

Mistruths about Abortion



Inherent in the attitude of those opposing abortion is the belief that women should NOT have the right of choice in relation to their own pregnancies.

Knowing that honestly stating this truth would damage their argument, and expose their clearly anti-women views, the anti-choice campaigners instead concentrate on repeating over and over again a series of absolute mistruths and downright lies in relation to abortion.

In Doctors for Choice, we are centrally positioned to expose these myths for the dishonesties that they are, through robust, science-based statements of medical facts. This position totally disarms the anti-choice brigade: it is very hard to rage against scientific fact, and most reasonable people are glad to hear facts.

“ABORTION HARMS WOMEN’S MENTAL HEALTH”

This is their most common argument. Most people can see that it is the absence of choice in abortion that damages women’s mental health.

The medical evidence is clear, unequivocal and agreed throughout the medical world: there are no dissenting medical voices.

Abortion does NOT threaten or damage women’s mental health, at the time of abortion, or at any subsequent time.

The most common feeling expressed after abortion is relief. Those women who are more likely to have mental health problems after an abortion are understandably those that had those problems before, and in addition those who have an abortion in a situation of coercion or shaming silence.

For detailed facts and figures, please see our accompanying Factsheet on Mental Health and Abortion, by Professor Veronica Keane, Consultant Psychiatrist.

“ABORTION IS DANGEROUS”

Abortion is, in verifiable fact, remarkably safe. The Centre for Disease Control (CDC) figures for 2003 - 2009 show a mortality rate of 0.67 per 100,000 abortions. This is lower than the rate of adverse reactions to penicillin and for adverse reactions to Viagra; no-one is trying to ban these drugs or saying they shouldn’t be used.

The mortality rate for childbirth is 15 times higher than for pregnancy. At all stages of pregnancy it is more dangerous to be pregnant than to have an abortion.

Abortion is also life-saving for many pregnant women with significant medical conditions.

Abortion is one of the most studied medical procedures, and its safety as a procedure is attested to by the National Colleges of Obstetricians and Gynaecologists in the USA, the UK and all European countries.





“SEVERAL SCANDINAVIAN GOVERNMENTS AIM, THROUGH ABORTION, TO ABOLISH ALL BIRTHS OF BABIES WITH DISABILITIES BY E.G. 2030”

No such government policies exist: rather, in these countries, a majority of loving, caring parents are making their own, individual choices, in cases of foetal abnormality.

Anti-choice people would like to prevent these parents from making informed, compassionate, moral choices.

It is exceptionally rare for a woman to be forced to have an abortion. A major Guttmacher Institute study in 2005 showed that less than 0.5% of women having abortions cited the wishes of husband/partner or parents, as the single most important reason for choosing abortion¹.

“THE ABORTION INDUSTRY MAKES VAST PROFITS FROM CARRYING OUT ABORTIONS”

Almost all abortions in the western world are performed in either;

- 1. State-owned hospitals - These are almost invariably free at the point of care
- 2. Not-for-profit charities, often funded by the local health service, and again, invariably free at the point of care.

THUS, IN ENGLAND AND WALES (FOR RESIDENTS)

- 1. 30% of abortions are performed by the NHS - without charge.

- 2. 68% are performed in charities (BPAS, Marie Stopes etc), which are funded by the NHS and so are without charge. Women resident in Northern Ireland were recently included in this benefit for the first time.

Thus 98% of all abortions for residents in England and Wales are without charge to the woman.

In these situations, the healthcare professionals employed are paid the same salaries as their colleagues in other areas of medicine and do not make a personal profit from providing the service.

“THE ABORTION CLINICS SELL THE FOETAL TISSUES TO INDUSTRY FOR LARGE PROFITS” (A PARTICULARLY AMERICAN MIS-TRUTH)

Foetal tissue cannot be, and never is sold; such a practice would be both unethical and illegal. Foetal tissue can and is used in medical research, and then, only with the woman’s consent and without generating a fee.

“WHAT ABOUT LATE ABORTIONS?”

Rather than discuss the fact that the vast majority of abortions are performed early, with pills, the anti-choice people focus on Late Abortion, feeling that this area will unsettle audiences.

FACTS

- 1. For women resident in England and Wales, the rate of abortions at 20 weeks and over in 2016 was just 2% ⁽²⁾



2. For women resident in the Republic of Ireland, the rate of abortions at 20 weeks and over in 2016 was just 3.2% ⁽³⁾

3. Late abortions also occur: in concealed pregnancies, in those who do not realise that they are pregnant, in economically disadvantaged women, and in those who face barriers to travel (a point particularly relevant in Ireland, for those living with disability, those without residency status, e.g. asylum seekers).

4. In many countries, anti-choice people deliberately frustrate access to abortion, which forces women to choose late abortion.

FACTS FROM UK DEPARTMENT OF HEALTH ⁽⁴⁾, 2016

Statistics for women who gave Republic of Ireland addresses at abortion care providers in England and Wales

84.7% of abortions were performed at 12 weeks gestation and under.

69.1%, at 9 weeks and under.

4.3% were for Foetal Abnormality (ground E, alone or with A, B, C or D).

15.2% were at 13 weeks or over, with 3.2% at 20 weeks and over

Of note, Irish women tend to have abortions later than woman resident in England and Wales, due to the delays associated with travel and the need to raise finance to pay for it. In 2016, 69.1% of women who gave Republic of Ireland addresses,

accessed abortion care between 3-9 weeks gestation, whereas women resident in England and Wales did so at 81% in the same gestation time frame ⁽⁵⁾.

REPEAL WILL “OPEN THE FLOODGATES” AND ALLOW ABORTION TO BECOME MORE COMMON THAN CHILDBIRTH”

The rate of abortion remains relatively constant (or decreasing) across Western countries ⁽⁶⁾.

Thus banning abortion does not stop abortion, it just exports it.

Many western countries are seeing a fall in the number of abortions, probably due to improved contraception availability (USA, Ireland etc) ⁽⁷⁾. This is why abortion must be part of comprehensive contraception services.

ABORTION RATES

1. 12 (abortions) / 1000 (women of childbearing age) ⁽⁸⁾

2. UK 16 / 1000 (and static), totally debunking the myth that “40% of all pregnancies in the UK will end in abortion by the year 2025” ⁽⁹⁾

3. Republic of Ireland - with Irish addresses 4.5 / 1000: clearly a major under-estimate, this gives a figure approaching the European average ⁽¹⁰⁾.

4. Even if the Irish rate is double the known rate it is some way short of the European average. Double the rate would equate to 10% of pregnancies which is a common prediction of the numbers of pregnancies that are ended by abortion.





“ABORTIONS OFTEN FAIL, BABIES ARE BORN ALIVE AND DUMPED IN THE RUBBISH BIN”

In advanced countries, more than 94% of abortions are performed, with pills, before 14 weeks: there is no question of a live baby being born at this gestation.

At six weeks of pregnancy, a complete pregnancy sac is 2-3 cm in size, the actual foetus is much smaller.

In late abortions, which are less than 6% of total, a fatal injection is administered, if required, prior to removal of the foetus.

Abortions, like all medical procedures, can fail to achieve their desired effect, i.e. the ending of a pregnancy. Such cases are extra-ordinarily rare, and cannot be used as a reason to ban all abortions.

A COMMON POINT MADE IS THAT “IRELAND IS THE SAFEST PLACE IN THE WORLD TO HAVE A BABY”

Clearly, this has nothing to do with the abortion question, but it is also completely untrue. It is based on a false interpretation of a statistical anomaly that happened in one particular year.

The particular argument is that Ireland is an especially safe country to give birth in because we do not have abortion. The truth is that the most progressive countries in Europe (e.g. Scandinavian countries) are both the safest for childbirth and also have liberal abortions laws.

If we didn't have safe abortion in other countries we would have unsafe abortions in Ireland and much higher maternal deaths as a result. This was the case in Portugal before they changed the law.

LISTED BELOW ARE MANY CONDITIONS THAT ARE NOT CAUSED BY ABORTION:

Breast or other cancers, psychosis, infertility, child abuse, future ectopic pregnancy.



@Doctors4Choice

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References:

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2. UK Dept of Health, Abortion Statistics, England and Wales: 2016.
3. ibid
4. ibid
5. ibid

6. Guttmacher Institute, Induced Abortion Worldwide factsheet, 2007.
7. Lancet, 2016; 388; 258-267.
8. Lancet, 2012; 379; 625-32.
9. UK Dept of Health, Abortion Statistics, England and Wales: 2016.
10. UK Dept of Health, Abortion Statistics, England and Wales: 2012.