



The art of medicine Abortion as a moral good

My medical students first hear from a family physician who describes himself as pro-life. He's Christian, and his faith is "a large part of the reason" he refuses to perform abortions. "Christ says things like do to others what you want them to do to you, or love your neighbour as yourself, and when I'm in the room with a pregnant patient I think I have two neighbours in there", he tells the second years. Then they hear from an obstetrician who specialises in abortion care. She too is a Christian, and some students look surprised when she says her religious beliefs are one reason she sought fellowship training in abortion. "Do unto others as you want done to you, always take care of your fellow man. When a woman needs help, I want to help her. So I take those sayings and teachings to mean that God would be very proud of me", she explains. These two physicians then take questions together, interacting in a friendly way as each commends the other's deep commitment to patient care. Once they leave, I use the case studies they provided to focus attention on the medical ethics of conscientious refusal and conscientious provision of health care.

After hearing professors say it's impossible to teach a productive class on abortion and physicians say it's impossible to mediate staff disputes on the topic, I value the way this session disrupts the stereotype that people who disagree can't talk about abortion. However, it's hard to picture the secular ethics version of this collegial classroom exchange happening—and because mainstream medical ethics has become a largely secular enterprise in the USA, as a bioethicist that troubles me.

One reason is that in abortion care, morality is usually equated with religion. When abortion was illegal in the USA,

religious voices spoke on both sides. During the 1960s, some ministers and rabbis of Protestant and Jewish denominations openly decried abortion's criminalisation as immoral, and the Clergy Consultation Service that formed in 1967 referred pregnant parishioners to physicians who provided safe abortions in the years before the 1973 Roe v Wade Supreme Court decision legalised abortion across the USA. However, even in that era, people made the moral case in favour of abortion in both religious and secular terms.

Today, the moral argument in the abortion debate—both religious and secular—is often perceived to be the province of those who oppose abortion. Opponents focus on fetuses and morality ("killing"), supporters focus on women and law ("choice"), and this disjuncture leads us to talk past one another. Yet working with health-care professionals who provide abortions has taught me that the shift in pro-choice discourse from ethics to law is a shift in rhetoric, not a shift in thought.

How might we correct the false impression that abortion opponents are the only ones thinking about the ethics of abortion? The first step is to remember that the conclusion women are full people entitled to self-determination begins as a moral argument and ends as a legal argument. Typically, consideration of the status of women is categorised as "legal" and consideration of the status of embryos and fetuses is categorised as "moral," when really each of these analyses is both moral and legal.

The second step is to help people understand the secular ethics reasoning that leads those who support abortion access to conclude that abortion is either morally acceptable or morally good. In medical settings, this conversation might be destigmatised by articulating how the traditional medical ethics analysis of principlism supports abortion access.

The principlist analysis must address non-maleficence first—does abortion "do harm" to a person or a patient? This is the central disagreement of the physicians who speak to my class. People who think abortion is morally acceptable say it does not because they reject what abortion opponents call the "substantial identity" argument—ie, that people are intrinsically valuable because of what we are and that what we are is a physical organism that comes to be at conception because a fertilised egg contains the genetic blueprint for a human being. (A religious version of this argument substitutes "soul" for "DNA".) Instead, people who conclude abortion is morally acceptable think that qualities gained during pregnancy, such as the ability to think, feel, or survive outside the womb, are required to turn human tissue into a human being. They rarely claim that an embryo's potential to become a person (or its "latent qualities") is of no importance. But just as potentiality does not give an



Toys Samo Jordan/Reuters

acorn the same value as an oak tree, they conclude that it is reasonable to put embryos and people in different categories.

Substantial identity and potentiality arguments often include a claim that a fertilised egg contains everything it needs to become a person. This is incorrect. To become a person, it also must be nourished by, and make a bloody exit from, a woman. This fact leads some to conclude that the central moral feature of pregnancy is that human development must take place inside a person's body. Assigning rational, sentient, biologically independent women a higher moral status than biologically dependent embryos or fetuses leads to the conclusion that forced childbearing is immoral, and that a woman's decision to end an unwanted pregnancy is a morally acceptable act.

Concluding that abortion does not violate the principle of non-maleficence makes it morally acceptable. This view explains why many pro-choice people see conception as a moral invitation rather than a moral obligation. "Moral" because whether to bring a child into the world is a value-laden decision of tremendous consequence to human health and happiness, and "invitation" because pregnancy is an opportunity for motherhood one may accept or decline.

Another secular ethics position is that abortion is morally good. This view is held by the health-care professionals who provide abortion care (they would not make it part or all of their life's work if they believed otherwise), and it is supported by the traditional medical ethics principles of autonomy, beneficence, and justice.

Clinicians who provide abortions honour the medical ethics principle of autonomy by helping their patients preserve bodily integrity, decisional freedom, and the dignity of dominion over their life's course. Childbearing dramatically alters a woman's identity and life experience, and in the USA childbirth carries a risk of death about 14 times higher than abortion. When a woman does not see enduring pregnancy and delivering a child as a benefit, an autonomy analysis respects her as a moral agent who is following her values, and allows her to decline the physical and social risks of childbearing.

Clinicians who provide abortions honour the medical ethics principle of beneficence by preventing the harms of forced childbearing and unsafe abortion. The principle of beneficence also illuminates some patients' abortion decisions as an expression of mother love. In the USA, 59% of abortion patients already have one or more children, and commitment to meeting their existing children's needs can contribute to their decision to decline nature's invitation to nurture another embryo to fruition. Similarly, when a young woman believes she can't yet be the kind of mother she wants her children to have, her abortion might be a beneficent act toward her future children.

Clinicians who provide abortions honour the medical ethics principle of justice in two ways. Abortion access is a component of economic justice because parenthood

is expensive. In the USA, 49% of abortion patients have incomes below the poverty line and an additional 26% have low incomes; 73% of abortion patients list "can't afford a baby now" as one of their reasons, and 23% list it as "the most important reason". Until social programmes remove economic barriers to childrearing, allowing low-income women and families the option of abortion prevents them from being pushed even further into poverty. Abortion access is also essential to gender justice. Women have long been subjected to legal and social discrimination on the basis of their biological capacity for pregnancy. Today, the relatively new medical technologies of safe, effective contraception and abortion allow women to escape pregnancy's physical and social impact, and to come close to men's degree of sexual and reproductive freedom. Women cannot have social, economic, and interpersonal power comparable to men unless they can control whether and when they have children. Therefore, women's moral claim to equal opportunity requires access to abortion for pregnant women who want it.

Unprecedented political attacks on the character of clinicians who provide abortions in the USA have created an urgent need to communicate that every physician is a moral agent engaged in ethical decision making and acts of conscience in partnership with patients. In class, some of my medical students raise snippets of the secular moral arguments for and against abortion with the family physician and the obstetrician during their guest session. The students' comments and questions are sincere, and through them they engage with each other. The shoulders I saw tense forward for a fight when the family physician first said he is pro-life are relaxed; the shoulders I saw slouch dismissively when the obstetrician first said she sees nothing wrong with abortion are back at attention. Those who say we shouldn't talk about abortion because we're unlikely to convince each other have forgotten that sometimes we talk not to persuade, but to understand. In divided times, understanding is what prevents us from vilifying those who disagree, and retaining respect and compassion for patients and colleagues who see the world differently is central to the practice of medicine. I know my students won't remember every bit of content I taught in that session. But if they remember its spirit, perhaps the day they're told controversy makes any subject impossible to teach, or it makes any disagreement among medical staff impossible to mediate, they will politely disagree and take up the task.

Katie Watson

Medical Humanities and Bioethics Graduate Program, Northwestern University Feinberg School of Medicine, Chicago, IL 60611, USA
k-watson@northwestern.edu

I am Associate Professor of Medical Social Sciences, Medical Education, and Obstetrics and Gynecology at Northwestern University Feinberg School of Medicine and the author of *Scarlet A: The Ethics, Law and Politics of Ordinary Abortion* (2018).

Further reading

- Boonin D. A defense of abortion
Cambridge: Cambridge University Press, 2003
- Finer LB, Frohworth LF, Dauphinee LA, Singh S, Moore AM. Reasons US women have abortions: quantitative and qualitative perspectives. *Perspect Sex Reprod Health* 2005; 37: 110–18
- Frank G Faith, reproductive politics and resistance: a conversation with the Reverend Joan Bates Forsberg. *Nursing Clio*, Jan 12, 2017. <https://nursingclio.org/2017/01/12/faith-reproductive-politics-and-resistance-a-conversation-with-the-reverend-joan-bates-forsberg/> (accessed March 11, 2019)
- Guttmacher Institute. Fact sheet: induced abortion in the United States. January, 2018. <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states> (accessed March 11, 2019)
- Jerman J, Jones RK, Onda T. Characteristics of US abortion patients in 2014 and changes since 2008. New York: Guttmacher Institute, 2016. <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014> (accessed March 11, 2019)
- Joffe C. Doctors of conscience: the struggle to provide abortion before and after Roe v Wade. New York: Beacon Press, 1995
- Parker W. Life's work: a moral argument for choice. New York: Atria, 2017
- Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol* 2012; 119: 215–19
- Steinbock B. Life before birth: the moral and legal status of embryos and fetuses. 2nd edn. Oxford: Oxford University Press, 2011
- Warren MA. Moral status: obligations to persons and other living things. Oxford: Oxford University Press, 1998
- Watson K. Scarlet A: the ethics, law and politics of ordinary abortion. New York: Oxford University Press, 2018