

Catholic On Call handbook
Chapter 4 - Abortion

The Catholic MO/HO: Life is a gift from God and therefore sacred. Abortion destroys life and therefore is a grave sin. All humans are equal in dignity and no human has the right to kill an innocent person. Do not counsel, command, provoke, praise or flatter, defend or refer any person for an abortion. Do not work in an abortion ward or assist directly in an abortion in the theatre. Assisting in a general gynaecological ward (not an abortion ward) before and after an abortion, even including getting consent and carrying out procedures linked remotely to the abortion, is not necessarily wrong, provided scandal is avoided and if the encounter is taken as an opportunity for counselling.

4.1 Basic Church teaching

“Procured abortion is the deliberate and direct killing, by whatever means it is carried out, of a human being in the initial phase of his or her existence, extending from conception to birth” (Evangelium Vitae, 58)

“Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable. Direct abortion, that is to say, abortion willed either as an end or as a means, is gravely contrary to the moral law....Life must be protected with utmost care from the moment of conception....”(Catechism of the Catholic Church, 2271)

4.2 Issues in clinical practice

Life begins from the moment of conception – the moment when sperm meets egg (fertilisation). From the moment of fertilisation, the embryo is a living human being that organises itself through a process of continuous development.

4.2.1 *What is the difference between direct and indirect abortion?*

“Direct abortion, that is abortion willed as an end or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being” (Evangelium Vitae, 62)

Direct abortion is an unmitigated evil. In the exceptionally rare instance that the lives of a pregnant woman and her baby are in competition, an attempt must be made to save both lives. In rape or incest, removal of sperm is licit but not the removal of a fertilised ovum.

Indirect abortion – where death of the unborn child is an unintended consequence of necessary therapy - may be licit judging from the principle of double effect (refer to Chapter 1, page 1).

Examples of indirect abortion

- removing a diseased fallopian tube containing a live embryo in an ectopic pregnancy.
- irradiation of the cervix for cancer during pregnancy

Dilation and curettage of the womb may only be carried out where there is moral certitude of fetal death, and is illicit in threatened abortion, where the baby may still be alive.

4.2.3 Legal issues

What does Singapore law say about abortion?

Abortion Act 1969, revised 1985

Legal abortion in Singapore from 20th March 1970 required approval by a Board but from 1975 this was amended to abortion-on-demand up to 24 weeks' gestation for Singaporeans. Minimum age of consent is not required, unmarried women included.

Conscientious objectors are legally recognised, "...no person shall be under any duty whether by contract or statutory or legal requirement to participate in any treatment to terminate pregnancy authorised by this Act to which he has a conscientious objection. Section 10(1)". However, there is a legal obstacle to this; even conscientious objectors are legally required to participate in abortion if this is deemed "treatment which is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman. Section 10(3)."

Doctors committing abortion are legally required to be specially licensed and to notify each aborted case to the Ministry of Health, Singapore. However, where abortion is committed only with drugs (no operation), no special qualifications, skill or approved institution is required. Menstrual regulation (vacuum extraction within 2 weeks succeeding a missed menstrual period) is exempted from these legal requirements. Pre-abortion counselling is currently mandatory for all women and girls seeking abortion.

(Accessed from <http://statutes.agc.gov.sg> on 18/11/2013)

4.2.4 How can I put my pro-life stance into practice in the clinic/ward?

Preparing yourself

- Pray to the Lord for guidance before beginning the consult.
- Be non-judgmental.
- *For house/medical officers rotating through O&G postings:* ensure you register your stance on conscientious objection with your department prior to commencing work. Before commencing a night call, speak to the colleagues on call with you and establish their stance on abortion. Make arrangements for cross-cover should you be called upon to clerk a patient admitted for abortion or asked to assist in an abortion in the operating theatre.

What to do: Suggested approaches to various clinical scenarios

1. Ethical alternatives to abortion

A woman comes to your clinic asking for an abortion. What should you do?

- Take a basic history: current gestation, reason for wanting abortion.
- Gently challenge assumptions ("Career first" – current trend towards work-life balance, "Too close to previous child" – advantages of having siblings close in age)
- Offer referral to medical social worker/family service centre for financial aid if needed
- Make patient aware of alternatives such as giving baby up for adoption.
- If patient still insists on abortion, explain that you do not agree with abortion because the life of a human being, her baby, is truly precious. Raise awareness of the potential side effects of abortion. Possible responses: *"I'm very sorry; I cannot help you. Perhaps you need to consult another doctor."*

2. Clerking abortion cases/taking consent during your O&G posting

You are on call and the ward nurse contacts you to clerk an elective admission for abortion.

What should you do?

- Avoid any involvement in the management of the patient if at all possible.
- Explain to the nurse that you conscientiously object to abortion and therefore cannot be a party to facilitating the procedure.

- If it is absolutely necessary to manage the patient, as a last resort, use the opportunity to counsel the woman, suggest alternatives to abortion (e.g. giving baby up for adoption) and raise awareness of potential side effects of abortion. Possible questions to ask: *“Have you explored other alternatives – adoption, for example?”*

3. Teen pregnancy

You are running the 24-hour walk-in women’s clinic and a teenage girl comes to you with a positive pregnancy test result. What should you do?

- Take a basic history: LMP (last menstrual period), putative father, whether parents have been informed, patient’s plans for pregnancy, religious affiliation, social support.
- Gently explore the patient’s options with her: keeping baby, putting baby up for adoption after delivery, availability of shelters, assistance in telling parents. Discuss adverse side effects of abortion (if this is being considered).
- Management issues: police report (if patient under 16 years of age – statutory rape – or other safety concerns), referral to crisis shelter/medical social worker as appropriate. Give Pregnancy Crisis Service (Family Life Society) hotline number to patient.
- If patient insists on abortion, explain that you do not agree with abortion because the life of a human being, her baby, is truly precious. Possible responses: *“I’m very sorry; I cannot help you. Perhaps you need to consult another doctor.”*

What to say: Questions and Answers on Abortion

Q A fetus is just a blob of cells – it isn’t really a person. It’s not yet human.

Human life begins in the womb from the moment of fertilisation. In a purely biological sense, we are all ‘just blobs of cells’. Zygote, embryo, fetus, baby, toddler, child, teenager and adult are just words we use to describe different stages of the continuous process that is human development, starting at fertilisation. This is not the first time in history that personhood has been denied to vulnerable groups in society by its more powerful members. Apartheid rested on the belief that blacks were “less developed” than whites and therefore inferior.

“...the human being [should be] respected and treated as a person from the moment of conception, and therefore from the same moments, his rights as a person must be recognised among which in the first place is the inviolable right of every innocent human being to life.” (Evangelium Vitae, 60)

“To accept the fact that after fertilization has taken place a new human has come into being is no longer a matter of taste or opinion ... it is plain experimental evidence.” (‘Father of Modern Genetics’ Prof. Jerome Lejeune, who discovered the cause of Down Syndrome)

Q What about abortion in the case of rape?

Rape is a terrible crime, and women who have suffered this violation deserve the utmost compassion and support. However, the children conceived through rape are still human beings and their lives are worth no less than others simply because of the way they were conceived. To kill these babies through abortion is to make innocents pay for an unspeakable injustice.

Q What about abortion to save the mother's life?

Abortion as a means to save the life of the mother is immoral – life is sacred and we must never kill a human being, even to save another. However, abortion as an unintended consequence of necessary therapy (such as removal of the fallopian tube for an ectopic

pregnancy, which may result in death of the unborn child) may be licit if the intention is to save the mother's life, not to kill her unborn baby.

Q What about abortion if the fetus has a birth defect?

Receiving an antenatal diagnosis of a lethal malformation in a baby is a traumatic and tragic situation for any expectant mother. However, expecting that the baby will die and killing him or her through abortion is a grave evil. Human life is sacred regardless of whether the person is physically healthy and whole or not. Contrast this with supporting the mother in her grieving process and caring for both her and the baby to the best of medical ability, which is ultimately the path to acceptance and healing.

Many abortions are performed to kill unborn babies diagnosed with non-lethal birth defects, such as Down syndrome. Claiming that deformed children and babies with Down syndrome are destined to suffer is actually a disguised form of prejudice, that such children are less deserving of life than those without such deformities.

Furthermore, prenatal diagnosis is never 100% accurate, even with the most sophisticated tests. There have been cases where abortions were performed after supposedly lethal birth defects were diagnosed, only to find out subsequently that the babies were normal.

Rather than killing these children, the solution is to aim for change in societal attitudes that one must be useful in order to be valued and worthy of life.

Q What is the woman has "completed her family" and does not want another child? 'Every mother a willing mother, every child a wanted child.'

A child is not a unit of currency: an individual's right to life should not be dependent upon how much she or he is 'wanted'. Every human is equal in dignity and has the same right to life.

Killing the child is not a solution to child abuse, cases of which have increased significantly since abortion was legalised and not disappeared as was predicted. In reality, what the slogan is suggesting is that every unwanted child should be a dead child.

Some people believe that abortion is a woman's choice. Any civilised society restricts the individual's freedom to choose whenever that choice will harm an innocent person. Some choices - such as 'choosing' to carry out child abuse, homicide or other violent crime - are always wrong. Similarly, the right to life is universal and is not a matter of choice. The baby, too, has a right to life. *"Everyone's right to life shall be protected by law..."* European Convention on Human Rights, Article 2; *"Everyone's **right** to life shall be protected by law. No one shall be deprived of his life intentionally..."* UK Human Rights Act Article 2 para.1 (1998)

Q What about cases where the woman does not have the financial means to support a child?

Adoption provides an alternative that is in the better interests of the child than is abortion. In Singapore, the number of potential parents waiting to adopt far exceeds the number of babies up for adoption.

Q What help is available?

Inform the pregnant woman what an abortion really means and the help that she can receive so that she is able to give genuine informed consent. Arrangements can be made for her to stay in a shelter until her delivery. If the mother is a teenage girl and still in school, she can continue studying until she begins to show, then move into a shelter and, by arrangement with the Ministry of Education, continue her studies and exams there. After that she can be placed in another school. The baby is usually given up for adoption.

Useful contact numbers

1. Pregnancy Crisis Service (Family Life Society): 63399770
2. Shelters for unwed mothers:
 - a. Girls aged < 16 years: Ahuva Good Shepherd Home
Girls aged >= 16 years: Good Shepherd Centre
- 62564440
 - b. Girls aged 11-19 years: The Tent (crisis shelter) -
- 62837696, 62837695

4.3 References for further reading

- (1) Catechism of the Catholic Church
- (2) Evangelium Vitae
- (3) Dignitatis Personae
- (4) Congregation for Declaration of the Faith – Declaration on Procured Abortion, 1974