Childbirth by choice

CARAL

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Introduction

What is childbirth by choice?

Briefly, childbirth by choice means freedom of choice in planning one's family.

It means not being **forced** to bear a child.
It means not being **forced** to have an abortion.

CARAL believes that a woman should be able to have the freedom to choose whether or not to continue an unplanned, undesired pregnancy.

We believe that restrictive abortion laws, far from solving the abortion problem, merely make it worse.

A Worldwide Trend

At the beginning of 1971, 38% of the world's people lived in countries where legal abortion was liberally available. By early 1976 this figure had increased to 64%, nearly two thirds of the world. Few social changes have ever swept the world so rapidly. This worldwide movement, in evidence on every continent, reflects an increasing willingness by national legislatures to face the reality of abortion as a major public health issue. The international record shows that prohibition of abortion does not prevent its practice. Restrictive laws only ensure that abortion will often be inexpertly carried out under clandestine circumstances, rather than safely performed under hygienic conditions with competent medical supervision.[1]

Liberalization and Well-being

Many countries have liberalized access to abortion, including several whose societies have much in common with our own -- U.S.A., France, Great Britain, Austria, Israel, Italy, and the Scandinavian countries.

Although different laws, policies and judicial decisions have evolved in each country, the official justification in each case is the same — the physical, mental, social and economic well-being of the woman concerned.

None of these countries encourages abortion, or enforces compulsory abortion through its laws or policies, and most emphasize strongly the advantages of preventive contraception. But each state tacitly recognizes in its laws that without broad access to legal abortion — for the poor as well as the rich — maternal health and family well-being will suffer.

Adolescents

Many women seeking abortions in Canada are adolescents. Statistics Canada reveals that in 1976 one third of those obtaining legal abortions were under 20. This is a regrettable situation. But consider what might have happened if those abortions had **not** been granted. For women under 20, the physical costs of compulsory childbirth are particularly high, since it is a well-documented fact that pregnancy in either the early or the late childbearing years increases the risk of maternal mortality.[2] Further adverse consequences for the adolescent may be interrupted education, restricted marriage opportunities and general economic hardship. There is also a greater risk of mortality and illness in the infants born to adolescents.[3] One sees, then, that compulsory childbirth in adolescence costs society dearly, in both human and dollar terms.

Unwantedness

Opponents of abortion law repeal appear to centre their concern for life on fetal life. They do not seem to consider the fate of unwanted children produced by compulsory childbirth. Two studies, comparing children born to mothers whose request for an abortion had been refused with a control group of children born to mothers who had not requested an abortion,

indicate that the former are worse off in almost every respect. Forssman and Thuwe, after a 20-year study in Sweden, reported that children born to women whose applications for abortion were rejected showed a significant pattern of social and emotional disability.[4] A study in Prague of two hundred children under the same circumstances yielded similar results.[5] Of course, psychiatrists have long recognized the damage caused by maternal rejection, and some of them believe that one of the most important goals of preventive psychiatry is the prevention of unwanted offspring.[6]

Adoption

One often hears the glib slogan: "Adoption not Abortion". Those who hold this view are either unaware of or indifferent to the trauma of giving up a child for adoption. In fact, women who have experienced both giving up a child for adoption and having an abortion invariably say that abortion is the less traumatic.[7] And studies which compared the psychological reactions of three groups of women (those who had an abortion, those who gave up a child for adoption, and those who kept the child they bore), found that although all groups experienced some stress, it was clear that the abortion patients fared considerably better than those giving up children for adoption.[8]

The number of newborns available for adoption have in fact declined in past years for a variety of reasons. The idea, however, that some women should be **forced** to have babies so that others may adopt them is surely unthinkable in a democratic society.

Greater Health Risks When Abortion Refused

Advocates of compulsory childbirth often make the claim that women who seek and obtain abortions suffer grave psychological and physical consequences. This is refuted by the eminent psychiatrist Dr. Wendell Watters, who, after a thorough and painstaking analysis of many studies, states that "A woman is at greater risk to her mental health when she is refused a safe legal abortion, if that is what she really wants, than if she is granted one. Committees refusing abortions in such instances are contributing to the ill-health of Canadian women."[9]

He continues, "Apart from the risk to her emotional health if she is forced to carry an unwanted pregnancy to term, a woman is at greater risk medically. The mortality rate following childbirth is much higher than that following abortion."[10] In addition, he states, "The rate of immediate complication following induced abortion is low. Further, it is related to the length of gestation (very low in first-trimester abortions); it is related to the procedure utilized (very low in vacuum aspiration); and it is related to the experience and expertise of the health-care personnel (very low in free-standing clinics, where the high volume provides an opportunity for operating skills to be perfected)."[11]

Substitute for Contraception?

Supporters of restrictive abortion legislation argue that readily available abortion becomes a substitute for contraception. Studies carried out recently in the U.S., however, indicate the contrary: most women who have sought and received legal abortions request contraceptive advice and materials, and go on to use them responsibly.[12] This experience is similar to that reported in other countries.[13]

In Great Britain, where ready access to abortion is combined with a thorough programme for public education in contraception, the abortion rate is one of the lowest in the world.[14] Conversely, in most Latin American countries, where abortion is severely restricted and contraception is not promoted, the abortion rates are among the highest.[15]

It is not surprising, in fact, that most women, given the choice, prefer contraception to abortion. Even if there were no other dimensions to the abortion decision, it is common sense that few people regard *any* surgical operation lightly.

Contraception

Many people believe that there would be no need for abortion if all couples used contraceptives except when they desired pregnancy. It is true that if reliable family planning information, education and services were universally available, the number of unwanted pregnancies could be significantly reduced. However, failures can occur with all current methods of contraception, and even responsible users of **effective** methods may occasionally find themselves faced with unwanted pregnancies.

More significant is the fact that several conditions existing in our society create a climate where couples may experience unwanted pregnancies:

- Since contraception was against the law until 1969, there is no tradition of sexual responsibility in this country.
- Many people still rely on **ineffective** methods of birth control to prevent pregnancy.
- It is often difficult for adolescents to obtain contraceptive services and information.
- In this age of effective female contraception, the male may not be aware of his equal responsibility.
- In this age when doctor-provided contraception receives so much emphasis, many people are not aware that effective contraceptives (especially effective when used in combination) are easily available at the corner drugstore.[16]
- Contraception and allied subjects are inadequately covered by our medical schools and thus doctors often give poor advice on these topics.
- The government supplies free brochures about birth control to all who ask for them, but unfortunately the quality of the information is not always reliable or useful, especially with respect to teenagers.[17]

Who is Pro-Abortion?

The most effective way of reducing the abortion rate is of course the active promotion and encouragement of contraception. It is difficult to understand, therefore, why self-styled "right to life" organizations either ignore contraception or actively oppose it. Malcolm Muggeridge, a leading spokesman for these groups, has publicly proclaimed his opposition to contraception. One "right to life" organization, Birthright, includes the following position on contraception in its constitution:

> "The policy of every Birthright Chapter and every one of its members and volunteers in all the Chapter's efforts shall be to refrain in every instance from offering or giving advice on the subjects of contraception or sterilization and to refrain from referring any person to another person, place or agency for this type of advice."

This attitude is one which helps to create conditions resulting in more unwanted pregnancies and thus more abortions. The claim of such organizations to be "anti-abortion" is therefore not entirely accurate, and, objectively, their stance could even be described as "pro-abortion". (The only other "pro-abortionists" are back-street butchers and some questionable commercial agencies who profit excessively from restrictive abortion laws).

Sanctity of Life

It is often held that the sanctity of life is an absolute moral prohibition against abortion. But this view is far from universal, even within the Roman Catholic Church. A well-known Catholic philosopher, Daniel Callahan, urges that "a mother should have a bias in favour of the sanctity of life so that abortion would be the *last* rather than the first choice when an unwanted or problem pregnancy occurred. It ought to be avoided if at all possible; but as part of responsibility for the dignity of life, it would be morally acceptable if duties to self, family and society, made it the only reasonable choice for her."[18]

Euthanasia

The opponents of freedom of choice often link free access to abortion with what they term a progressive deterioration of respect for life in society, leading to the advocacy of euthanasia and other Nazi policies. In fact, no country in the world has legalized euthanasia, nor is considering doing so, although 64% of the world's population live in countries where abortion is legal. It is also worth noting that Nazi Germany was the only jurisdiction in modern history which has *punished abortion with the death penalty.*[19] And Nazi Germany was the only jurisdiction in modern history which legalized and enforced euthanasia.

Canada's Law

Abortion is legal in Canada only when a hospital abortion committee certifies that a woman's life or health is likely to be endangered by continuation of the pregnancy. While appearing to promise access to abortion for serious reasons, the law places many obstacles in the way of women seeking termination of unwanted pregnancy, and in fact denies abortions to many Canadian women who need them.

Section 251 of the Criminal Code requires that abortions be performed only in an approved or accredited hospital which has a Therapeutic Abortion Committee of at least three doctors. This Committee must rule on applications for abortions and none of the doctors on the Committee is allowed to perform the operation.

There are several serious shortcomings in the law as it stands:

- No hospital, even though publicly financed, is required to establish a Therapeutic Abortion Committee.
- No hospital, even if it has a Therapeutic Abortion Committee, is required to perform any abortions.
- No provision is made for the many hospitals outside major cities which cannot find the means to staff such committees and perform abortions.
- No woman applying for an abortion is allowed to appear before the Therapeutic Abortion Committee.
- No right of appeal is allowed where a woman's application for abortion is denied.

Discrimination

According to Statistics Canada, Only 271 out of 1359 hospitals have Therapeutic Abortion Committees. A survey done by *Doctors for Repeal of the Abortion Law* reveals that the number is even lower. And some committees never grant abortions at all.[20] Thus, Canadian women cannot be assured of equal access to a legal medical procedure.

Opponents of freedom of choice deplore the fact that a disproportionate number of abortions are carried out in some hospitals in big cities like Toronto. They neglect to add that these are the hospitals that often provide safe abortions for women deprived of them in their own communities. (Some women have come from as far as Newfoundland to obtain an abortion in Toronto. These same women, of course, do not and need not travel to Toronto to obtain obstetrical services.)

Interpreting the Statistics

Supporters of restrictive abortion laws claim that the annual government statistics for therapeutic abortion demonstrate "a massive and accelerating increase in the number of abortions in Canada". This view of the statistics seems to suggest that Canadian women began having abortions in 1969 when the present law was passed. In fact, women have always sought abortions when they were unwillingly pregnant, and have had to resort to

dangerous illegal procedures when no safe, legal help was available. It is obvious that during the past seven years, safe legal abortions have been replacing dangerous illegal ones.[21] But because of our restrictive abortion law, many Canadian women are still forced either to travel to other countries for safe abortions, or to seek out dangerous back-street abortions in this country.

Public Opinion

As long ago as 1971, the Canadian Medical Association resolved that the decision to have an abortion should be made solely by a woman and her doctor. The Canadian Psychiatric Association has stated that abortion should be removed altogether from the Criminal Code of Canada. Many other well-respected organizations have echoed these resolutions.[22] A majority of Canadians agree. A Gallup poll in October 1974 revealed that fully 62% of the adult population believe the abortion decision should be left to the woman and her physician. The Centre de Recherche sur l'Opinion Publique found in 1975 that 57% of the Quebec population share this view.

Democracy

Criminal law in a free society fundamentally reflects a *consensus* that certain activities should be forbidden. There is a consensus in Canada, for example, that attacking a person in the street or robbing someone are criminal acts. But there is no such consensus about abortion. To impose one moral view of abortion upon everyone in a pluralistic society, therefore, contravenes the very basis of our criminal law.

As Alan Borovoy, general counsel for the Canadian Civil Liberties Association, states, "In a totalitarian society, the tendency is for the rulers to decide how the citizens shall live. In a democratic society, the objective, as much as possible, is for each citizen to decide for himself."[23]

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