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The Hypocritic Oath?

Abortion Has Consequences for Mental Health

By Michael Pakaluk

ARLINGTON, Virginia, NOV. 19, 2009 ([Zenit.org](http://www.zenit.org)).- Imagine that in a certain country there was a pain-killing drug that patients really wanted to take because it improved their mood.

The legislature of this country had passed a law, however, saying that, in view of this drug's power, physicians could prescribe it only if a dose of the drug would stave off some serious threat to a patient's health. In fact, for someone to get this drug at all, two physicians had to sign a certificate averring that, if the patient did not receive it, then his health would be seriously at risk.

Now imagine that since the time the drug was discovered, and the law passed, various studies had been carried out suggesting that the drug was actually harmful to someone's health. There was evidence that even one dose seemed to increase substantially a person's risk of developing various kinds of serious health problems.

Nonetheless, the doctors in this country still continued to prescribe the drug to their patients, certifying that it was necessary for health reasons, while pocketing handsome consulting fees in the process.

Sounds pretty corrupt, don't you think? A situation ripe for a class-action lawsuit, you might suppose.

Maybe it would even seem unbelievable that professionals, who profess a code of ethics, could act in this way: Certify something as healthy, when they had good reason to think that it was actually bad for their patient's health.

Yet a recent study suggests that this is exactly how doctors in some countries behave regarding abortion.

Conflicted

The study, "Reactions to Abortion and Subsequent Mental Health" (British Journal of Psychiatry, November 2009), by David Fergusson and colleagues, analyzes data collected as part of the Christchurch Health and Development Study (Christchurch, New Zealand), which has tracked and measured on a regular basis 1,265 persons from birth through age 30.

Fergusson found that women in this cohort who have had a single abortion and report feeling conflicted about it (i.e. most of these women) are roughly 80% more likely to develop a diagnosable mental illness than women who in similar circumstances carry their pregnancy to term.

In fact, extrapolating from the data, the authors suggest that at least 5% of the mental illness of women under 30 is ascribable to abortion.

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To put this finding in perspective, consider that patients who smoke likewise have roughly an 80% increased risk of a heart attack. That is, abortion seems to be as bad for a woman's mental health as smoking is for her heart.

Fergusson's study does not stand on its own; rather, it confirms earlier findings based on the Christchurch research, as well as other studies. Reviewing the total body of evidence, Fergusson comments that, although there is good evidence that abortion increases the risk of mental illness, "there is no evidence [...] that would suggest that unwanted pregnancies that come to term were associated with increased risks of mental health problems."

Justification

And yet in New Zealand -- as well as England and Wales -- abortion is typically justified on mental health grounds.

In New Zealand, for example, two doctors must certify that, in the language of the statute, "continuance of the pregnancy would result in serious danger to mental health." Over 98% of abortions are approved on these grounds.

According to the country's Abortion Supervisory Committee, for certifying these abortions, doctors in New Zealand received over \$5 million in consulting fees last year alone.

What is going on here? It is tempting to say that in this practice one sees at work a principle that can be observed in other kinds of fraud and corruption -- namely, one corrupt practice tends to engender increasingly brazen corruption.

Abortion itself is, strictly, a corruption of the art of medicine, since it represents the use of medical skill for no genuine medical end (In this respect it is on a par with a doctor administering a lethal injection to a prisoner.)

As a direct attack on the life of an immature human being, it has no genuine medical justification, only a utilitarian rationale. Thus it admits of continued practice for utilitarian reasons -- as in New Zealand -- even when medical reasons are not merely absent for it, but actually countervailing.

Doctors in England show signs of being uncomfortable with the current practice. Back in 1993 the Royal College of Psychiatrists stated that "the risks to psychological health from the termination of pregnancy in the first trimester are much less than the risks associated with proceeding with a pregnancy which is clearly harming the mother's mental health."

However, last year that position was rejected and replaced by a new statement which read: "The specific issue of whether or not induced abortion has harmful effects on women's mental health remains to be fully resolved. The current research evidence base is inconclusive -- some studies indicate no evidence of harm, whilst other studies identify a range of mental disorders following abortion."

The change looks like movement from recommending abortions for mental health reasons, to a position of neutrality; yet it isn't that, because note how the Royal College now frames the question: What is at issue, they say, is whether abortion, as suspected, leads to mental disorder.

Conclusive evidence

Whether, in contrast, abortion is actually beneficial to a woman's mental health is not an open question for them: The evidence is conclusive that it is not.

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Fergusson's findings, and the other evidence, have ramifications beyond those jurisdictions in which abortion is typically justified on mental health grounds -- since any woman contemplating abortion should at least be given the information that allows her to make a genuinely informed consent.

Indeed, the mental health consequences of abortion are potentially far worse than Fergusson's study would indicate, for two reasons.

First, Fergusson so far has studied women only up to the age of 30. Yet there is much anecdotal evidence to suggest that a woman's distress over abortion can actually be triggered by events later in life, such as pregnancy and birth, or the death of family members.

Second, Fergusson followed a practice set down by earlier studies and looked at only a limited class of mental illnesses from the standard diagnostic manual (DSM-IV): "major depression; anxiety disorders (including generalized anxiety, panic disorder, agoraphobia, social phobia and specific phobia); alcohol dependence; and illicit drug dependence."

But seasoned clinicians have pointed out that for women procuring abortion one might expect additionally to see "adjustment disorders" and Post Traumatic Stress Syndrome (PTSD), not to mention sub-clinical pain and distress, which would be very real for affected women yet not necessarily captured in a diagnostic category.

So, true informed consent would require women telling a woman who is contemplating an abortion something like: "Studies have suggested that a single abortion increases by as much as 80% your risk of developing certain serious mental illnesses before you reach age 30, and it potentially implies a much higher risk of mental illness in general over a lifespan." Needless to say, women are not told anything like this.

An incidental fact about Fergusson's study tends to confirm the suspicion that the research has revealed only the tip of the iceberg. Fergusson determined whether a woman had procured an abortion by accepting that woman's own reports. Women were asked at roughly three-year intervals whether, in that interval, they had become pregnant, and, if so, what happened with the pregnancy -- whether it ended in miscarriage, birth, or abortion. They were also asked the same question retrospectively, about their lifespan as a whole, at 30 years of age.

Note that the replies were given privately and also anonymously, in the sense that the data were collected in such a way that answers could not be mapped to any particular individual.

Yet, curiously, Fergusson found that 32% of the women in his cohort declined to report an abortion -- that is, either they did not report, in some interval, an abortion that they later reported retrospectively (at age 30), or they did not report retrospectively (at age 30) an abortion that they had reported in an earlier interval.

Moreover, the women in the study as a whole under-reported the abortions that they had. Through comparisons with data for the general population, it became apparent that women in the study reported (whether prospectively or retrospectively) only 85% of the abortions that they actually procured.

Denial

To translate this point into plain language: In an anonymous study, in which answers are given privately and can cause no embarrassment or public humiliation, nearly half of the women who are asked declined to say that they had an abortion -- even though they were asked directly about their pregnancies and the outcomes, and whether one has had an abortion is not something that can be forgotten or easily overlooked.

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Another fact about Fergusson's study appears strange when compared with this curious fact of under-reporting. He also asked women at the 30-year point to give their judgment on the rightness of their choice to have an abortion. Was it "definitely the right decision," "definitely the wrong decision," or was the woman unsure? Fergusson found that 90% of women replied that their abortion was "definitely the right decision."

These two curious facts -- massive under-reporting (which is a form of denial), together with an apparent dogmatism in affirming the rightness of one's choice of an abortion -- would seem to indicate severe interior conflict on the part of these women.

Such conflict, even if it does not lead eventually to outright, clinically diagnosable mental illness, would seem at very least incompatible with mental peace and ordinary happiness.

With fear and trembling one is reminded of Blessed Mother Teresa's statement that in an abortion two things die: the unborn child, and the mother's conscience.

As for the medical integrity of the physician who recommends or performs the surgery -- that has presumably been dead for a long time.

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