physical and psychic risks and side effects of abortion are many. They include:

- **Post-abortion syndrome**--emotional and psychological disturbances lasting months or years; often latent, appearing only months or years after the abortion itself. Symptoms include depression, insomnia, guilt, recurring dreams of the abortion, promiscuity, sexual frigidity, chemical abuse, suicide attempts, eating disorders, and other self-punishing behaviors.
- **Difficulties with future pregnancy**-including miscarriage, premature labor and delivery due to cervical damage, excessive bleeding, ectopic pregnancy, sterility.
- **Perforation or rupture of the uterus**
- **Ectopic pregnancy**-the risk of having the conceived child implant in the Fallopian tube rather than the uterus increases by 30 percent after one abortion, and by 160 percent after two or more.
- **Pelvic Inflammatory Disease (PID)**-due to infection; requires medical treatment.
- **Increased breast cancer risk**--although the connection has not been clinically established, it is physiologically likely that the interruption of a normal pregnancy through abortion disrupts the body's hormonal preparations for pregnancy. At the onset of pregnancy, the hormone estrogen floods the body. Among other effects, this estrogen causes cells in the breast, and millions of other cells also, to begin to multiply very rapidly. Later in the pregnancy, during the second trimester, other hormones cause cell differentiation and maturation. Many of these cells function in milk production, others have different specific functions. However, if the pregnancy is terminated early, these other hormones are not released and cell differentiation does not occur. The body is left stranded on the road to motherhood, partway through these physiological changes. This leaves a host of undifferentiated, unspecialized cells. These undifferentiated and multiplying cells are permanently susceptible to uncontrolled cell division: that is cancer.

Social Costs

These are impossible to estimate accurately, but they are astronomical.

- **Child abuse** has increased over 1110 percent since abortion was legalized in 1973.
- Ninety-five percent of all abortions are done simply as a means of **birth control**; that is,

there is no danger to the life of the mother, nor is rape or incest the cause of the pregnancy, nor is the child abnormal. This callous denial of the inherent dignity of human life has had effects throughout society, which we see in increased violence in our streets and schools, domestic abuse, and the push for euthanasia and assisted suicide.

- There is also a major **economic effect**: in the year 2010, the economic impact of the 1.6 million abortions is projected to be almost \$85 billion that year. By 2014, the cost of 35 million children aborted since 1967 will be just short of an astounding \$2,000,000,000,000 (two trillion dollars)--an amount which would generate about \$450 billion in tax dollars alone. The loss of all these children explains why the labor pool is drying up; why Social Security and other tax-funded services are threatened with bankruptcy; the decline in vocations to the priesthood and religious life must also be connected to this phenomenon.

- Some 18 million women in the U.S. have had an abortion. This is about one in every eight women; if one considers the mother, the father, and their parents and grandparents, you have over half the population of the U.S. pretty directly affected by abortion. Since 1973, 12 percent of the U.S. population has been destroyed by abortion.

The Church's Teaching on Abortion

The Church has always opposed abortion. Indeed, abortion goes back long before the time of Christ, and was specifically excluded from a responsible doctor's practice in the Hippocratic Oath. The clearest expression of the Church's teaching on procured abortion is summarized in *Evangelium vitae*, the encyclical on "The Gospel of Life" by Pope John Paul II (March 25, 1995): "*I declare that direct abortion, that is, abortion willed as an end or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being. No circumstance, no purpose, no law whatsoever can ever make licit an act which is intrinsically illicit.*"

In simplest terms, abortion is never morally justified. It is always the destruction of an innocent life, created in God's image. Every human being has the innate and inviolable right to life. There are no circumstances or cases which could ever justify direct abortion. It is true that the individual woman's responsibility may be reduced greatly through fear, error, or other reasons; but in itself, abortion is always wrong, since the good it destroys--an innocent human life--is so precious and inviolable.

Women in crisis pregnancies need support, guidance, acceptance, counseling, medical and material assistance. Over 3500 crisis pregnancy centers exist in the United States, staffed almost entirely by volunteers, who offer these services free of charge, in complete confidentiality, and with sincere concern for both the mother and her child.

A Directory of Crisis Pregnancy Centers in the Diocese of Saint Cloud and the State of Minnesota is available from the Family Life and Respect Life Office.

For Further Reading on the Church's Teaching

Declaration on Procured Abortion (*Quaestio de abortu*), Congregation for the Doctrine of the Faith (November 18, 1974); found in Volume 2 of *Vatican Council II - More Postconciliar Documents*, edited by Austin Flannery, O.P. (Collegeville: The Liturgical Press, 1982), pp. 441-453.

Encyclical on The Gospel of Life (*Evangelium vitae*), John Paul II (March 25, 1995), especially numbers 58-63.

The Catechism of the Catholic Church, numbers 2270-2275.