Compassion: Easy to Forget in the Process of Intellectual Discussion

Just as there is an underlying test of your compassion when people bring up abortion in the case of rape, when people ask, **"Would you say that abortion is wrong when used to save the mother's life?"** they are testing whether you are a reasonable, compassionate human being. Do you simply respond with a disinterested intellectualism? And not only must you be careful to express your compassion for both mother and child in these cirumstances, you also must actually be the sort of person who has genuine concern. You can't pass this test by faking it. If you aren't heartbroken over these circumstances, I suggest you spend more time listening to the stories of those personally affected.

An Initial Question

"I think cases in which the pregnant woman's life are in danger are important to consider. What life-threatening conditions are you referring to?" (The person may not have any specific cases to share; you can then offer him or her the information in the following paragraphs.)

Step 1: Find Common Ground

"If a pregnant woman's life is in danger, and the unborn is a human being, then there are actually two human beings whose lives are in danger (the mother and the child). I'm very concerned about the mother whose life is in danger, but shouldn't we also be concerned about the unborn child? I agree with the authors of the classic *Williams Obstetrics* when they note, "An important result is that the status of the fetus has been elevated to that of a patient who, in large measure, can be given the same meticulous care that obstetricians provide for pregnant women."[39] Can we agree that we should avoid abortion if possible?"[40]

Step 2: Clarify How Doctors Should Approach Threats Late in Pregnancy

"Late in pregnancy, the most important question is, 'Do we need to kill the child to save the mother's life?' I know of no threats late in pregnancy that require *killing* the child to *save* the mother's life. The doctor should seek to save both the life of the mother and the child using Caesarean section or other medical management. Even in the rare case in which the doctor believes the woman will die if the child is not delivered immediately, and the child is too young to survive outside the womb (prior to approximately 22 weeks gestation), the doctor can still do a Caeserean section and allow the parents to care for their baby while he is dying (this is what we do with any other dying person – we give him hospice care)."[41]

Step 3: For Life Threats Early in Pregnancy Intervention Is Similar to Triage

"I'm aware of only one threat to the woman's life that occurs early in pregnancy. I'm referring to ectopic ("out of place") pregnancy, and specifically the sort of ectopic pregnancy in which the child implants in the fallopian tube rather than in the uterus (also called a "tubal pregnancy"). In some cases, the child dies naturally before the tubal pregnancy becomes a threat to the mother's life. In many cases, however, the

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[39] F. Gary Cunningham (et. al.), *Williams Obstetrics*, *23rd ed.*, (New York: The McGraw-Hill Companies, Inc., 2010), p. 78. A portion of this quotation appears on Side 1, Panel 1 of the Justice For All Exhibit.

[40] See Stephen Wagner, *Common Ground Without Compromise* (Signal Hill, CA: Stand to Reason Press, 2008), pp. 45-48

[41] See a reprint of Thomas Murphy Goodwin's excellent article on high-risk pregnancy management at http://www.leaderu.com/ftissues/ft9603/articles/goodwin.html. According to Goodwin, in most other cases of life endangerment in pregnancy, we can treat the mother and save the child. For example, a pregnant woman with cancer can be treated while the baby tolerates the chemotherapy given to the mother. The sad thing, Goodwin notes, is that many obstetricians are not well-versed in the current literature on high-risk pregnancy management, so they are not as confident as they should be to avoid abortion in these circumstances.

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child does not die naturally and the mother will likely die if the doctor does not intervene. In these cases, as in other cases of triage, we must think of the child as a real human being, but we must also seek to save as many lives as we can. Because the life of the child cannot be saved (this is not a case of "child *or* mother"), the doctor should intervene. The mother and father will surely feel a mix of emotions, but they should not believe they are doing the wrong thing to allow intervention."

Step 4: Note the Disagreement about Which Means of Intervention Are Appropriate

"Among those who take the humanity of the unborn seriously, there is some disagreement as to the appropriate way to intervene, whether through salpingectomy (removal of a portion of the tube), salpingostomy (removal of the embryonic child through an incision in the tube), or methotrexate (a drug, traditionally used to treat cancer, that stops the cellular development of the child). All of these advocates, though, agree that the mother and child are equally human and should be treated as such."[42]

One Key Distinction: Life Versus Health

Note: See the article entitled, "Is Abortion Legal Through All Nine Months for Any Reason?" for a review of the legal importance of distinguishing between life and health threats.

Should we allow abortion for a threat to the *health* of the mother? If so, we are placing the *health* of one human being (the mother) over the *life* of another (the child). This seems clearly wrong. There is no other circumstance in which we would allow someone to kill an innocent person to protect herself from a health threat. We don't allow those who are exposed to disease to kill those who exposed them, do we? No. When someone's health is threatened by the existence of another, we attempt to remove the one threatening and treat the one threatened. We can do this in the case of the pregnant woman whose health is affected by her child. We can remove the child (as soon as it is possible for him to live outside the womb) and treat the mother's condition.

Threats That Are Not Threats

We agree that there are a number of conditions that threaten the pregnant woman's life. But with many of these threats, we can treat the mother and save the child:

- **Preeclampsia (Toxemia):** Occurs in 1 in approximately every 12 pregnancies (5% - 8%). This is a condition of swelling, elevated blood pressure, and protein in the urine. This condition can be effectively treated either by delivery (after 36 weeks) or by bed rest (prior to 36 weeks). Delivery can also be attempted after 24 weeks with reasonable assurance the fetus will live. In some cases delivery prior to 24 weeks may be necessary although the likelihood of the child's survival is reduced.
- **Eclampsia (Toxemia with Seizures):** Occurs in 1 in approximately 2000 pregnancies (.05%). This condition is marked by seizures that are caused by pregnancy (as opposed to some other known factor). Treatment is the same as for Preeclampsia, but this condition is more severe, usually requiring delivery either naturally or by C-section.
- **Placenta Previa:** Occurs in 1 in 200 pregnancies (.5%). The placenta covers all or part of the cervix. Although this condition has the potential to be life-threatening, with proper medical management (usually bed rest, but sometimes hospitalization), both mother and child can be protected from harm. In the case of an early placenta previa, sometimes the baby does not survive. There is no moral wrong here; this is simply a specific case of miscarriage, in which no person causes or intends the child's death. Click on www.babycenter.com/refcap/830.html#0. Helpful information on placenta previa, including drawings, can be found on this page as well as the March of Dimes page linked under *Placental Abruption*, below.
- **Placental Abruption:** Occurs in 1 in 100 pregnancies (1%). The placenta detaches from the uterine wall. If not treated, this can harm both mother and child. See www.marchofdimes.com/professionals/681_1154.asp [43]

[42] I do not mean to imply, however, that there is no right answer to the question, "Which interventions are appropriate?" I am simply not weighing in on that question in this article.

[43] See Medline Plus (www.nlm.nih.gov/medlineplus/highriskpregnancy.html) for more information about pregnancy risks.