Abortion drugs wake-up call

WORDS • Fr Kevin McGovern

In obstetrics, a foetus is an unborn child who is recognisably human and in whom all the major structures and organ systems are already present. An embryo is an unborn child from an earlier stage of development. An embryo becomes a foetus about eight weeks after fertilisation.

The abortion drug RU486 kills embryos. RU486—or mifepristone—destroys the lining of the womb so that the developing embryo is detached, deprived of nutrients, and dies of starvation. A day or two later, another drug called misoprostol is used to induce contractions and to expel the now dead embryo.

I find it distressing to contemplate that embryos are being killed in this way. I also find it sad that so many Australian girls and women find themselves in a situation in which abortion seems to them to be their best alternative. I would argue that no one ever truly wants an abortion. But when women face an unplanned pregnancy, they can feel trapped and that abortion is the only escape.

In September last year, an article was published in *The Medical Journal of Australia* about the use of RU486 in this country. It reported on 13,345 chemical abortions using RU486 between 1 September 2009 and 31 August 2011 at 15 Marie Stopes sites around Australia.

Most women reported medium to heavy bleeding, and moderate to severe cramps. The study also detailed 519 cases



in which things did not go as planned. There were 382 cases in which the abortion was not complete, and surgical aspiration of the womb was required. In 83 cases, the pregnancy continued.

There were 16 cases of haemorrhage, 11 of which required a blood transfusion. There were four cases of known infection, and 21 cases of suspected infection. One woman died as a result of complications. There have also been at least 15 other RU486-related deaths around the world.

The risk of physical complications after chemical abortion is relatively low, but real. The likelihood of psychological problems—even profound problems like post-traumatic stress disorder—is much greater.

In 2005, Selena Ewing from Women's Forum Australia examined all the articles about abortion that had then been published in peer-reviewed journals over the previous 15 years. From this review of 168 articles, she concluded that there was 'substantial evidence of psychological harm associated with abortion ... Ten to 20 per cent of women suffer from severe psychological complications after abortion'.

There is currently a proposal to include RU486 and misoprostol as subsidised drugs on the Pharmaceutical Benefits Scheme. There is also opposition to this, as there should be. The girls and women of Australia who face an unplanned pregnancy deserve something better

from our society than cheap abortion drugs.

If we are concerned about abortion in Australia and the dilemmas which Australian women face, what should we do in the months and years ahead? I can think of at least four things.

We should help everyone to develop their metaphysical imagination. Our imagination helps us see realities that are not immediately obvious. Metaphysics is reflection on the nature of things. Our metaphysical imagination therefore helps us to see that embryos, even though they look quite different from us, are truly human beings.

Bernadette Black from the Brave Foundation faced an unplanned pregnancy when she was 16. Her son, Damien, is now 20. If you met Damien, you would be pleased that Bernadette allowed Damien to be born. And if you contemplated the connection between Damien today and Damien as he was in the womb, you would be exercising your metaphysical imagination.

Second, we must provide honest sexeducation. No method of contraception except sterilisation is completely reliable, so in heterosexual sex there is always a chance of pregnancy. If someone and their proposed sexual partner are not able to make a lifegiving decision about a possible pregnancy, they are not ready for sex.

Their life-giving decision might be that they will be able to keep and raise their child or, if that is not possible, to continue the pregnancy to term, and offer their child up for adoption. With the open adoption we



practise nowadays, they will be able to maintain contact with their child, and visit him or her several times a year.

Third, we must support girls and women who face unplanned pregnancy and are considering abortion. Pope John Paul II said in these cases 'the only honest stance is ... radical solidarity with the woman'. Around Australia,

there are many groups and individuals who offer practical support to women who face unplanned pregnancies or need support to bring up the children they have chosen to keep.

Fourth, we must offer support and the hope of healing to women and men who have been hurt by abortion. After abortion, many women suffer for many years with grief, guilt and remorse. Often, they suffer in silence, their abortions remaining a shameful secret. We must find ways to help these women. Rachel's Vineyard retreats in capital cities around Australia provide one such option.

The proposal to provide cheap abortion drugs is a wake-up call to those of us who are concerned about abortion in Australia, and about the dilemmas that Australian women face.

First published at eurekastreet.com.au

Fr Kevin McGovern is the Director of the Caroline Chisholm Centre for Health Ethics, which is sponsored by Victoria's Catholic hospitals.

Facing an unplanned preganacy

In Victoria, the Caroline Chisholm Society offers non-directive counselling over the phone to help women who face an unplanned pregnancy: (03) 9361 7000 or 1800 134 863 for country callers.

Open Doors also offers nondirective pregnancy counselling: (03) 9870 7044 or 1800 647 995.

CatholicCare offers non-directive face-to-face counselling, which can be arranged by calling (03) 9689 3888. While their first goal is always to assist single mothers and couples to care for their own child, CatholicCare is also able to advise about permanent care and adoption.

KAROS CATHOLIC JOURNAL

VOCATIONS ISSUE

PUBLISHED 4 AUGUST 2013

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