Lesson 10
Bioethics and Abortion

This lesson's reading will be divided into two parts: an overview of bioethics and a section on abortion.

Bioethics

“Bioethics” is a term with two parts, each needing some explanation. Here, “ethics” refers to the identification, study, and resolution or mitigation of conflicts among competing values or goals. The ethical question is, “What should we do, all things considered?” The “bio” puts the ethical question into a particular context.

Bioethics is commonly understood to refer to the ethical implications and applications of the health-related life sciences. Bioethics is a broad category applied to many areas, such as Medical Ethics (abortion and euthanasia), Environmental Ethics, and Animal Ethics.

In the first half of this book, we looked at ethical theory, including metaethical problems and a variety of normative theories. In the second half of the book, we consider concrete problems in applied ethics. In these lessons, we will apply different normative theories to specific cases. As we’ll see in each case, the details matter. But we can also formulate general approaches and conclusions based on common themes.

This lesson’s opening on bioethics will be related to our discussion on abortion and the next lesson on euthanasia. These two lessons can be considered under the general idea of “bioethics.” Bioethics is the application of ethical judgment to topics involving life and living things. This includes issues in health care and medicine (which we discuss in this chapter) and issues arising in thinking about birthing and dying (which we consider in the next). Bioethics can also include

other issues involving nonhuman animals—such as the question of using animal experimentation in biomedical research. It may also extend to include concern for environmental ethics.

Our focus in this lesson is ethical issues that arise in thinking about human health, broadly construed. Sometimes, this field of inquiry is referred to as medical ethics. These two terms—health care and medicine—are sometimes viewed as synonyms. But for our purposes here, we will understand health care as the very broad concern for human health. This includes public health measures, preventative care, and therapeutic care.

As you can see, care is a central idea of this topic. When discussing "care ethics" (or "the ethics of care"), one important feature is the unique relationship between caregiver and cared-for. You will understand the point if you have ever been a caregiver or someone cared for. In the first case, say, when caring for a sick or injured person, you understand that what matters are the changing needs, interests, and experiences of the person in need of care. In the second case, when being cared for, you might recognize how unique and complicated these relationships are, involving all kinds of social and psychological issues—from feelings of gratitude and resentment to complex relationships of dependence and mutuality. A central question of care ethics is about what those relationships should look like. And often, the answer, in specific cases, is "it depends."

When we focus on the details of particular cases, we are engaged in what some scholars call casuistry. This term is associated with medieval moral reasoning, and sometimes it is viewed as little more than sophistry—as a process of quibbling over minor details. But casuistry is basically an approach to moral reasoning that employs practical reasoning to resolve case studies. The root of the term "casuistry" is "case." A case study–based approach to thinking about things begins with the details of the case. The case is then considered in relationship with other similar cases.

Paradigms are examined, and analogies are employed. Basic principles and larger ideas may be appealed to. And the point is to come up with some reasonable conclusion about the specific case. We will engage in quite a bit of case study analysis in the book's second half. We will begin to create an understanding of applying our personal beliefs to the issues that we are discussing, looking at real-world applications, and understanding specific issues at a deeper level.

Let's begin by examining some board bioethical questions. These questions will help us frame how we think about the issues. They may not be answered right away and may take some time to figure out. But these five important questions are the stepping stones to a greater conversation.

1) **What does it mean to be human?—**How can that be defined in our understanding of humanity? With the rise of AI how will that factor into what constitutes a human?
2) **In what does our humanness consist?—**What differentiates humans from other living creatures? What makes us unique in life?
3) **When does human life begin?—**This should be the first question to answer when discussing the issue of abortion. This will serve as a framework for your personal view on the issue.
4) **When does human life end?**—When is someone declared deceased? Is someone with dementia less of a person? What about in a coma?
5) **How do we ground the dignity and worth of human life?**—Can we be in favor of abortion but against euthanasia? Can we be against abortion but in favor of the death penalty? Is a human with a profound disability less of a human?

These five questions will help us to begin to understand the vary many different perspectives in the areas of bioethics.

The terms listed below will help us in our discussions surrounding the topics of abortion and euthanasia.

- **Autonomy**--Concern to protect people's right to choose and freedom from coercion; connected with the practice of obtaining voluntary, informed consent and with the virtue of honesty in health care.
- **Beneficence**--Concern to provide beneficial care to individuals that are in the best interest of the person cared for; could become paternalistic if beneficence occurs without consent.
- **Non-Maleficence**--Concern to avoid causing harm ("do no harm"); imposes a limit on harmful and risky procedures.
- **Distributive Justice (Justice)**--Concern to distribute the benefits of health care across populations; may include addressing inequalities in health and access to healthcare.
- **Human Rights**--Concern to respect and support human rights in health care; associated with the claim that people have a right (or are entitled) to health care.
- **Care for the Vulnerable**--Focus on the special needs of those who are most vulnerable, connected with the "ethics of care," and care for those who are dependent, disabled, lacking in autonomy, or otherwise vulnerable.

Abortion

There is probably no more controversial issue in bioethics today, or one that touches so many lives, as abortion. Prior to the early 1960's, however, there was little public debate over the morality of abortion or support for reform of the restrictive abortion laws that had been on the books in the United States since the turn of the century.

BACKGROUND

Abortion has been legal in the United States since 1973 when the U.S. Supreme Court's Roe v. Wade decision prohibited states from banning the procedure before the last three months of pregnancy. Rooted in the concept of a woman's "right to privacy," the Roe decision was often seen as the culmination of a growing societal concern for women's equality and autonomy. In fact, in the 1970s, many people assumed that the abortion issue was settled and that Americans would never return to the days of "back alley" abortions—the illegal and unsafe procedures that had become notorious in states prohibiting abortion. But far from settling the abortion issue, the years since Roe v. Wade have witnessed the growth of a vehement political and religious movement opposed to abortion and a countermovement in support of women's reproductive rights. Today, Americans continue to carry on a highly emotional and sometimes violent debate over the morality and legality of abortion.

Public opinion about the morality of abortion has fluctuated over time. A solid majority of Americans are opposed to overturning Roe v. Wade. But, in general, we are evenly divided when asked to describe ourselves as either pro-choice or pro-life. Reflecting this divided opinion about the morality of abortion, a number of state governments have taken action in recent years to restrict abortion access and to establish the "personhood" and legal rights of the fetus. Legislative efforts have included fetal heartbeat bills, which seek to ban abortion once a fetal heartbeat is detected (often at around twelve weeks of pregnancy), and regulations that make it difficult for abortion clinics to operate. Such laws appear to violate the legal framework for abortion that was established in Supreme Court decisions such as Roe v. Wade and Casey v. Planned Parenthood (1992)—which prohibits states from banning abortion before the point of fetal viability. (A fetus's ability to survive outside the womb is generally considered to begin late

in the second trimester of pregnancy.) But even if these new abortion restrictions are declared unconstitutional, they exemplify the fierce opposition to abortion that exists in many parts of the country.

History

Abortion was not uncommon in America during the colonial period up until the late 1800s. It was not the abortion itself that was usually condemned but the violation of other social taboos, such as sexual relations outside of marriage, that led to the abortion. Many middle and upper-class women also used abortion as a means of birth control.

During the early 1820s, physicians began to take an interest in the legal regulation of abortion. In 1821, Connecticut passed the country's first antiabortion law. Early Nineteenth-century antiabortion laws, for the most part, applied only to women "quick with child." It was generally believed at this time that the unborn child did not come to life until "quickening", the moment, generally between sixteen and eighteen weeks, when the pregnant woman first feels the movement of her fetus. Despite laws against abortion, folk remedies and patented medicines continued to be widely available to women.

In the mid-nineteenth century, the newly founded American Medical Association (AMA) spearheaded a movement to outlaw abortion. In an 1859 resolution, the AMA condemned abortion as an "unwarranted destruction of human life" calling upon state legislators to pass or toughen their existing antiabortion laws."

Although many people blamed the prevalence of abortion on feminist ideas, the early feminists disapproved of abortion, which they considered to be "a revolting outrage against…our common humanity" and a form of infanticide." Unlike the physicians, however, the feminists did not think that outlawing abortion without getting to the root cause of abortion, the oppression of women

would have the desired effect. Instead, they wanted the need for abortion to be eliminated. "We want prevention, not merely punishment," Susan B. Anthony wrote in 1809. "We must reach the root of the evil, and destroy it." Elizabeth Cady Stanton also regarded abortion as just one more result of the degradation of women. Serrin Foster, in "Refuse to Choose: Women Deserve Better Than Abortion," presents the pro-life feminists' argument that abortion is immoral except to save the life of the mother.

By 1900 every state had laws prohibiting or restricting abortion; all but six included a "therapeutic exception" in their abortion laws. These laws remained virtually unchanged until the 1960s.

Several events during the 1960s led to an increasing dissatisfaction with restrictive abortion laws. These included an increase in the number of women in the workforce, a desire for smaller families, increased publicity about the dangers of illegal abortion, improvements in the safety of surgical abortion, and a series of front-page stories chronicling the desperate circumstances of women. The thalidomide tragedy (medicine given to women during pregnancy that caused severe birth defects) was closely followed by a German measles epidemic in the United States. Many pregnant women who came down with German measles were unable to obtain legal therapeutic abortions. As a result of this outbreak, 15,000 babies were born with birth defects-including blindness, mental retardation, and heart problems between 1963 and 1966.

Fueled by the publicity generated by these tragedies, the push for legal reform came primarily from the medical and legal professions. Although most people supported more liberal laws regarding the regulation of therapeutic abortions, there was little public support in the late 1960s for nontherapeutic abortions or "abortion on demand," which later became known as the pro-choice position.

In 1969 Planned Parenthood, which had historically been opposed to abortion, reversed its position and came out in support of repealing all antiabortion laws. The following year the AMA voted to support a physician's right to perform abortions if the woman's social and economic circumstances would make it difficult for her to have a baby. These changes, together with the first legal acknowledgment of a constitutional "right to privacy" in the 1965 Supreme Court *Griswold v. Connecticut* case, provided lawyers with the grist they needed to challenge the constitutionality of existing antiabortion laws. Between 1967 and 1970, twelve states, including California, Hawaii, New York, Alaska, and Washington, repealed their restrictive abortion laws.

Supreme Court Case

In January 1973, the Supreme Court in Roe v. Wade ruled that the Texas antiabortion law violated a woman's constitutional right to privacy as implied in the Fourteenth Amendment. It also ruled that the fetus was not a person according to the Fourteenth Amendment. The effect of this ruling was to legalize abortion prior to viability throughout the United States. Viability is defined as "the capacity to survive disconnection from the placenta."14 After viability, set at twenty-eight weeks, the state has a legitimate interest in "potential life" and can pass laws to regulate abortion.

Rather than settling the abortion question, Roe v. Wade has left Americans deeply divided. The challenge to Roe v. Wade comes not only from the pro-life movement but also from pro-choice groups who would like to see all restrictions on abortion removed.

According to a 2011 Gallup Poll, abortion is one of the most controversial and divisive issues in the United States, with 39 percent of Americans polled stating that it is "morally acceptable" and 51 percent that it is morally wrong.

Men and young people are most supportive of legalized abortion with fifty-eight percent of college freshmen polled in 2010 agreeing with the statement that "abortion should be legal."
The number of abortion providers has declined over the past twenty years because of lower demand for abortion services as well as more restrictive abortion laws.
Since 1973 most states have passed legislation that places restrictions on abortion.
These restrictions include parental and spousal notification requirements, mandatory waiting periods, mandatory counseling, and bans on federal funding for abortions.
Several bills for a constitutional amendment that would overturn Roe v. Wade have been introduced, including the Human Life Amendment, which would extend "personhood" or legal protection to "all human beings."
This is an excerpt from the decision to legalize abortion in the Roe V Wade case:

> It is... apparent that at common law, at the time of the adoption of our Constitution, and throughout the major portion of the nineteenth century, abortion was viewed with less disfavor than under most American statutes currently in effect. Phrasing it another way, a woman enjoyed a substantially broader right to terminate a pregnancy than she does in most states today....
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> Three reasons have been advanced to explain historically the enactment of criminal abortion laws in the nineteenth century and to justify their continued existence.
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> (First) It has been argued occasionally that these laws were the product of a
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> A second reason is concerned with abortion as a medical procedure. When most criminal abortion laws were first enacted, the procedure was a hazardous one for the woman... Modern medical techniques have altered this situation...

The third reason is the state's interest-some phrase it in terms of duty—in protecting prenatal life. Some of the argument for this justification rests on the theory that a new human life is present from the moment of conception... Only when the life of the pregnant mother herself is at stake, balanced against the life she carries within her, should the interest of the embryo or fetus not prevail. Logically, of course, a legitimate state interest in this area need not stand or fall on acceptance of the belief that life begins at conception or at some other point prior to live birth. In assessing the state's interest, recognition may be given to the less rigid claim that as long as at least potential life is involved, the state may assert interests beyond the protection of the pregnant woman alone...

The Constitution does not explicitly mention any right of privacy... (Earlier Supreme Court) decisions make it clear that only personal rights that can be deemed "fundamental" or "implicit in the concept of ordered liberty" are included in this guarantee of personal privacy. They also make it clear that the right has some extension to activities relating to marriage.. (and] procreation....

We therefore conclude that the right of personal privacy includes the abortion decision, but that this right is not unqualified and must be considered against important state interests in regulation.

... [No] case could be cited that holds that a fetus is a person within the meaning of the Fourteenth Amendment.... All this, together with our observation, supra, that throughout the majority portion of the nineteenth century prevailing legal abortion practices were far freer than they are today, persuades us that the word "person," as used in the Fourteenth Amendment, does not include the unborn....

There has always been strong support for the view that life does not begin until live birth.... Physicians and their scientific colleagues have ... tended to focus either upon conception or upon live birth or upon the interim point at which the fetus becomes "viable," that is, potentially able to live outside the mother's womb, albeit with artificial aid. Viability is usually placed at about seven months (28 weeks) but may occur earlier, even at 24 weeks....

With respect to the state's important and legitimate interest in the health of the mother, the compelling point, in the light of present medical knowledge, is at approximately the end of the first trimester. This is so because of the now established medical fact... that until the end of the first trimester mortality in abortion is less than mortality in normal childbirth. It follows that, from and after this point, a state may regulate the abortion procedure to the extent that the regulation reasonably relates to the preservation and protection of maternal health. Examples of permissible state regulation in this area are requirements as to the qualifications of the person who is to perform the abortion....

With respect to the state's important and legitimate interest in potential life, the "compelling" point is at viability. This is so because the fetus then presumably has the capability of meaningful life outside the mother's womb. State regulation protective of fetal life after viability thus has both logical and biological justifications. If the state is interested in protecting fetal life after viability, it may go so far as to proscribe abortion during that period except when it is necessary to preserve the life or health of the mother....

Stages Of Fetal Development

The scientific stages of fetal development are important for our analysis because many ethical discussions about abortion take into account such factors as the fetus's heartbeat, its ability to feel pain, and its ability to survive outside the womb. The scientific labels given to the different stages of fetal development do not, in themselves, help us reach ethical conclusions. But they provide a standard framework for any discussion of human development. In fact, the terms used to describe human fetal development are used throughout the biological sciences and pertain to most, if not all, vertebrates.

Conception occurs when an egg is fertilized by a sperm. This produces a zygote—which simply means "joining together"—a single cell that begins to divide and move through the fallopian tube. When the ball of cells reaches the uterus seven to ten days after fertilization, it is called a blastocyst. (A blastula is a fluid-filled cavity surrounded by a single layer of cells.) From the second to eighth week of gestation, the developing organism is called an embryo, as is any mammal at this early stage of primitive tissue and organ development. From then until birth, it is called a fetus, which means "young unborn." It is common in philosophical discussions of abortion to use the term fetus for all stages of prenatal development, but the use of this term does not imply anything about value or status. We can single out the following stages of fetal development (times are approximate), and along with that, pregnancy is divided into trimesters, and those are also listed below.

- **First Trimester—Conception-Week 12**
- Day 1: Fertilization—An ovum, or egg (twenty-three chromosomes), is penetrated by sperm (twenty-three chromosomes), and one cell is formed that contains forty-six chromosomes.

- Days 2–3: The fertilized ovum passes through the fallopian tube as cell division increases.
- Days 7–10: The blastocyst reaches the uterus; it has now become a “ball of cells.”
- Week 2: The developing embryo becomes embedded in the uterine wall.
- Weeks 2–8: Organ systems such as the brain, spinal cord, heart, and digestive tube—and certain structural features such as arm and leg buds—begin and then continue to develop.
- **Second Trimester-Weeks 13-26**
- Weeks 12–16: Quickening occurs, which means that the mother can begin to feel the fetus’s movements; the fetus is approximately 5½ inches long.
- Weeks 20–26: Fetal brain development makes it possible that fetuses could feel pain. While there is controversy about exactly when this level of brain development takes place, the consensus is that neuronal activity and neural pathways are not sufficiently established to allow for the experience of pain prior to twenty weeks.
- **Third Trimester-Weeks 27-40**
- Weeks 20–28: The process of viability takes place, and the fetus is able to live apart from its mother, depending on its size and lung development.
- Week 40: Birth.

All changes during fetal development occur gradually. Even conception takes some time as the sperm penetrates the egg, and together, they come to form one cell. Any of these stages may or may not be morally relevant, as we shall consider shortly.

Abortion Techniques

There are two primary types of abortions: medical and surgical abortions. The method used depends primarily on the time of gestations.

Medical

- **Morning-after pill**: This chemical compound, which the Food and Drug Administration refers to as Plan B, is considered by some to be related to abortion because it prevents the blastocyst from embedding in the uterine wall. The intrauterine device—IUD—and some contraceptive pills operate in a similar way, causing the fertilized egg to be expelled by making the uterine wall inhospitable. Since August 2006, the Plan B pill has been available over the counter for customers eighteen years of age and older. Not everyone agrees that the use of Plan B and the IUD count as abortion since they prevent pregnancy rather than terminate it.
- **RU486 (mifepristone)**: This prescription drug used in combination with other prostaglandin drugs, such as misoprostol, induces uterine contractions and expulsion of the embryo. It must be used within sixty-three days of a missed menstrual period. Although there has been some concern about its safety, since the drug was approved for use in the United States, millions of women have safely used it to end their pregnancies.

Surgical

- **Uterine or vacuum aspiration**: In this procedure, the cervix (the opening of the uterus) is dilated, and the uterine contents are removed by suction tube.
- **Dilation and curettage (D&C)**: This procedure also dilates the cervix so that the uterus can be scraped with a spoon-shaped curette. This method is similar to the vacuum method except that it is performed somewhat later and requires that the fetus be dismembered and then removed.
- **Saline solution**: A solution of salt and water is used to replace amniotic fluid and thus effect a miscarriage.

- **Prostaglandin drugs**: These pharmaceuticals induce early labor and may be used in combination with RU-486, as mentioned previously.
- **Hysterotomy**: This uncommon procedure is similar to a cesarean section but is used for later-term abortions.
- **Dilation and extraction (D&X) or intact D&X or "partial-birth abortion": In this uncommon second- and third-trimester procedure, forceps are used to deliver the torso of the fetus, its skull is punctured,** and the cranial contents suctioned out, and then delivery is completed.

What You Should Know About Partial-Birth Abortion

What is partial-birth abortion?

Under federal-law, "partial-birth abortion" means an abortion in which the person performing the abortion deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother, for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus and performs the overt act, other than completion of delivery, that kills the partially delivered living fetus.[1]

Is partial-birth abortion legal?

No, there is currently a federal ban on the procedure. A partial birth abortion ban was passed twice in Congress in the late 1990s, but President Bill Clinton vetoed both bills. Another version was signed into law in 2003 by President George W. Bush.

[1] Jeffrey, Terence. "AG Nominee Defending Partial-Birth Abortion: 'The Phrase "Living Fetus"' is 'Hopelessly Vague'." http://www.cnsnews.com/news/article/terence-p-jeffrey/ag-nominee-defending-partial-birth-abortion-phrase-living-fetus. (accessed May 26, 2017)

In 2004, Planned Parenthood Federation of America and other abortion groups challenged the law and three federal district courts ruled the ban unconstitutional. In 2007, the Supreme Court heard this case, *Gonzales v. Carhart*, and ruled in a 5-4 decision that the ban was constitutional. Additionally, 19 states have their own bans on partial-birth abortion.

Isn't the term partial-birth abortion a political term, rather than a medical one?

The term partial-birth abortion is a non-medical term used colloquially, like heart attack or stroke, to refer to a medical-related condition or action. (A more accurate term would be partial-delivery abortion.) The term refers to the procedure known as intact dilation and evacuation (D&E) or dilation and extraction (D&X).

The term partial-birth abortion was coined in 1995 by Florida Congressman Charles T. Canady who introduced the first Partial-Birth Abortion Ban Act in Congress.

Why not use the medical term rather than the political term?

The American College of Obstetricians and Gynecologists defines dilation and evacuation (D&E) as a "surgical procedure in which the cervix is dilated and the contents of the uterus are removed." This procedure could describe both the removal of the fetus after a miscarriage or the partial delivery of a fetus for the purpose of abortion. The term partial-birth abortion is preferable because it provides a clear and necessary distinction between the morally neutral actions in which the D&E procedure may be performed and the use of the technique for the purposes of infanticide.

Why is partial-birth abortion so often referred to as infanticide?

Almost every state in the U.S. uses the same standard for reporting a live birth: 'Live Birth' means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or

shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.[2]

By leaving a part of the body in the womb, the abortionist is able to avoid the legal criteria of "complete expulsion or extraction from the mother." This allows them to kill the child without violating the law protecting children after a live birth. This legal loophole, however, does not change the fact that the procedure is a form of infanticide: the act of killing an infant, a child during the earliest period of its life.

How many partial-birth abortions were performed before the federal ban was implemented?

According to the Guttmacher Institute, the research arm of Planned Parenthood, an estimated total of thirty-one providers performed partial-birth abortions 2,220 times in 2000.

In Ramesh Ponnuru's book *The Party of Death***,** one source commented on this figure that, "If a new virus were killing 2,200 premature babies in neonatal units, it would be on the TV evening news every week."

Why doesn't the partial-birth abortion ban take account of the life and health of the mother?

The federal partial-birth abortion ban does not prohibit physicians from performing the procedure if necessary to "save the life of the mother whose life was endangered by a physical

[2] Commonwealth Law Revision Commission. http://www.cnmilaw.org/pdf/cmc_section/T1/26005.pdf. (accessed May 26, 2017).

disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself."[3]

The "health" exception, however, is legally broad that when applied it cannot be used to prevent any abortions. In the landmark Supreme Court case *Doe v. Bolton*, Justice Harry Blackmun wrote, The medical judgment may be exercised in the light of all factors—physical, emotional, psychological, familial and the woman's age—relevant to the well-being of the patient. All these factors may relate to health. This allows the attending physician the room he needs to make his best medical judgment. And it is room that operates for the benefit, not the disadvantage of the pregnant woman.[4]

What this means is that the health exception can be used almost any time the woman or the doctor chooses. This is why the effect of *Doe* was established abortion on demand throughout the entire nine months of pregnancy. If a doctor is willing to do the procedure and claims that a woman's "emotional health" is at risk, a healthy child could legally be aborted the day the woman goes into labor.

Pro-abortion politicians often refer to the "health exception" because it would, following Judge Blackmun's reasoning, allow them to prevent any abortion restrictions throughout the pregnancy.

Abortion Around The World

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[3] Partial-Birth Abortion: Recent Developments in the Law. http://congressionalresearch.com/RL30415/document.php?study=Partial-Birth+Abortion+Recent+Developments+in+the+Law. (accessed May 26, 2017).

[4] Doris Gordon. "Abortion and Rights: Applying Libertarian Principles Correctly." *The International Journal of Sociology and Social Policy* 19, no. 3 (1999): 96-126.

In recent years, there have been around one million abortions performed annually in the United States, with the abortion rate slowly declining from a high in the 1980s. According to the Guttmacher Institute, each year approximately two out of every hundred women aged fifteen to forty-four have an abortion. Half have had at least one previous abortion. Eighteen percent of women obtaining abortions are teenagers younger than twenty. Women in their twenties account for more than 50 percent of abortions. African American women are five times as likely as white women to have an abortion, and Hispanic women are twice as likely as whites to have the procedure. One cause of this higher rate may be cuts to family planning funding in recent years, resulting in, among other things, reduced contraceptive use, especially among poor women. Indeed, 42 percent of women who have abortions have incomes below the federal poverty line. In terms of claimed religious affiliation, 37 percent are Protestant and 28 percent are Catholic. A 2004 study reported that among the reasons that women cite for choosing an abortion are the following:

- Having a child would dramatically change their lives, their ability to continue with school or work, or their ability to care for others (74 percent).
- They could not afford children (73 percent).
- They did not want to become single mothers (48 percent).
- They were finished having children (38 percent).
- Health problems of either fetus or mother (12 percent).

Around the world, abortion is permitted without restriction as to reason in fifty-six countries (39 percent of the world's population) and is completely illegal in thirty-two countries, with no exception for rape or to save the life of the woman (6 percent of the world's population).

Thirty-six countries allow abortion only to save the life of the mother or in exceptional cases, such as when the woman has been raped or there is fetal impairment (21 percent of the world's population). There are more than 40 million abortions performed each year around the world. Of these, 21.6 million are deemed unsafe—the vast majority in countries where abortion is illegal or highly restricted. According to the World Health Organization, "deaths due to unsafe abortion remain close to 13 percent of all maternal deaths," with forty-seven thousand women dying each year from complications of unsafe abortions.

In China, abortion has been used as a means of population control in tandem with a general policy of encouraging one child per family. While this policy has recently (2015) been relaxed, in some cases, women were forced to have abortions when they could not pay the fine for having more than one child. This has resulted in a strange demographic phenomenon because of Chinese parents' preferences for boys (who are expected to financially support their parents in old age). According to a study published in 2009, the ratio of boys to girls in China was 120 to 100. (Among families' second births—which were often permitted only if the first child was a girl—the ratio is 143 to 100.) This means that for children under twenty, there were thirty-two million more boys than girls. Since the widespread availability of ultrasound scanners in the 1990s, many potential parents have chosen to terminate their pregnancies if the fetus was female. This practice was less prevalent in larger cities, where women have a higher status.

Similar problems have occurred in India, where the ratio of boys to girls is 1,000 to 914.

And a recent report indicates that immigrant communities in Europe and the United Kingdom also practice sex-selective abortion . This practice—in which parents choose to terminate a pregnancy based solely on the fetus's sex—is illegal in some countries. There is currently no

such restriction on a national level in the United States, although American lawmakers have considered bills that would ban the practice (for example, the Prenatal Nondiscrimination Act). Eight American states have bans on sex-selective abortion. States have considered outlawing sex-selective abortion, abortions based on race, and abortions based on genetic abnormalities in the fetus, such as Down Syndrome. Like many of the other recent state-level abortion bills, the ultimate constitutional status of this legislation remains unclear.

Moral Issues

The Moral Status of the Fetus

By eight weeks all organs and structural features are in place and the fetus resembles a very small newborn child. The question of fetal personhood is important because persons have rights that we ought to respect. Is there a distinct point when embryos or fetuses achieve personhood, or do they gradually achieve this status based on developmental criteria? We can propose the following five criteria for personhood. They are:

1. Consciousness (of objects and events external and/or internal to the being) ...
2. Reasoning (the developed capacity to solve new and relatively complex problems);
3. Self-motivated activity ...
4. The capacity to communicate, by whatever means, messages of an indefinite variety or types...
5. The presence of self-concepts, and self-awareness...

In contrast, maintains that there is no distinction between biological humanhood and personhood. We have moral values simply because we have a human genotype. Therefore, even the zygote is a person with moral standing. In contrast, argues that a fetus does not become a person until sometime after birth, when the infant becomes a "socially responsive member of a human

community." Class discussion on the difference between the developmental and essentialist views helps us to understand this debate.

Most definitions of personhood fall between these extremes. According to utilitarianism, only sentient beings need to be given moral consideration. Abortion, therefore; becomes a moral issue only after the fetus is able to experience pain. While there is controversy over this question, most physicians agree that by thirteen weeks the fetus can experience pain.? A related developmental milestone that has been suggested as marking the beginning of personhood is the presence of brainwaves, which occur at about six weeks.? This criterion has the advantage of being symmetrical with definitions of the end of personhood. On the other hand, an adult whose brainwaves have ceased is no longer alive, whereas an embryo, despite the lack of a brain, is.

Viability replaced quickening after the 1973 Roe v. Wade ruling as the most widely accepted point for granting the fetus moral rights. Viability is problematic as a criterion, however, because personhood becomes dependent on medical technology rather than on any characteristic of the fetus. In 1950, viability occurred at about thirty weeks' gestation. Now fetuses as young as twenty weeks are surviving. If an artificial womb, or another means for the young fetus to breathe and survive outside the womb, is created, viability could occur much earlier, making Roe v. Wade a pro-life ruling.

A final criterion is that of potentiality, according to which the potential to develop into a full-fledged adult confers personhood on a fertilized egg. Another definition of personhood embraces this criterion. Others reject the analogy between human development and the development of an acorn into an oak tree.

The moral status of the fetus is currently being challenged at both ends of the continuum in debates on the morality of embryonic stem cell research, which involves the destruction of embryos and debates on "partial-birth" abortion, which was outlawed in 2003.

Some people, frustrated with the lack of consensus on a definition of personhood, argue that it is better left to personal or religious opinion. To say that one's definition of personhood is a matter of opinion, however, is to mire the debate in ethical subjectivism. Not only is abortion morally permissible, if in one's opinion, a fetus is not a person, but so would be infanticide, slavery, and genocide, so long as the perpetrators believe that their victims are not persons. Because of this implication, it is important that we give careful consideration to the criteria for personhood and not uncritically accept cultural definitions or those that are politically and economically expedient, as happened with declaring slaves nonpersons.

Some abortion rights advocates oppose granting the fetus rights or personhood at any stage, arguing it will weaken a woman's legal right to an abortion. On the other hand, denying the fetus any moral status, pro-life feminists point out, denies the pregnant woman's special status and relationship with her unborn child and limits her options. The moral status and rights of the fetus are also an issue in maternal alcohol and drug use.

Even if we grant the fetus some moral status it is still possible to argue that abortion is morally permissible under some circumstances. If a fetus is a person who can feel pain, however, the method used for abortion becomes a moral concern, since it is wrong to cause unnecessary pain.

An article titled, “Why Abortion Is Immoral,” argues that killing, human beings who are able to enjoy their future experiences is wrong because it deprives them of the value of their future. Because the fetus, like an adult human, has a future that he or she can value, abortion is immoral.

Rights and Autonomy of the Mother

Some people think that the emphasis on the personhood of the fetus has been at the expense of concerns about the rights of the woman. Some argue that even though the fetus may have moral standing, the rights of the mother, in most though not all cases outweigh those of the fetus. Some maintain that a woman's liberty rights or autonomy is paramount; women should have the right to make decisions about their own bodies. To deny women this basic right is to treat them as a means only. Opponents of abortion, in response, argue that autonomy is not an absolute right. While women have a moral right to control their bodies, this right does not extend to abortion, because abortion involves destroying the body of an unborn child.

The extent to which women have a right to control their own bodies also arises in the debate over whether women have a responsibility to refrain from prenatal behaviors, such as drug and alcohol use, that may harm fetuses. Fetal alcohol syndrome, according to the Centers for Disease Control, is the leading cause of mental retardation in the United States. More infants are born with fetal alcohol syndrome than the combined total of Down's syndrome, spina bifida, muscular dystrophy, and HIV. Women who smoke during pregnancy are also at higher risk for having babies with low birth weight, respiratory problems, and sudden infant death syndrome (SIDS). Advocates of abortion rights argue that as long as we have a patriarchal society in which pregnant women and mothers are socially and economically disadvantaged, abortion must remain a legitimate alternative. To have it otherwise is to deny women full and equal participation in society. Autonomy is especially an issue when the pregnancy is the result of rape or when the woman is a teenager. Justice is also an issue in access to abortion services. Restrictive abortion laws, lack of money, unavailability of a clinic in one's area, and harassment outside of abortion clinics— all contribute to a situation in which some women, especially poor

women, do not have adequate access to abortion. Many providers have stopped performing abortions because of death threats and violence against clinics. Pro-life in contrast maintains that abortion degrades women, by pitting women's rights against babies' rights, and harms women because it removes the incentive for government, schools, and workplaces to provide resources for pregnant women to continue their education and careers.

It should be noted that a right to have an abortion to avoid future unjust burdens applies only to burdens caused by the pregnancy and giving birth since adoption provides a mechanism for avoiding the burdens of raising the child after birth. Because adoption is an option, the decision to carry a pregnancy to term and the decision to raise the child should be seen as two separate decisions. This being said, the burdens of pregnancy in terms of discrimination faced in the workplace, and the stigma and pain of giving up a child for adoption, are still very real. Whether or not permissive abortion policies are exacerbating this injustice needs further study.

Abortion and Fathers' Rights and Duties

Service providers of contraception and abortion have focused almost exclusively on women. The exclusion of fathers when it comes to abortion decisions is reflected in the U.S. Supreme Court ruling in Planned Parenthood of Central Missouri v. Danford (1976), which stated that fathers have no rights over a child in the womb. But should fathers have rights? Most Americans say they should have at least limited rights. A Gallup poll found that 67 percent of women and 78 percent of men favored laws requiring married women to notify their husbands before seeking an abortion.

Some argue that because women have a right to avoid future burdens through abortion, the principle of equality requires that men should also have the right of refusal when it comes to contributing to the support of his child after birth. Women have a similar right through the

mechanism of adoption, in which the natural parents can turn over their rights and obligations toward their child to the adoptive parents.

Others maintain that it is fair to force fathers to pay child support should a woman decide to keep her child, even though she does not have a duty to consult the father about whether to terminate the pregnancy. This is because men bear some responsibility for the child's conception and birth, and because of the social consequences of the father's refusing to support his child. Indeed, studies show that unmarried fathers are far more interested in their children than we generally give them credit for.

Selective Abortion and Principles of Discrimination

Unlike elective abortion, in which the pregnancy itself is unwanted, in selective abortion it is the particular fetus, rather than the pregnancy, that is unwanted. Discrimination is a key issue in selective abortion. About 7 percent of infants are born with a physical and/or mental disorder. Prenatal diagnosis provides parents with information about most of these disorders as well as the gender of the fetus. The overwhelming majority of pregnancies in which the fetus is diagnosed as having a genetic disorder are terminated by selective abortion.

In countries such as China and India, where sons are preferred, selective abortion may be used more for sex selection than for genetic disorders. As a result, there is a discrepancy in some parts of India and China between the number of males and the number of females. India banned the use of abortion for sex selection in 1994 and China followed suit in 2003. However, these laws are hard to enforce given the strong preference for boys in parts of these countries and the easy availability of ultrasound for determining the gender of the fetus.

Abortion for sex selection is legal in the United States, where there is a preference for sons as firstborn and only children. American physicians are most supportive worldwide of the practice,

citing the woman's autonomy as their reason for performing the procedure. With increasing knowledge of the human genome, geneticists may soon be able to prenatally diagnose tendencies toward obesity, cancer, and homosexuality— to name only a few traits that most Americans consider undesirable in their children. It is now possible for women to purchase over-the-counter prenatal genetic testing kits at their local pharmacy. This enables women to decide whether or not to terminate a pregnancy without first seeking genetic counseling. Whether this development will enhance women's autonomy or put additional pressure on parents to have the perfect baby (one of the "right" gender) remains to be seen.

The principle of nondiscrimination requires that we not be denied benefits or equal treatment for morally irrelevant reasons, such as sex or skin color or physical abilities. Does selective abortion involve discrimination against females and people with handicaps? Even if it does, this has to be weighed against women's autonomy as well as against the social consequences of having "undesirable" children who will be a burden on their parents and on society.

Consequentialist Arguments: Abortion as a Benefit to Born Children

Those who favor a permissive abortion policy point to the harmful consequences of restrictive abortion policies. These include complications and deaths from self-induced and illegal abortions, overpopulation, the burden on women of mandatory motherhood, at least during the nine months of pregnancy, and the burden on society when unwanted children are neglected or abandoned.

The use of consequentialist or utilitarian arguments requires that we base our arguments. One of the arguments for abortion rights, summarized in the slogan Pro-Child/Pro-Choice, is that abortion not only benefits women but also benefits children by ensuring that all born children are

wanted children. However, studies have not shown that legalized abortion leads to a decrease in child abuse nor that it improves the quality of life of born children.

Indeed, some pro-life feminists maintain that abortion, rather than benefiting children, has led to a devaluation of children and an increase in child abuse. While the general well-being of the nation remained relatively stable in the 1970s, declining slightly in the first part of the 1980s, the "social health" of children and youth began a steady course of decline beginning in 1974, the year after abortion was legalized. 27 In addition, the rates of child abuse began rising after 1973, increasing 566 percent between 1977 and 1980. The rate of child abuse leveled off after 1993 along with a drop in the rate of abortion. However, it has still remained almost four times what it was in the 1970s. These figures cannot be attributed solely to better reporting of child abuse cases because most of the improvement in reporting techniques took place in the early 1980s in response to the alarming increase in child abuse. A study conducted at Johns Hopkins Hospital by the Baltimore, Maryland, Department of Social Services of 532 abused children found that previous abortions and stillbirths place a family at significantly higher risk for child abuse, independently of other factors such as socioeconomic and marital status. While a positive correlation between child abuse and previous abortions may sound counterintuitive, psychiatrist Phillip Nye suggests that by legitimating the death of the fetus in utero we have weakened the normal instinctual restraint and social taboo against the use of violence against young children dependent on our care.

On the other hand, the harms to born children may be corrected by creating better support systems for parents and young children. These harms also have to be weighed against the harm to women of depriving them of control over their bodies during pregnancy. In any case, we cannot argue in favor of abortion on the grounds that it benefits born children. Instead, we must

be willing to examine the morality of abortion, using factually correct premises and consistent arguments.

Conclusion

As members of a pluralistic society, can we ever reach a resolution to the current abortion debate? Should we even bother to try? Why can't we just be tolerant of other people's views: "If you don't believe in abortion, don't have one." Unfortunately, the hands-off approach doesn't work, because those who are opposed to abortion are not merely expressing a personal opinion about abortion; they are saying that abortion is wrong because it violates universal moral principles. Furthermore, to claim that we should be tolerant of other people's moral opinions is to advocate tolerance not only of abortion but also of other practices. Few of us would be willing to carry a bumper sticker sporting the slogan "If you don't believe in slavery, don't own slaves." Ethical analysis should not be a matter of personal opinion or majority consensus.

It should be logical and consistent in its application. Until we can approach the issue of abortion rationally, it is unlikely to be resolved.