Safe Abortion – a moral obligation
why is it so difficult to follow the evidence?

11th FIAPAC Conference
"Task Sharing in Abortion care"

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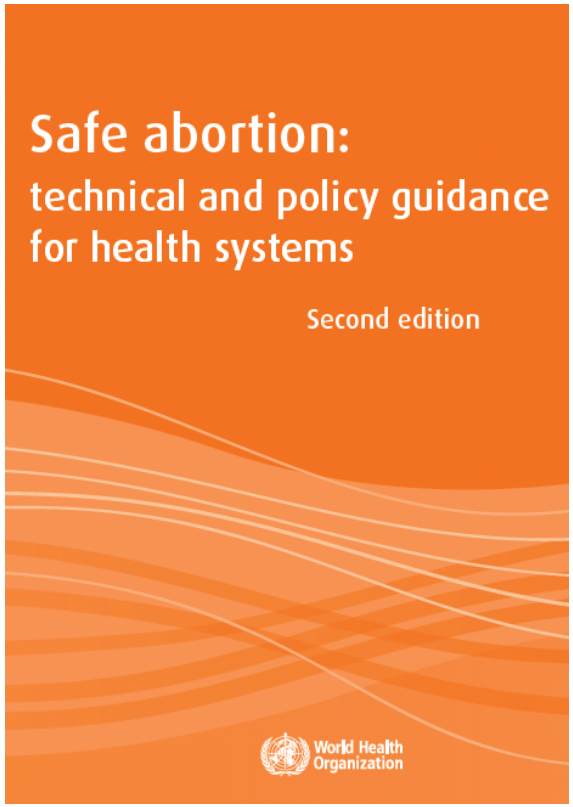
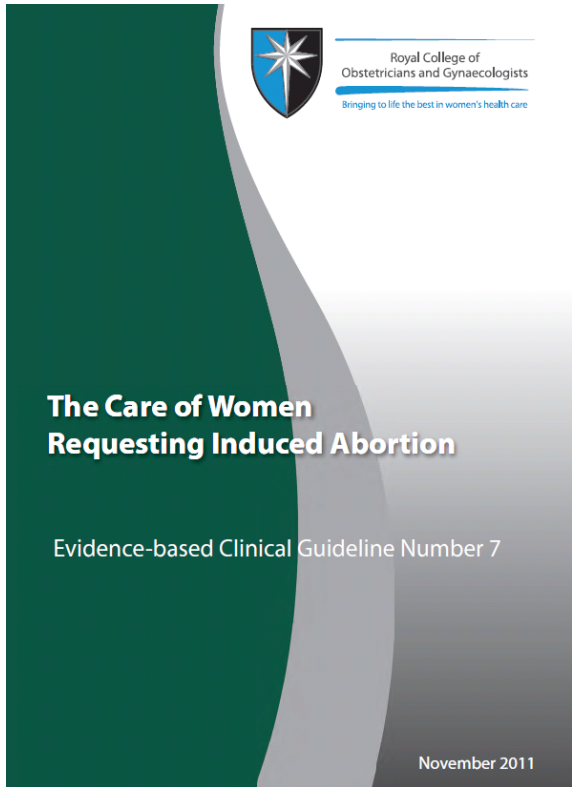
This much we know …

when abortion is legal & regulated …

abortion is safe





Opponents have their counter-'evidence'

Breast Cancer

BREAST CANCER Prevention INSTITUTE

Epidemiologic Studies: Induced Abortion and Breast Cancer Risk

Updated November, 2013

Total Studies = 73
Positive Correlation = 57
Statistically Significant = 34

No.	Year	Reference	OR (95% CI)	Statistically Significant	Pos/Neg Correlation	Country/ Population
1	1957	Segi M, et al. An epidemiological study on cancer in Japan. *GANN*. 48 1957;1–63.	2.63 (1.85-3.75)	Yes	Positive	Japan
2	1968	Watanabe H, et al. Epidemiology and clinical aspects of breast cancer. [in Japanese], *Nippon Rinsho* 26, no. 8. 1968;1843–1849.	1.51 (0.91-2.53)		Positive	Japan
3	1978	Dvoyrin VV, et al. Role of women's reproductive status in the development of breast cancer. *Methods and Progress in Breast cancer Epidemiology Research* Tallin 1978;53-63.	1.71 (0.80-3.64)		Positive	USSR/ Estonia
4	1979	Burany B. Gestational characteristics in women with breast cancer. *Jugosil Ginekol Opstet* 1979;19:237-47 (in Serbo-Croatian).	0.50 (0.33-0.74)		Negative	Yugoslavia
5	1981	Pike MC, et al. Oral contraceptive use and early abortion as risk factors for breast cancer in young women. *Br J Cancer* 43, no. 1. 1981;72-6.	2.37 (0.85-6.93)		Positive	United States
6	1982	Nishhiyama, F. The epidemiology of breast cancer in Tokushima prefecture. *Shikoku Ichi* 1982; 38:333-43 (in Japanese).	2.52 (1.99-3.20)	Yes	Positive	Japan
7	1983	Brinton LA, et al. Reproductive factors in the etiology of breast cancer. *Br J Cancer* 47, no. 6. 1983:757-762.	1.2 (0.6-2.3)		Positive	United States
8	1984	Le M-G, Bachelot A, et al. Oral contraceptive use and breast or cervical cancer: Preliminary results of a case-control study In: Wolff J-P, Scott JS, eds. Hormones and sexual factors in human cancer aetiology. Amsterdam: *Elsevier* 1984:139-47.	1.3 (0.97-1.77)		Positive	France
9	1985	Hirohata T, et al. Occurrence of breast cancer in relation to diet and reproductive history: a case-control study in Fukuoka, Japan. *Natl Cancer Inst Monographs* 69 1985:187-90.	1.52 (0.93-2.48)		Positive	Japan
10	1987	LaVecchia C, et al. General epidemiology of breast cancer in northern Italy. *Intl J of Epidemiol*. 1987;16 3:347-355.	1.19 (0.82-1.71)		Positive	Italy
11	1988	Ewertz M, et al. Risk of breast cancer in relation to reproductive factors in Denmark. *Br J Cancer* 58, no. 1 1988:99-104.	3.85 (1.08-13.6)	Yes	Positive	Denmark
12	1988	Luporsi E. (1988), in Andrieu N, Duffy SW, Rohan TE, Le MG, Luporsi E, Gerber M, Renaud R, Zaridze DG, Lifanova Y, Day NE. Familial risk, abortion and their interactive effect on the risk of breast cancer—a combined analysis of six case-control studies. *Br J Cancer* 1995;72:744-751.	1.8 (1.0-3.5)	Yes	Positive	France

Depression/psychosis

Abortion and Depression

1 Introduction

Under the UK's Abortion Act 1967, abortion is permitted subject to certain conditions. The abortion must be justified under one or more of five grounds. In 2000, 92.8% of all grounds mentioned (more than one reason could be given for an abortion) were that "the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman" (ground C).[1]

This rests on the assumption that having an abortion is known to *improve* the physical or mental health of a woman who is distressed by an unplanned or unwanted pregnancy. Evidence of substantial negative effects of abortion may therefore undermine the legitimacy of the statutory grounds under which abortion is legal.

The existence of pathological conditions which may have been caused by abortion is a political 'hot potato'. Consequently relevant research is rare, and also difficult since long-term follow-up of women having abortions is generally neglected. The Royal College of Obstetricians and Gynaecologists (RCOG) recommend a follow-up appointment within two weeks of having an abortion.[2] The only complications formally reported in the UK are immediate physical ones such as sepsis, haemorrhage, and perforation.

RCOG directs doctors to be aware of the psychological sequelae of spontaneous miscarriage:

> All professionals should be aware of the psychological sequelae associated with miscarriage and should provide support and follow-up, as well as access to formal counselling when necessary. Many publications confirm the negative psychological impact of early pregnancy loss on a significant proportion of women, their partners and families. For some, the distress is severe and protracted even with miscarriage early in the first trimester… Women who miscarry should be offered the opportunity to attend for follow-up… Plans for follow-up should be clearly recorded in the discharge letter from the EPAU. Continuing awareness of the potential effects of miscarriage is required, with a willingness to involve appropriate support and counselling services when needed.[3]

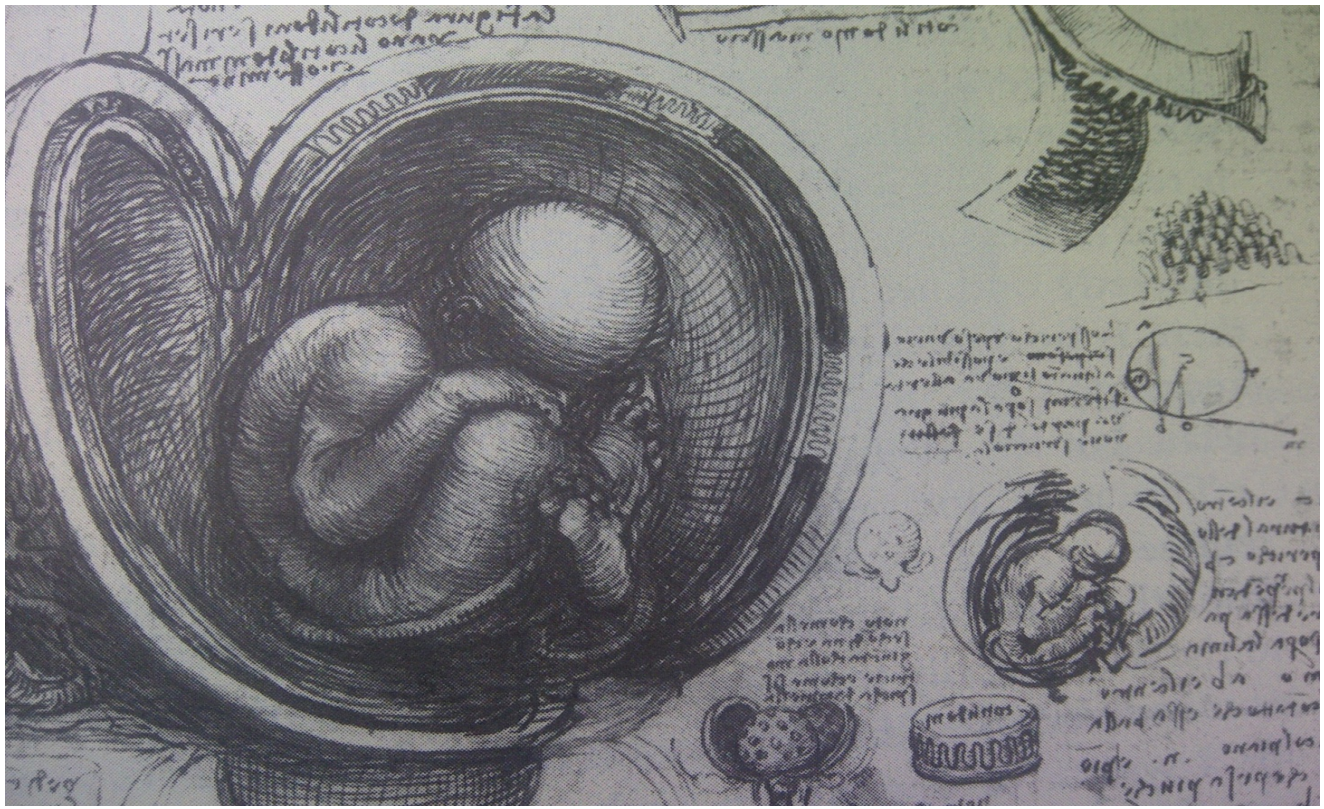
On the other hand, RCOG guidelines reassure women and doctors that abortion rarely results in psychological damage. To doctors, RCOG advises that "only a small minority of women experience any long-term, adverse psychological sequelae after abortion. Early distress, although common, is usually a continuation of symptoms

[1] Office for National Statistics (2001) "Abortions in England and Wales, 2000", *Abortion Statistics 2000, Series AB no. 27*
[2] "What you need to know about abortion care", RCOG, National Evidence-Based Clinical Guidelines http://www.rcog.org.uk/guidelines.asp?PageID=108&GuidelineID=32
[3] RCOG "Early pregnancy loss management" Clinical guidelines. http://www.rcog.org.uk/guidelines.asp?PageID=106&GuidelineID=8

Legitimate question: Is evidence ever truly objective?

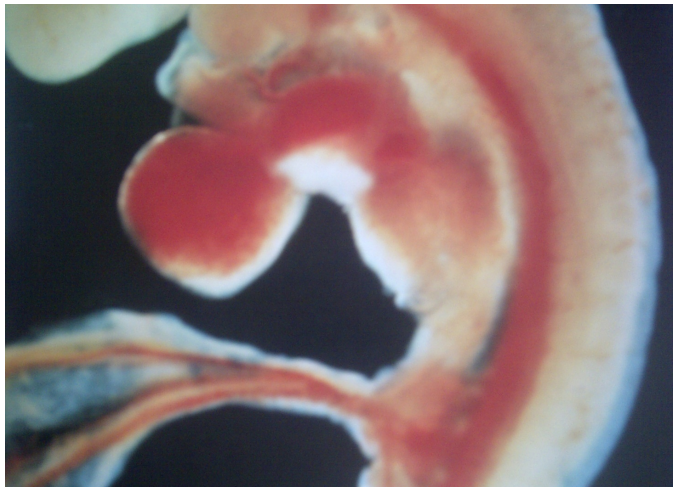
- Shaped by interpretation: Data -> Facts -> Information
- Shaped by subjective and ideological bias
- Shaped our views about the world

"We know the truth, not only by reason, but also by the heart". **Blaise Pascal 1623-1662**

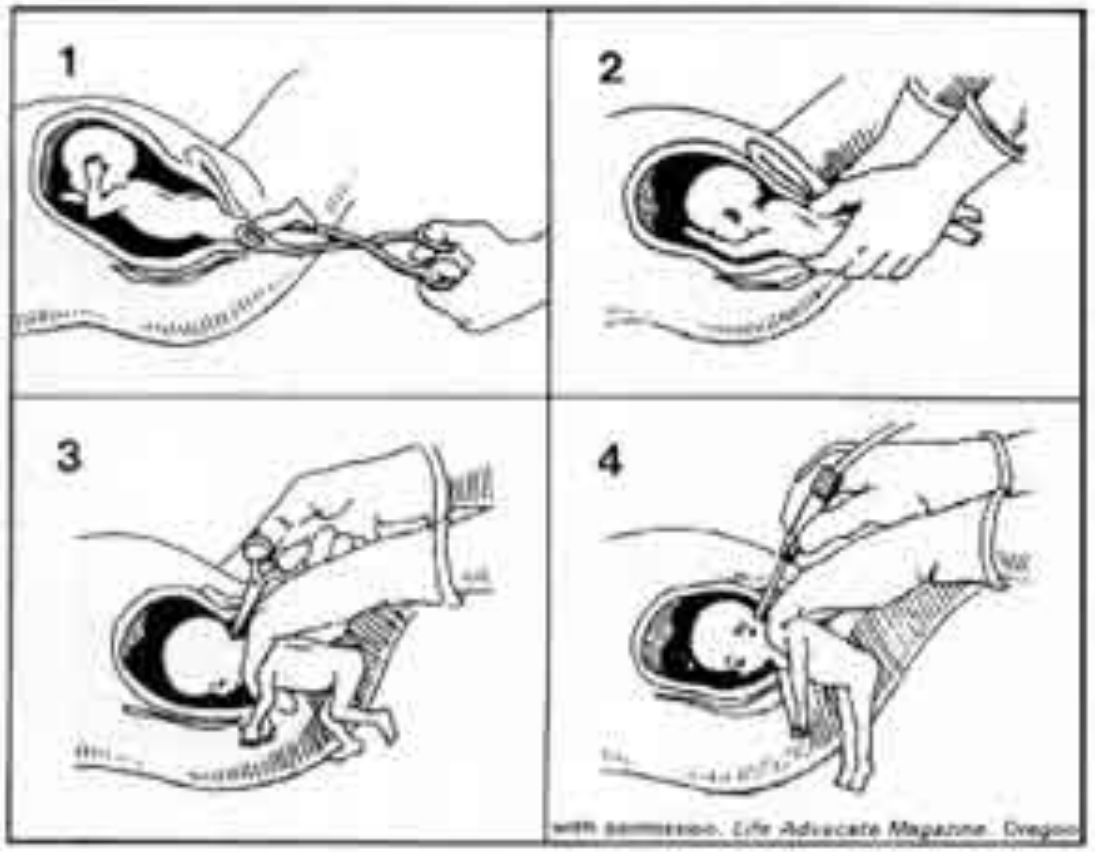


Da Vinci
1487?

What is the truth of an abortion?

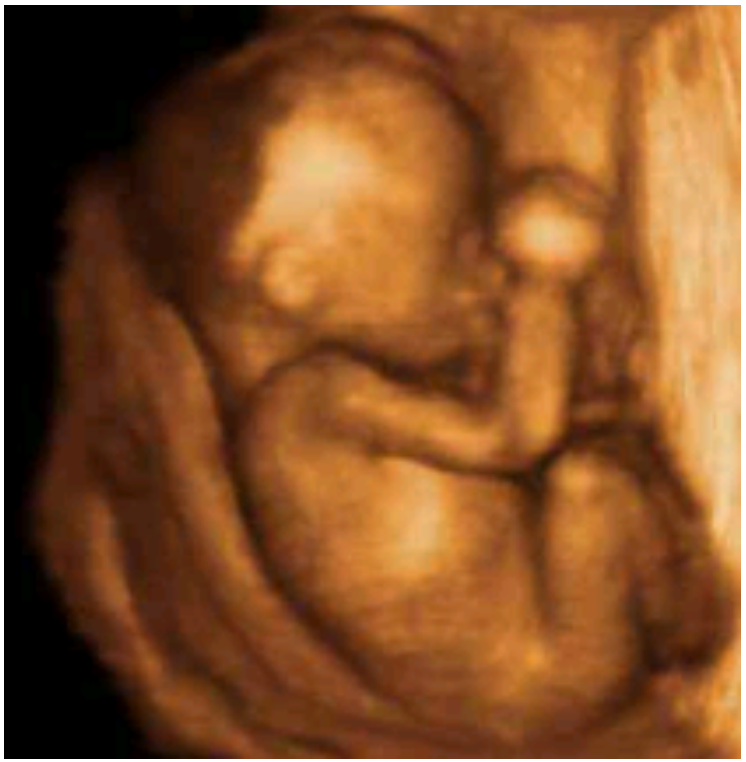


‘our’ truth

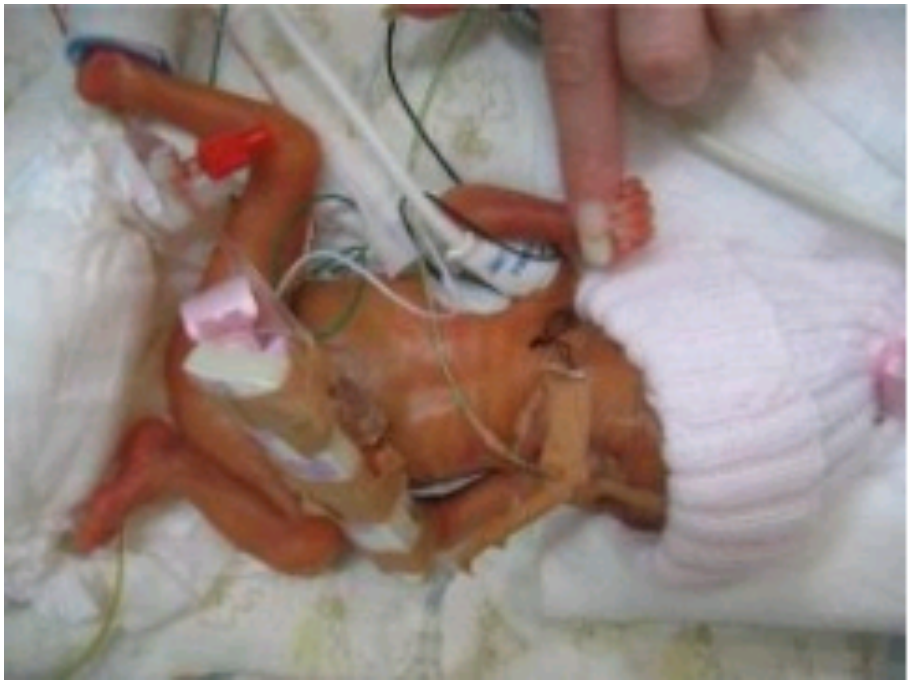


‘their’ truth

What's the difference?



Fetus at 24 weeks



Premature baby at 25 weeks

Obvious to us that one is *in utero* and one is *ex utero* so the difference is about the women

Perspective matters

Perspective is shaped by more than rationality

We need to make a case that goes beyond the evidence and addresses the heart as well as the mind …..

A "moral" case for abortion that wraps a framework of values around our evidence, placing the woman at the heart of the matter.

We are good this:

"Abortion: a right and a necessity"

Human Rights /Public Health

- Abortion is a basic **reproductive healthcare need** – essential for the well-being of women and families
- It underpins women's **right to equality**
- We **cannot prevent the need** for abortion - by education or contraception, by better support for mothers or easier adoption
- It can be **outlawed but not banned**

We are good at this:

"Abortion: the pragmatic case"

Learned to be '**reasonable',** and to seek **consensus**

- No woman ever *wants* to have an abortion
- Abortion is the *lesser of two evils*
- Abortion should be safe, legal and *rare*

Learned how to 'message' - concentrate on women's experience
keep to the personal rather than the principle

The challenge is to explain this:

Freedom of choice is more than *a* right ...
It *is* right - in itself.

It's fundamental to other rights that we value:
Liberty, Justice, Equality

Freedom of choice has a moral foundation

It is morally reprehensible to deny this capacity for choice/ decision making by those who are closest to the consequences.

Denial of the choice of abortion is an affront to:

- Respect for human life – persons and humanity.
- Respect for personal autonomy in decision making "conscience"
- Tolerance and freedom of expression
- An individual's bodily integrity

London Declaration of Prochoice Principles

We believe in a woman's autonomy and her right to choose whether to continue or end a pregnancy. **Every woman should have the right to decide the future of her pregnancy according to her conscience, whatever her reasons or circumstances.** A just society does not compel women to continue an undesired pregnancy.

We recognize that support for choice in itself is not enough. Access to abortion is an integral part of women's reproductive health care, and we believe in the right to receive this. Women need access to resources and services, including the counsel of the professionals, friends and family they choose to involve. Legal, political, social and economic changes are necessary to allow the exercise of reproductive choice, and a commitment to such changes is part of a commitment to choice.

We express solidarity with those who provide abortion care, and we recognize the moral value of their work. We recognize and respect that some health care personnel may choose not to provide abortions, but we believe it is ethically imperative for them to ensure that a woman receives a referral to a willing provider.

We believe there is a profound moral case for freedom of reproductive choice. We are committed to explaining why abortions are necessary and why women are competent to make decisions and act on them responsibly.

To be prochoice is to be committed to the right of women to make their own reproductive decisions and to:

Strive to create the conditions in which reproductive choice may be exercised.

Support reproductive autonomy.

Advocate for legal frameworks that allow autonomous decision-making.

Educate the public and policymakers globally about the value of reproductive autonomy.

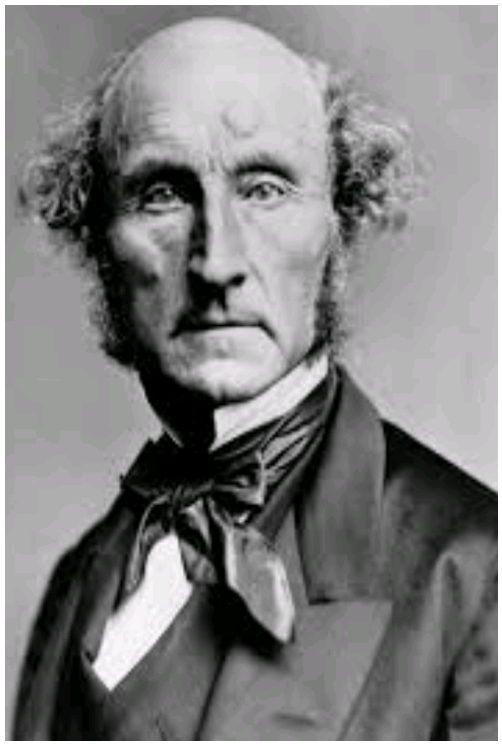
Women are the only ones who can make the right decision for themselves. This is the very essence of what it means to be prochoice.

handos House
London
September 2012

Emmanual Kant
1724-1804

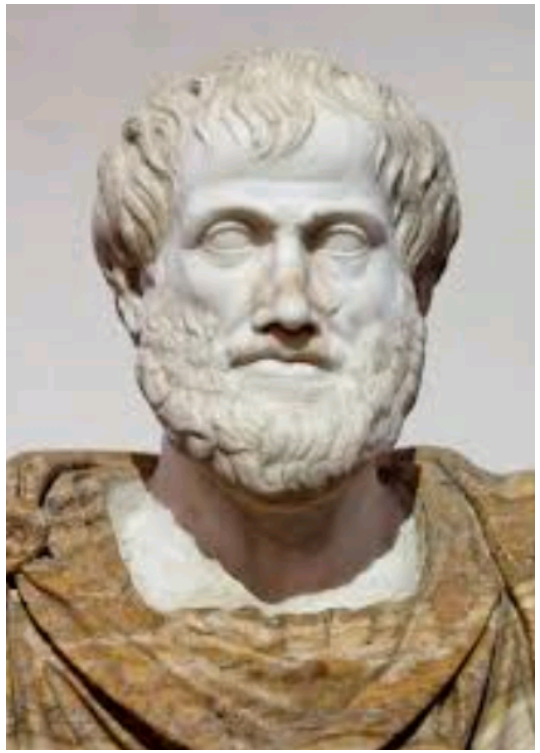
deontological

John Stuart Mill
1806-1873



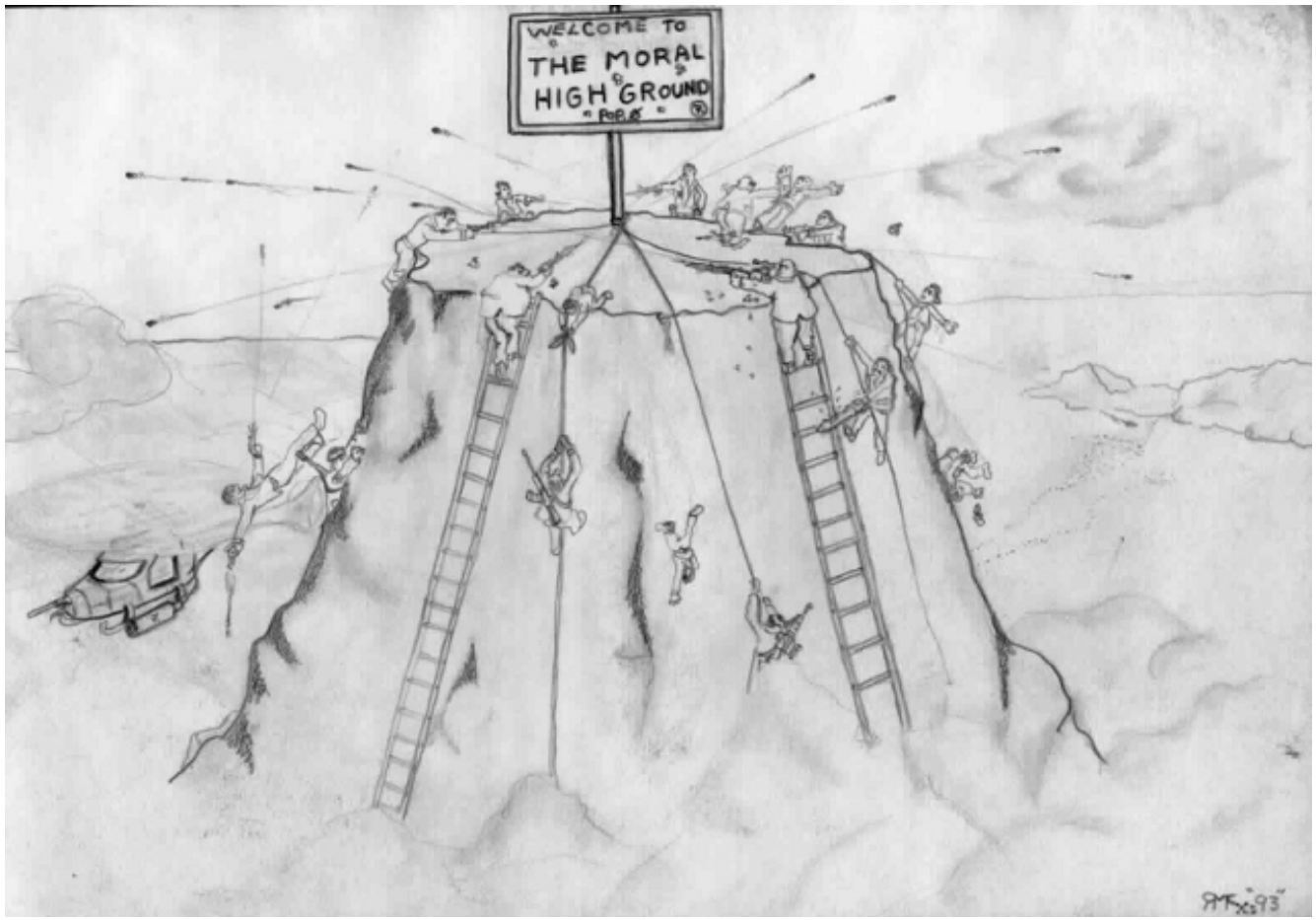
consequentialist

Aristotle
384 BC-322 BC



virtue

Need to claim the moral high ground



http://thedalaillama.files.wordpress.com/2011/05/moral-high-ground-640x467.jpg

Our moral high ground

Commitment to choice is at the heart of our work … and our lives

"Part of our belief in human dignity rests in people having the moral right and and responsibility to confront the most fundamental questions about the meaning and value of their own lives for themselves.

Each of us must be answerable to our own conscience and conviction. This is part of what makes us human.

To take away our responsibility for our moral decisions is to take away our humanity."

Professor Ronald Dworkin 1993

It is in **our** power to de-stigmatise the work we do

What do you call someone who provides an abortion?

- Good
- Compassionate
- Caring
- Moral
- Normal people

We support reproductive choice
We trust women to decide

www.bpas.org

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