

Drug won't end abortion dilemma

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Ellen Goodman's recent column concerning the new contragestational agent, RU-486, raises important issues. The idea that a chemical interruption of pregnancy might be available for early abortion pleases some and distresses others. Any hope that RU-486 is a way out of the abortion dilemma, however, is mistaken.

When prostaglandins were introduced more than 10 years ago, many doctors thought they had found a "wonder drug" to cause abortions. Even now, some investigators are testing prostaglandins for home use. The hope is to eliminate surgical abortions. Prostaglandins, however, have proven to produce serious complications for some women. These include death, ruptured uterus and incomplete abortion. Prostaglandins have not solved the problem, and neither will RU-486.

Goodman mentioned that even some pro-choice people like to keep the distinction between abortion and birth control. It is an artificial distinction. Both are essential components of modern health care and *fertility control* for women. The risks of death associated with pregnancy cannot be conscientiously managed by physicians without access to all forms of medical and surgical treatment for pregnancy. Abortion, whether it is performed by RU-486 or by a skilled physician, is or will be one of the forms of treatment we may choose.

The point is that the choice must be there. Those who find abortion or any other form of fertility control abhorrent may continue to choose not to use it.

There are at least two reasons why RU-486 will not eliminate the need for abortion. First, it may not work in all cases, or it may not work completely in all cases. As Goodman says, it is too early to know the answers to these questions.

We do know, however, that many couples do not use contraception all the time, that some women are not given the opportunity by their partners to use contraception, that women are told erroneously by their doctors that they "can't get pregnant," and that women sometimes deny risks and reality as often as men.

Denial of risk is that wonderful quality of the human species that permits us to fight wars, smoke cigarettes, ride motorcycles, have home deliveries in the 20th century, and jump out of airplanes for fun. It also causes those who do not wish to be pregnant or cause a pregnancy to have sex without contraception. Human beings will probably go on doing these things for some time in spite of all the evidence that risk-taking sometimes leads to unintended results, including death and pregnancy.

Denial of reality will continue to operate, also. On numerous occasions I have asked patients (especially frightened teenagers), "Why did you wait until now to come and see about having an abortion?" Believe it or not, a common answer is, "I thought it would go away."

RU-486 may eliminate the need for many early surgical abortions, and that will be a welcome result. Because of the factors of denial of risk and denial of reality, however, the new drug will not eliminate the need for later abortions. It certainly will not eliminate the controversy surrounding them.

One important factor in the continuing need for late abortions is the presence of numerous phony “pregnancy testing” clinics set up by anti-abortion activists all over the country. These “clinics” are set up with the specific purpose of deceiving women who seek abortion and terrorizing them into not having abortions. Methods include the use of lurid and ghastly films of mangled fetuses.

The chief result of these activities, especially for impressionable teenagers, is to cause them to delay the abortion decision by one or two months. Anti-abortion activists are contributing seriously to the numbers of late second-trimester abortions by the use of these tactics.

For the women, the result is a much more serious operation with higher risk and greater expense. RU-486 will not help them.

The moral and medical issues surrounding abortion will not be shot down by the “magic bullet” of RU-486 or any other chemical like it. RU-486 will be a welcome addition to the medical resources we have for safe and effective fertility control. But the choices will remain.

The most important issue is whether our society will permit an intolerant minority to take away the choices for the rest of us.

(Warren M. Hern is a physician who is director of the Boulder Abortion Clinic and author of “Abortion Practice.”)