

Signs of Life: Feticide Prior to Medical and Surgical Abortion

FIAPAC, Nantes, September 2018

Overview

Feticide – general comments

Raise a series of problems

Argument for feticide prior to surgical abortion on the same grounds it is justified prior to medical abortion

Conclude

N.B. Not discussing reduction of multiple pregnancies; I assume some knowledge of abortion procedures

What is Feticide?

The in utero:

Induction of fetal demise

Cessation of fetal cardiac activity

Killing of the fetus

Ending signs of fetal life

Ending fetal life

Prior to or simultaneous with (or after) uterine evacuation

In What Circumstances is it Performed?

It can be performed at any point in pregnancy

Typically used in 2nd and 3rd trimester

Wide variation in practice and reasons

Variation in Practice - UK

Limited data – DH Statistics

'In 2017, of the 1,872 abortions performed at 22 weeks and over, 50% were reported as preceded by a feticide and a further 46% were performed by a method whereby the fetal heart is stopped as part of the procedure.'

Large majority of 2nd trimester procedures done by

MSI: 2nd trimester surgical abortion only: no feticide at any gestation

BPAS: feticide performed from 22+0 prior to medical, 23+0 prior to surgical

Both organisations have clinical guidance from which clinicians cannot deviate

USA: 50/50

Why Is It Performed? Primary reason:

Abortion involves

- (a) the ending of a pregnancy → ex utero fetus
- (b) the ending of a fetal life
- (c) disposal of the fetal body

Sometimes (a) results in (b), but in some cases it may not:

The fetus may survive

Briefly

Or longer

Depending on

Method of abortion

Gestation in relation to viability

Subsequent intervention

(Fetal) Life: Biographical vs. Biological

BIOGRAPHICAL	BIOLOGICAL
Language/representational cognition	Heartbeat
Sentience, consciousness, self-consciousness	Breathing
Social interactions	Gestures of limbs & facial expressions
Career, family, friends	Crying, gasping
Autonomy, agency, etc.	Physiological responses
Attending conferences, going on vacation...	'Reflexes'

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'Signs of Life'

Signs of Life: The Gestated Human is a Gesturing One

Heartbeat from 5 weeks after LMP

From 7 weeks: responsive head, mouth, hands

16-17 weeks: response to harm, withdrawal, flinching, humoral response (release of hormones a/w sympathetic nervous system)

Stuart Derbyshire, 'Fetal Pain: Do We Know Enough To Do The Right Thing?' *Reproductive Health Matters*, 16 (2008): 119.

Andrew J. Bremner and Dorothy Cowie, 'Developmental Origins of the Hand in the Mind,' *The Hand, An Organ of the Mind: What the Manual Tells the Mental*, ed. Zdravko Radman (Cambridge, USA and London: The MIT Press, 2013), 32.

How Feticide is Performed (1)

Ultrasound-guided injection of

Potassium chloride

Digoxin

Lidocaine

Into

Fetal heart

Fetal body

Amniotic fluid

How Feticide is Performed (2)

By the process of labour in medical abortion

Unreliable

By physically destroying the fetus in surgical abortion by D&E

Unbearable? (Not as a method of abortion *per se*, but as a method of feticide)

Goals of Abortion

Not pregnant

Fetus with no (signs of) life

Disposal/disposition of the fetal body

Distinction between these elements is not always clear

Other Reasons for Performing Feticide

Surgical/technical: reduce operating time and complications

Legal: USA

Fetal pain

Avoid interventions of colleagues to sustain fetal (signs of) life

Patient or clinician preference - related to managing (signs of) life

Reasons to Avoid Feticide

Exposes patient to an invasive procedure

Side effects and risks (comparable to amniocentesis):

- Pain

- Infection

- Distress

- Medication errors

Signs of life should be excluded from consideration ('not important clinical outcomes')

- Cf. RCOG Guidance *Fetal Awareness*

Signs of life might be wanted by patient

Argument Against

Advocates of feticide are 'ethically obliged to demonstrate its merit by performing and publishing randomized controlled trials or prospective cohort studies sufficient to shift the risk/ benefit equation in favor of feticide. Until its putative advantages have been established, the procedure must remain experimental.'

Prior to surgical termination - ?Medical termination

Grimes, D. A., Stuart, G. S., & Raymond, E. G. (2012). Feticidal digoxin injection before dilation and evacuation abortion: Evidence and ethics. *Contraception*, 85(2), 140-143

Argument For

‘Refusal of feticide can also be seen as contradictory [...] Such contradictory thinking suggests significant impairment of autonomous decision making.’

‘It is reasonable for the physician to require that the pregnant woman accept feticide as a condition for performing termination.’

Chervenak FA and McCullough LB. An ethically justified practical approach to offering, recommending, performing, and referring for induced abortion and feticide. *Am J Obstet Gynecol* 2009;201:560.

Professional Guidance in English: Why Perform Feticide?

RCOG (UK): 'Feticide should be performed before medical abortion after 21 weeks and 6 days of gestation to ensure that there is no risk of a live birth. [...] Inducing fetal death before medical abortion **may have beneficial *emotional, ethical* [...]** consequences

SFP (USA): 'Inducing fetal demise before induction termination avoids signs of live birth that **may have beneficial *emotional, ethical* [...]** consequences'

Royal College of Obstetricians and Gynaecologists Evidence Based Guideline #11: Care of Women Requesting Induced Abortion (2011)

Society for Family Planning, Induction of Fetal Demise Before Abortion (2010)

Attention to Terminology Helps Clarify Terrain

Clinical outcomes (Cf. Grimes, Chervenak)

Ethics

Emotions

Signs of Life and Medical Abortion: RCOG Guidance

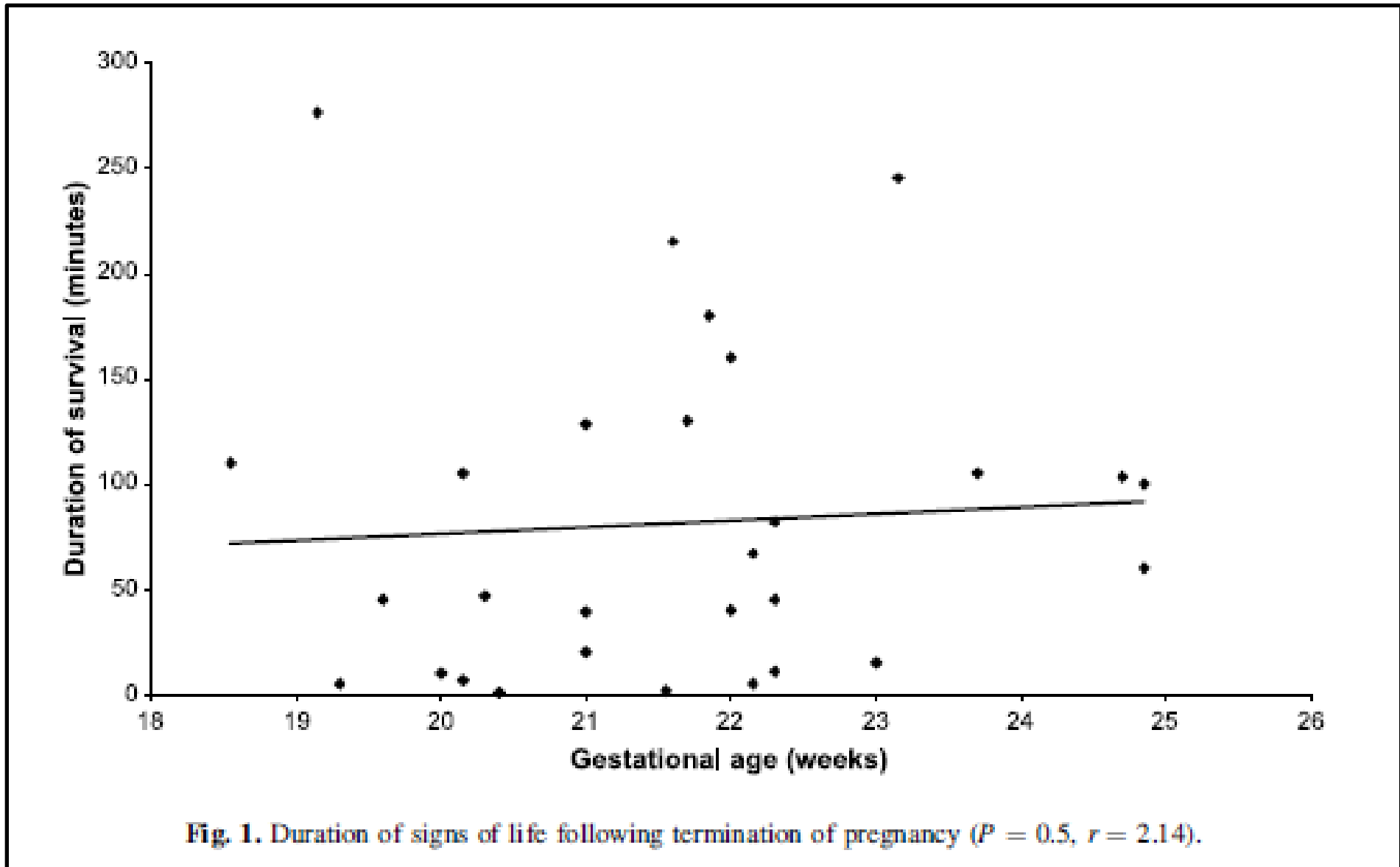
Signs of life are evident at gestations below 22+0, as early as 17+ (concern regarding viability?)

Key points:

Medical abortion only; signs of life are an ethical and emotional problem

Vadegar S, Johnstone TA, Sidebotham M, Sands J. Neonatal death following termination of pregnancy. BJOG: an International Journal of Obstetrics and Gynaecology. 2005. 112:1159–1162.

Macfarlane PI, Wood S, Bennett J. Non-viable delivery at 20–23 weeks gestation: observations and signs of life after birth. Arch Dis Child Fetal Neonatal Ed 2003;88:F199–F202.



But

Arbitrary cut-off

Restriction to medical

- Acknowledges fetal (signs of) life as emotionally and ethically significant

Signs of Life and Surgical Abortion

The beating heart visible on intra-operative ultrasound

Gesture, movement

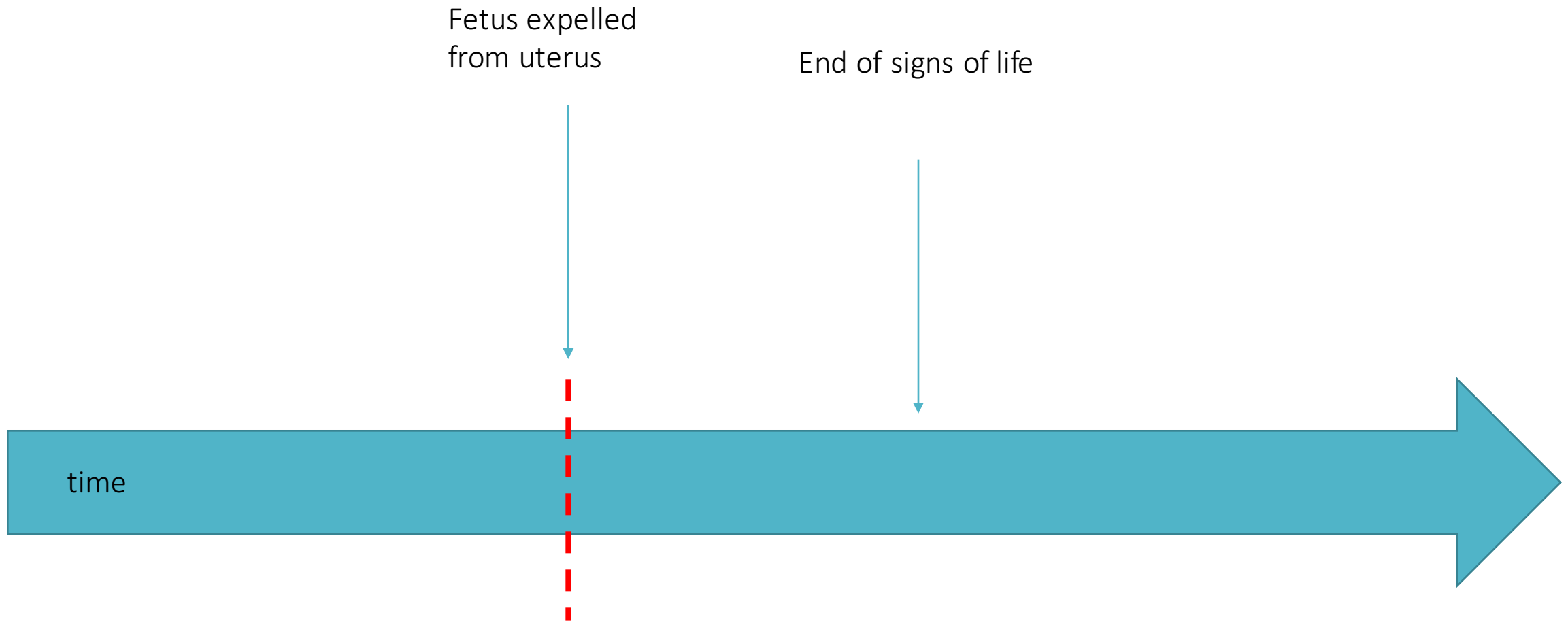
Response to instrumentation

Unplanned delivery precipitated by cervical preparation agents

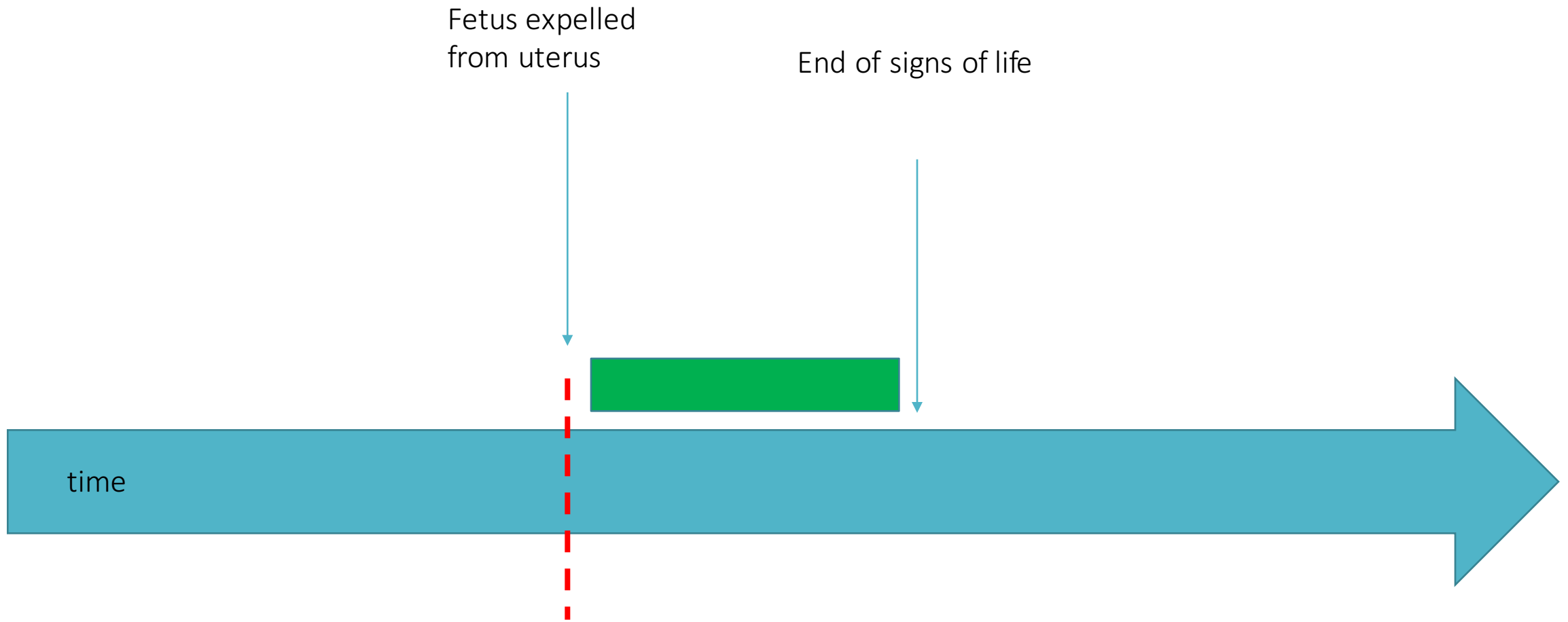
Signs of life are ended by the process of physical destruction of the fetal body

- Why no reference to signs of life as an emotional and ethical concern with surgery?

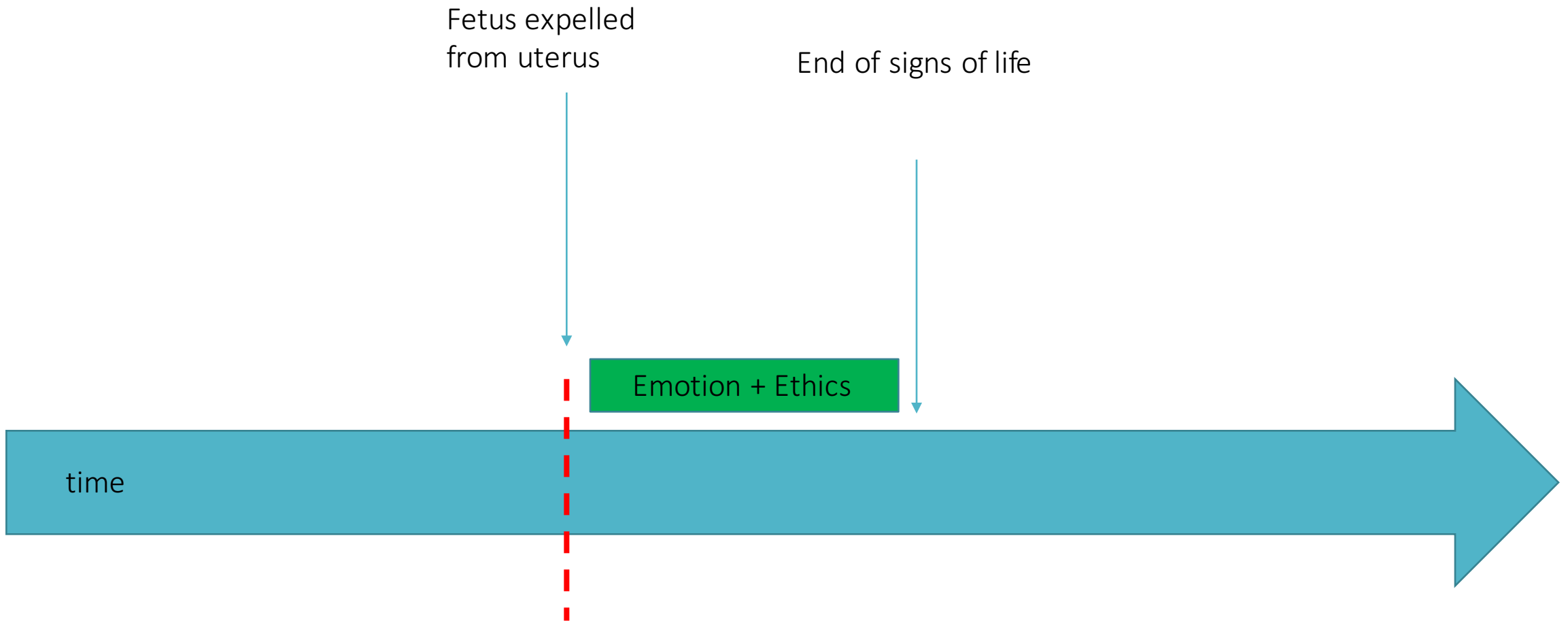
Four Diagrams



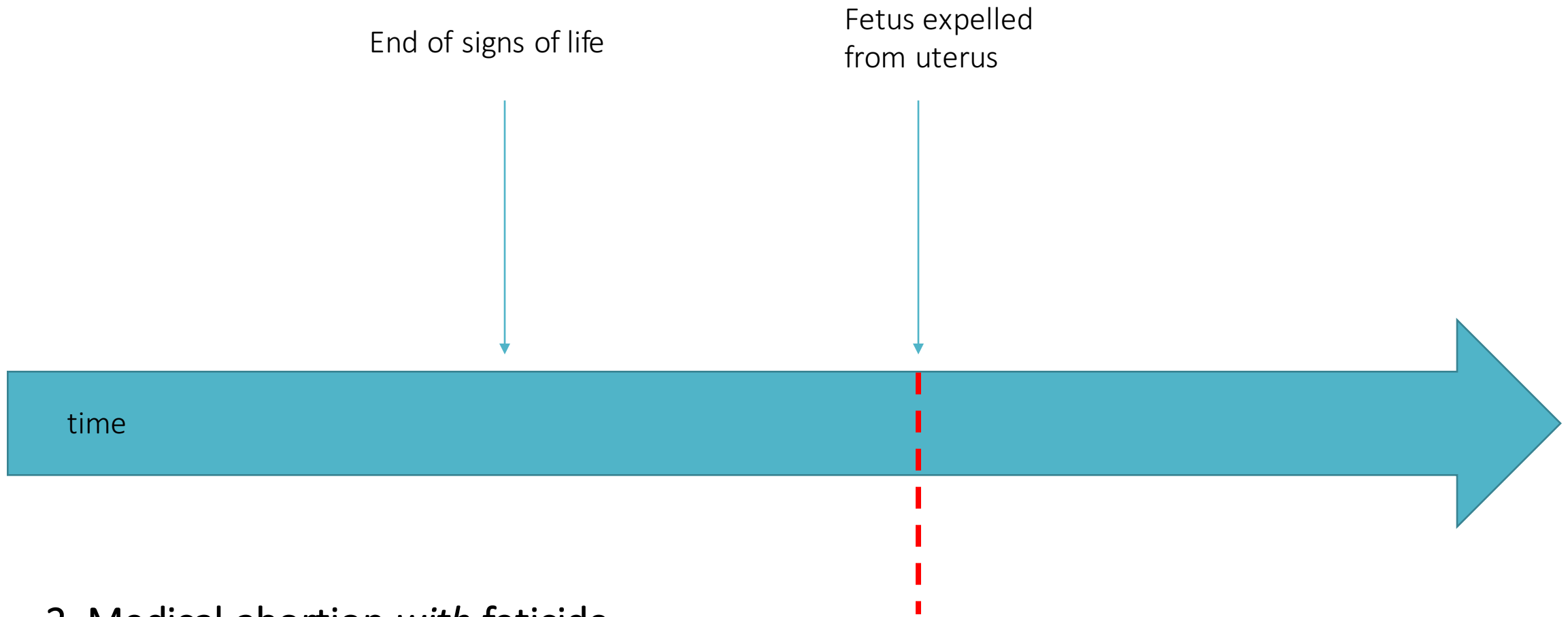
1. Medical abortion *without* feticide



1. Medical abortion *without* feticide

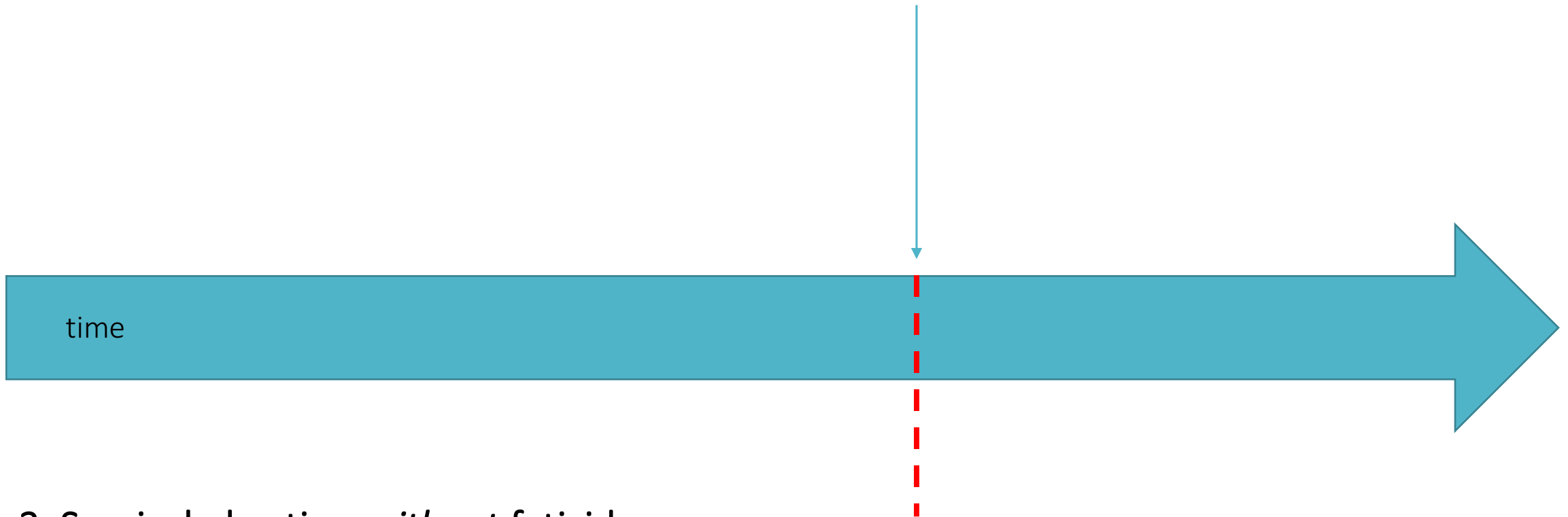


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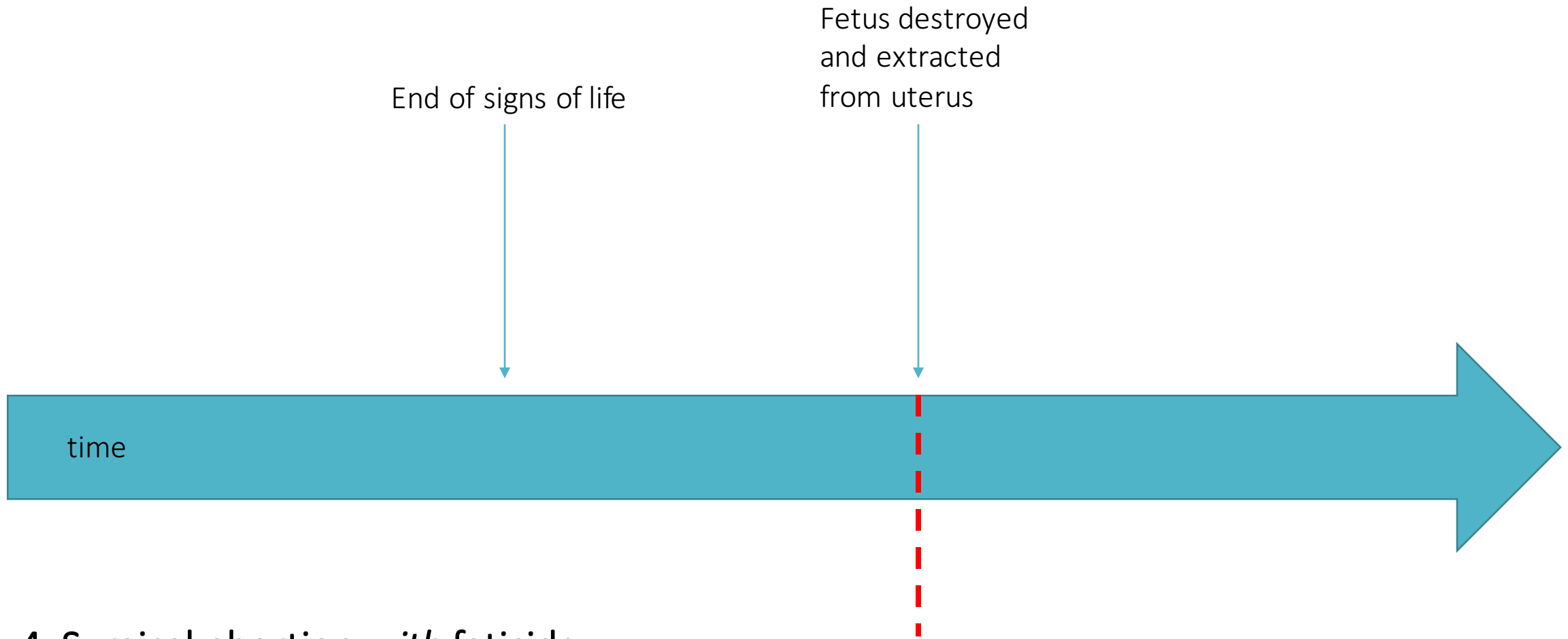


2. Medical abortion *with* feticide

Fetus destroyed
and extracted
from uterus
- Which causes
End of signs of life

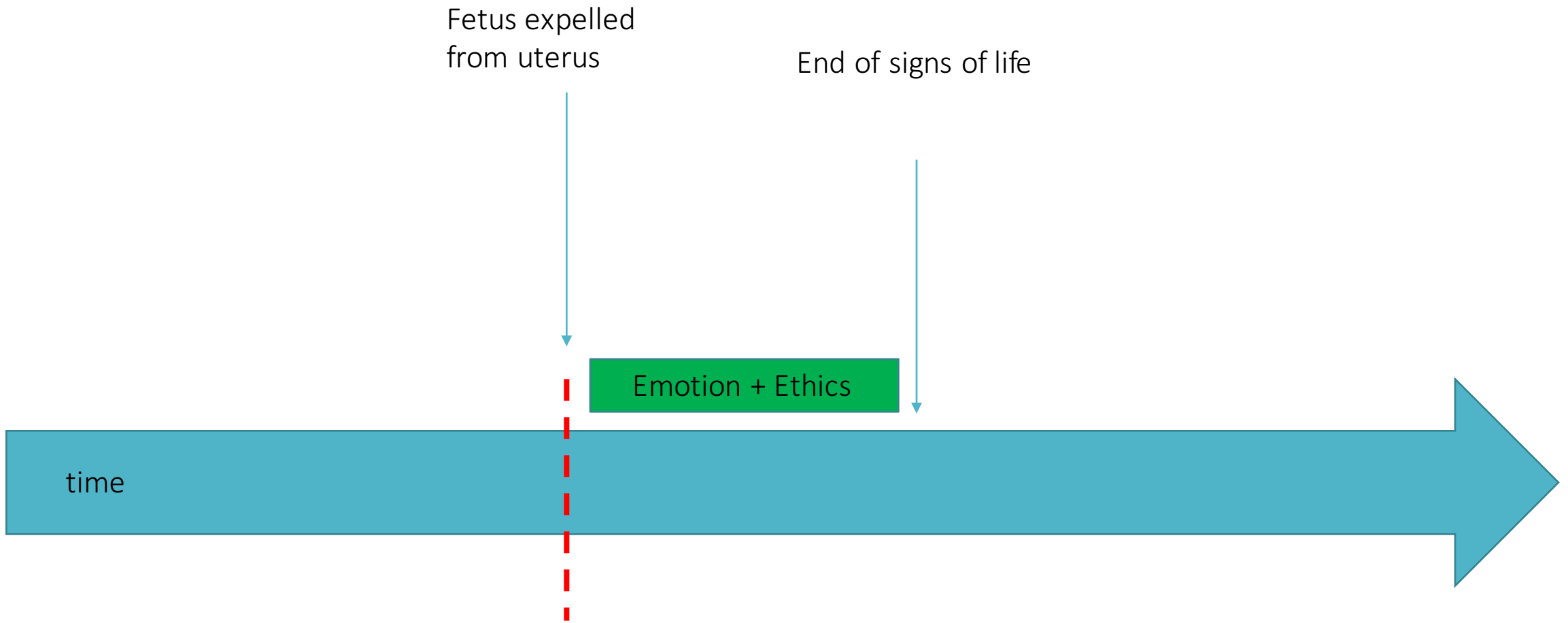


3. Surgical abortion *without* feticide

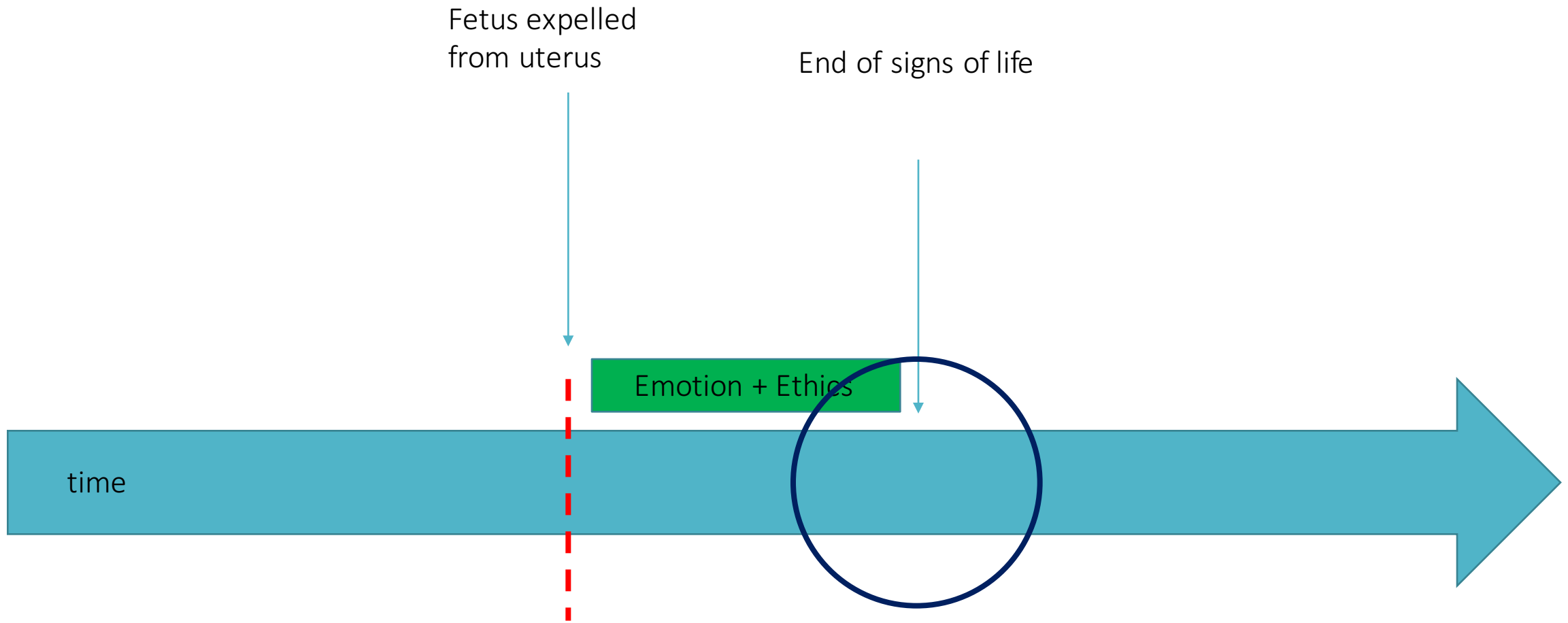


4. Surgical abortion *with* feticide

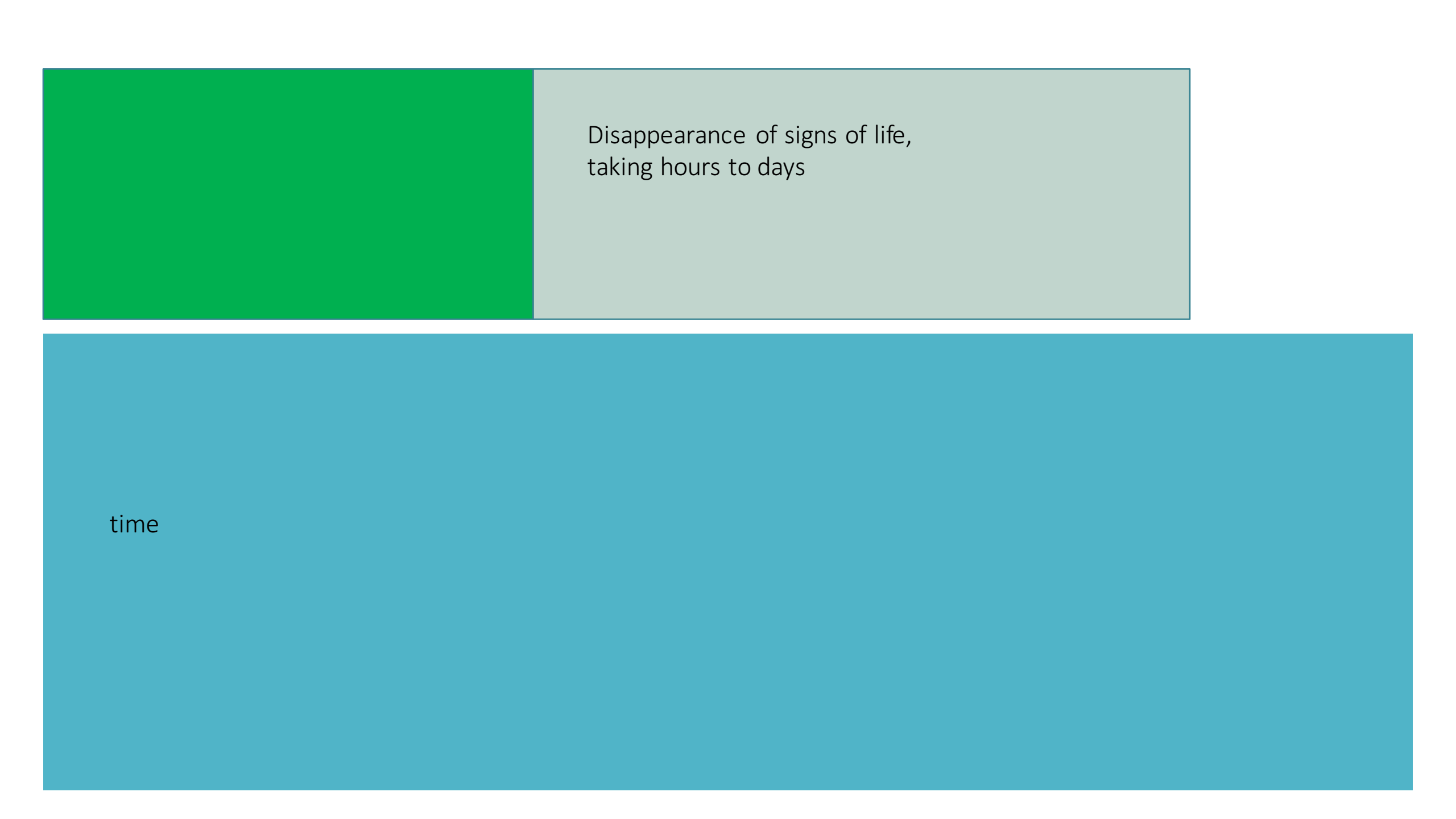
Closer analysis



1. Medical abortion *without* feticide

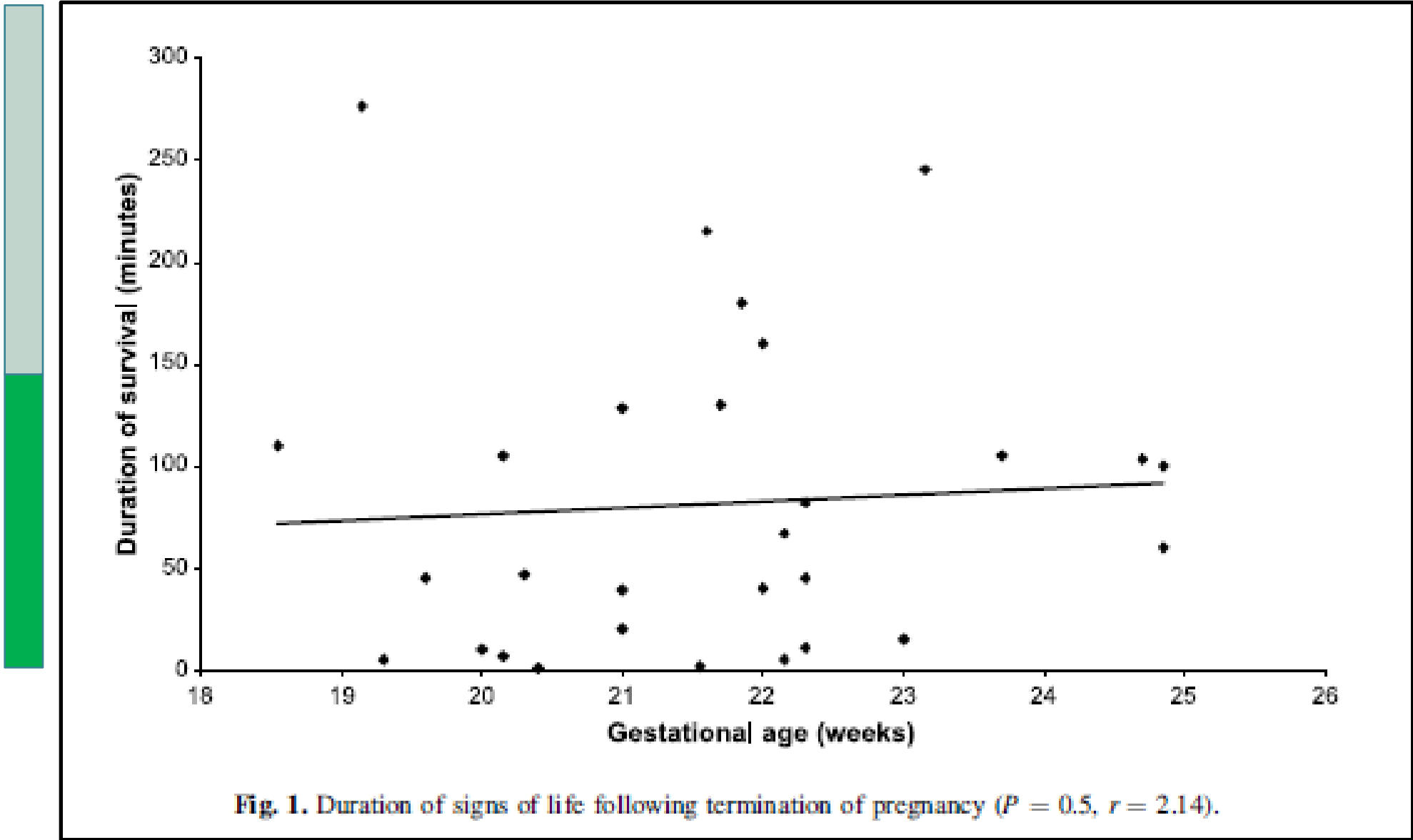


1. Medical abortion *without* feticide



Disappearance of signs of life,
taking hours to days

time



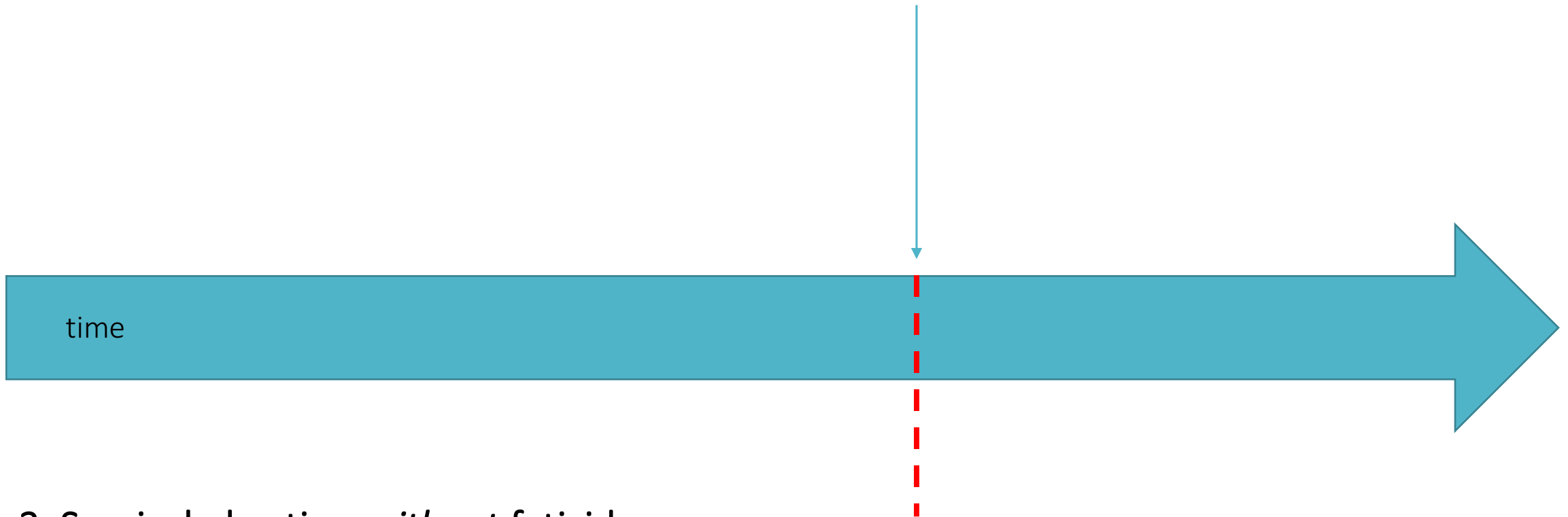
Disappearance of Signs of Life

Not a moment but a process

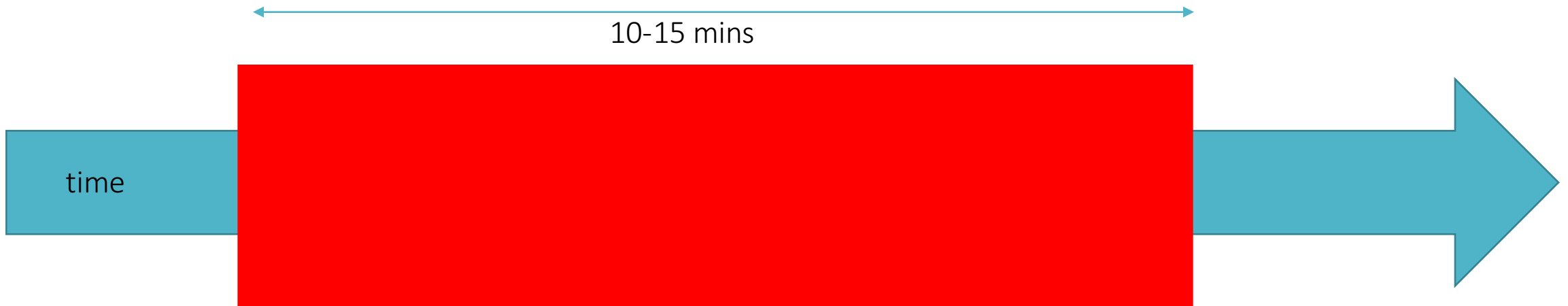
- Invokes all the philosophical questions we are circling around (life/death)

It is a process in which we play a part

Fetus destroyed
and extracted
from uterus
- Which causes
End of signs of life



3. Surgical abortion *without* feticide



3. Surgical abortion *without* feticide

During this time signs of life persist while the piecemeal removal of the fetus is taking place

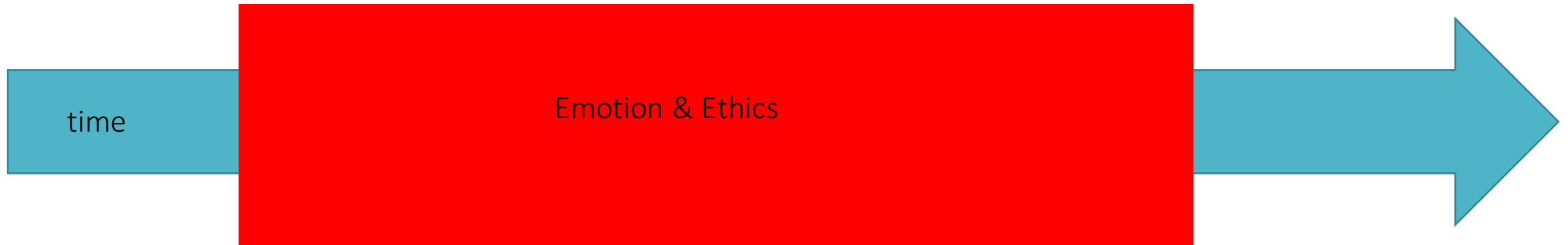
10-15 mins



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3. Surgical abortion *without* feticide

What are the differences between the (signs of) life encountered in medical abortion. vs surgical abortion?

The fetus is inside the woman's body, in the uterus

Mediated by ultrasound

Qualitative and phenomenological differences between surgical and medical procedures

These may modify but do not eliminate any emotional or ethical dimension

Does Feticide Solve Any of These Problems?

No

It is also an event, a procedure, a process

It is subject to the same problems

It remains essential to the sustainability of my own practice

At the level of some qualitative analysis it might be possible to articulate or provide evidence of what it changes, in ethical and emotional terms, in the context of surgical abortion

Conclusions

If feticide is justifiable on *emotional* and *ethical* grounds prior to 2nd trimester medical abortion it is justifiable on those grounds prior to 2nd trimester surgical abortion

It may be possible to provide an account of these ethical and emotional dimensions that is commensurable with the vocabulary of evidence; it may not be possible

If we limit ourselves to the vocabulary of scientific evidence we limit our capacity to respond to life, rendering ourselves, as so-called biographical lives, in some sense mute. This muteness is a good example of the collapse of any distinction between biographical life and the mute biological life about which it cannot speak