Abortion: Is it Really a Moral Question?

by

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ABORTION: IS IT REALLY A MORAL PROBLEM?

Abortion has always been present, not always talked about, but present. Recently, however, it has gained a bright seat in the first row. It has been argued from a biological standpoint, a moral standpoint and personal opinions. It has yet to be decided upon. Many laws have been made and unmade, followed and broken, but no one can find the real truth, the answers to the big questions of abortion. In this paper I hope to approach the problems from many different angles; to search every argument and to reveal the facts as well as the opinions. Then only you can answer the question: Is abortion really a moral problem?

Many people today think that the word "abortion" is something that has risen out of the "free-sex" counter-culture of the 1960's and 1970's; however, this is a false belief. The fact is women have been practicing abortion measures for over 4,500 years.\(^1\) This means well before the Christian era came into being. I will admit that recently the public has become more aware of the tremendous problems that it presents, but that does not nullify the historical facts.

It stands to reason that most of the abortive practices of ancient times were not overseen by physicians (of any sort). The women, however, did employ several different methods:

1) thrusting pointed objects into the uterus
2) applying hot coals to body
3) jumping from high places
4) drinking vile potions or purgatives
5) practicing magic rites
6) using mercury (Chinese method over 4,600 years old)\(^2\)
It is surprising to note that in the times of strict conservatism many people supported abortion such as Aristotle and Plato; many Roman husbands even insisted on it.  

These facts also go to show the constant social-psychological problems which force a woman to employ such an extreme measure. An example of the pressures of the women of old (and of now) is the fact that in such a superstitious time they practiced abortive measures even with existing laws and severe death penalties. 

The laws which existed long ago were not concerned with nascent life, as most of the arguments are now, but with:

1) the safeguarding of maternal life
2) guaranteeing that the husband would not be denied a child

The sadness of the whole problem is that the pressures and laws placed upon women then and now are usually not personal ones, but ones entailed by outsiders, otherwise known as "society!" However, let us continue with facts in hopes of determining where the solution lies.

It would seem that in a civilized intellectual society such as ours, everyone would certainly know the biological evolution of the life process. No doubt everyone knows how it begins, but as for the development that follows, most people are ignorant.

Biologists cannot state the precise moment that life begins. It appears to them that life is continuous, never ending, even in the primitive forms of the egg and sperm. Once these two organisms unite, there is a beginning potential which could produce life as we know it.

The egg is fertilized in the Fallopian tubes of the woman;
the zygote (a fertilized egg) remains in the Fallopian tubes for about three days. During this time it is constantly dividing, resulting in a hollow ball of cells called a blastocyst. The blastocyst is then moved to the uterus and at about one week after fertilization it implants in the uterian wall. Development continues at a rapid rate, at about the fifth week the basic organs develop. The skeleton, arms and legs begin to form at the end of the eighth week and the fetus has acquired much of its structure. By the end of twelve weeks the fetus is for the first time recognizably human with a heartbeat and movement. "Quickening" occurs when the mother first feels the fetus move. This occurs at about twenty weeks. The twentieth week also has another importance; at the end of the twentieth week the fetus has a chance of surviving independent of the maternal environment. The months which are to follow do not offer any new developments. The fetus continues to grow in size and strength. If the pregnancy is "normal" birth occurs somewhere around the ninth month.

Do not think that the information above is worthless. It is most important in the argument concerning abortion today.

One of the big issues of the abortion argument is birth defects. Most defects can be detected before birth and many times nature will take control or destroy the imperfect fetus. But with man's now advanced medical procedures, nature must take a back seat. Many defects can and are detected well before the later stages of fetal development, when abortion is safe. But many defects cannot be detected until birth or later, therefore, there is no way to eliminate all birth defects.
now to explain just what abortion is and the problems it causes.

The American Heritage Dictionary of the English Language, has this to say about abortion a) "Induced termination of pregnancy before the fetus is capable of survival as an individual;" b) "Any fatally premature expulsion of an embryo or fetus from the womb."

The first definition may be an adaption of modern ideas. Most of the people who support abortion only support it up to the end of the third month of pregnancy. At this time, however, the fetus cannot live independent of the maternal environment, but it does possess a heartbeat. As stated before the end of the twentieth week is the earliest time that the fetus can survive on its own. To my knowledge, most existing abortive laws only permit it before the fourth month.

The second definition, however, is more inclusive and possibly the one which should be used today, for it seems to me that the finality of this definition expresses precisely the attitude of so many people.

The word "abortion" is a harsh word that reeks of the finality of death and the helplessness of the fetal victim.

But is the fetus the only victim to consider when speaking of abortion? (Take a close look at this statement for it will be discussed in detail later.)

The medical profession has stated that abortion if performed under therapeutic conditions, is safe up to the twelfth week of fetal gestation; maybe I should add safe from the maternal standpoint. The standard procedure, which is safe up to this point, is termed
"Dilatation and Curettage".

This specific procedure is accomplished by "stretching open the cervix, the narrow end of the uterus, and removing the conceptus with a scoop shaped instrument called a curette." 7

Mainland China has recently introduced a new abortive method called the "vacuum aspirator method". This method is carried through by inserting a small tube with a hole near the end, into the womb, and the fetus is removed by suction. 8 This method requires less time and is safer than most other methods. If the pregnancy has developed past three months the most common method is the "salt solution method". "The injection of a concentrated salt or sugar solution to replace the fluid around the fetus induces labor contractions in twenty-four to twenty-five hours and the fetus is expelled." 9

Many physicians perform a "miniature Caesarean operation" (hysterotomy) by making a small incision in the uterus through the lower abdomen, or vagina and removing the fetus.

Illegal abortions, to say the least, are extremely dangerous. Many women, due to either ignorance or financial problems, still seek illegal abortions. Some seek "back alley" abortions and some try to terminate their own pregnancies by such crude methods as:

1) insertion of knitting needles into the uterus,
2) insertion of wire coat hangers into the uterus,
3) insertion of umbrella ribs into the uterus,
4) violent exercise,
5) soap solutions
6) pills
7) deadly chemicals. 10
These methods are repulsive and inhuman and the facts state that illegal abortions have been one of the key factors in the death of women in the past. (They will be discussed later.)

But what is the initial spark that brings about the "wants" to abort? It has been said, and justifiable I think, that most women and men never even think of abortion before they participate in the sexual act. (Under individual conditions, excluding the experiences of friends.) Even after sexual intercourse has occurred the motivation to abort does not exist until pregnancy is established. However, abortion is the most widespread means of fertility control in the world.

Below is a list of reasons usually given in support of abortion with a short comment after each. (I think I should add that my information comes from a source that is anti-abortion, therefore the comments are biased.)

1) Pregnancy as a hazard to the physical health of the mother. This statement is self-explanatory but, let me say that few pregnancies are fatally harmful to the mother in recent times.

2) Threat to mental health of mother. There are no known psychiatric diseases which can be cured or even improved by abortion.

3) Potential deformity of the unborn child. I have already stated that many malformations of the child cannot be detected until birth or after; therefore, deformities cannot be eliminated. Some examples of birth defects are:
   a) Congenital Anomalies.
   b) Harmful effects to the child during pregnancy
      1. German measles
         In 1941, Gregg reported that if a woman contracted German Measles in the first four months of pregnancy, there was a 75% chance of fetal defects. Although this has been proven false, many people still believe it.
      2. The ingestion of drugs during pregnancy.
         Because of the data concerning the harmful effects of many drugs used during pregnancy the Food and Drug Administration has put many restrictions on them.
4) Rape
Rape has always stirred the emotions, however, pregnancy resulting from rape is extremely rare. A report out of Washington, D.C. claims that only one pregnancy occurs in over three hundred rape victims.

5) Incest
This, too, stirs the emotions; however, aborting the fetus, if pregnancy does occur, will not solve the psychiatric problem of the family in which incest has occurred.

6) Legal abortion as a deterrent to criminal abortion.
Facts show that legalizing abortion will not solve the criminal side of the issue.**

Now that the basic information has been given let us now turn to the big issues involved in the abortion argument.

The abortion argument cannot be solved by a simple discussion. The only way to distort this argument into simplistic form is to fasten ones mind on to one single-minded idea and stay there, no matter what arguments others throw into the ring. There is, however, one point where (almost) everyone would support legal abortion. That point is, "the medical dangers of underground abortions."***

This is not the only issue by far. Perhaps the largest argument (which is also the one supported by moralist and those in the religious profession) concerns the nature and the right to control unborn fetal life. Several interpretations have been drawn from this one idea. One specific one deals with the rights of the unborn child, another deals with the viability of the unborn child and still another deals with the question of when does the fetus become human.

The first one, I feel, depends a great deal on the other two listed (I'm sure there are many more). It has been stated before

** Perhaps the anti abortion comments seem irrelevant at this time; however, I felt that they should be noted briefly.
that at the time of the twentieth week of gestation the fetus may be capable of survival independent of the mother. Today, however, artificial incubation may make the fetus viable at any age. The third view stated, deals with humanity. When does the fetus become human? Some say at conception because there exists from that time on, a being with human potential. Others believe that humanity begins to be at the time of "quickening" (twentieth week). This is the first time that the mother (or potential mother) is aware of the fetus. Still others claim that a fetus is not human until birth when it becomes naturally independent of the mother, breathes its own air, and is equipped with a body that can carry on all the necessary functions of human life.

The above, however, does not even dent the arguments and positions concerning abortion. The medical profession is also involved with the abortion issues. The doctor is the one who must rely on his skills and live with his conscience. The law is also an important factor because this argument slams society in the face and makes them take a stand on such issues as rights of unborn life, rights of motherhood, rights of family and public control of the medical profession.

The sociological point of view brings in the female's rights. It also brings in the questions of population control, unwanted children, psychological effects of the unwanted pregnancies and social views of individuals who participated in the termination of their own pregnancies.

As stated before the biggest issue is concerned with, "when does the fetus become human?" If anyone could answer this question
I'm sure all the problems and questions would be nearly solved, but they are not, so the search continues.

Since doctors play such a large part in not only the problem at hand, namely that of abortion, but in almost everyone's lives, and since we place so much faith in them, I think a closer look at their opinions is warranted.

Before recent medical discoveries, abortion was seen as a means in order to reach the end, the end being the health and maybe even the life of the mother. But now abortion has little to do with the health of the mother and it (abortion) is viewed by many doctors as a medical failure.

In 1967 a poll was taken and the results were surprising. Eighty-seven percent of the forty thousand physicians polled favored liberalized abortion, so there must be several medical reasons to support abortion. In other words, though the medical profession has made many breakthroughs, they have not solved the problems concerning the medical side of abortion.

The medical arguments in favor of abortion are listed below and explained briefly. (Some have already been stated, however, in the medical context I feel that they need mentioning in their entirety.)

1) Some mothers-to-be encounter serious risk to their physical and/or mental health. If pregnancy under these conditions is permitted to go to term in these cases, there is real danger to maternal health or loss of life. Cases in which there is irremediable conflict between nascent and maternal life are increasingly rare (now limited chiefly to serious renal or cardiac
disease and certain well-defined mental diseases); nevertheless, the argument from maternal indications holds that serious risk to maternal life, is adequate justification for abortion.

"2) Some fetuses suffer a hereditary or genetic deformity, others may be abnormal or defective due to maternal disease or illness. We can add, in this context, the tripling effects of a drug like thalidomide and the risks attendant on maternal exposure to rubella during the first trimester of pregnancy. Thousands of babies were born with congenitally deformed limbs and other defects as a direct result of their mothers' having taken the tranquilizing drug thalidomide. A significant number of these babies died of natural causes; though at least one, who was badly deformed, was killed by her mother.

Exposure to rubella (infectus German measles) during the first twelve weeks of pregnancy carries at least a 50-50 risk that the infection will result in either (1) loss of the fetus through dangerous miscarriage, or (2) birth of a baby with one or more serious defects (mental retardation, blindness, heart defect, deafness, bone disease, or blood abnormality). As many as five such defects have been detected in a single affected child. A second argument in favor of abortion, then, is that certain pregnancies represent an inordinately high risk of fetal abnormality, and that consideration for both the family and the fetus indicate the preferability of not allowing this kind of pregnancy to proceed to term.

"3) The social and eugenic consequences of rape and incest constitute a third argument for abortion. Neither rape nor incest
accounts for large numbers of pregnancies, but when pregnancy does result from one of these actions, strong social feelings are aroused. There are both genetic and religious objections to incest, though many pregnancies which result from incest are allowed to come to term, and the baby is adopted. The objections to rape are more social and personal than scientific (except for the threat to maternal mental health that might accompany pregnancy as the result of rape). Some feel that if the mother-to-be does not want the child, she should not be made to bear it. Furthermore, it is sometimes argued that if the nascent life is hated by its bearer, the child will be brought forth into a situation devoid of love.

"Experience demonstrates that a strong desire for an operation to be rid of an unwanted pregnancy can frequently be carried out, but often it must be conducted at considerable personal risk and outside conventional social and legal sanctions.

In 1967 the National Center for Health Statistics showed the birth rate at 17.9 per 1,000 population; numerically, about 3.5 million births. In the same year some experts were estimating that approximately one million abortions, 99 percent of them illegal, were being performed annually in the United States. Conversely, other experts argued that these figures were greatly inflated. Again in 1967 Dr. Andre Hellegers claimed that "about ten thousand therapeutic abortions are performed each year," and that "there are now about four hundred registered abortion deaths per year." Dr. Hellegers did not venture to estimate the number of illegal abortions performed annually, though he did (curiously)
calculate that "it would be reasonable to assume that the annual number of deaths due to illegal abortions today might be on the general order of eight hundred or so at most."

To this point the reliability of statistical data, together with their interpretation, is highly questionable. It is virtually impossible to confirm the accuracy of estimates because no way has yet been devised for obtaining exact figures for the total population. Neither can the number of alleged abortions be precisely correlated with specific reasons for seeking and obtaining abortion; nor is it particularly useful to project the number of deaths due to illegal abortion when this speculation is predicted upon the number of registered abortion deaths.

Whatever the precise statistics, there is enough evidence to warrant the observation that the demand for abortion in our society exceeds the legal, medical, and other provisions we have made for it. The consequence of this hiatus between demand and which may involve infection, severe hemorrhage, future sterility, or death. The Kinsey Institute has reckoned that 20 to 25 percent of the white female population of the United States submit to illegal abortion sometime during their lives; and that the figure is comparable among upper-class Negro women but significantly higher among lower-class Negro women. In addition to those unfortunate women who die at the hands of illegal abortionists, thousands more suffer irreparable mutilations. The fourth argument for abortion claims that since a large number of abortions appear to be inevitable, it is preferable to provide adequate legal and therefore safer circumstances for their performance.
5) Some persons argue that abortion should be made available simply "on demand." Advocates of this view range from those who view abortion as an acceptable means for population control to the emergent radical feminists who argue that legal restraints are another evidence of the tyrannization of women in a repressive, male-dominated society. Neither of these groups is yet very prominent numerically, nor has either of them engendered large public support to date. Both, I think it fair to say, premise their arguments on utilitarian considerations which credit little or no regard to fetal life quia se. There is, nevertheless, a rather large latent constituency for both these points of view; and consideration of our present cultural situation tends to support the claim that their numbers will increase.

6) All the foregoing arguments have implied the final reason advanced in support of therapeutic abortion; and this is that the immediate threat to a wife and mother's health, or the long-range threat of having to rear a defective child, may make unreasonable demands on the existing family. It is far from clear, claim the proponents of this view, that an existing family ought to be sacrificed for a deformed fetus; rather, the converse is held to be true, and especially when there is a calculable statistical probability of serious fetal deformity or threat to maternal well-being.  

But just what risks does abortion present? I am sure (reasonably) that everyone is at least partly familiar with the medical hazards of illegal abortion, although accurate statics are impossible to obtain, the number of deaths as a result of illegal abortions is estimated between four hundred to eight hundred per
abortion is estimated between four hundred and eight hundred per year. In New York City almost half of all deaths associated with childbearing can be traced back to criminal abortions. Here are two examples of the case records of two unfortunate women.

"Margaret S., 29 years old, mother of four, brought to the hospital three days after trying to induce abortion with a knitting needle. Severe hemorrhage. Died two days later in spite of massive blood transfusions.

"Jean H., 42 years old mother of five. Infection, the result of a soap solution injected by an abortionist four days before. Large doses of antibiotics administered. Died five days later."18

Not all victims of illegal abortions die. Many suffer great pain, internal infections, and even sterility. But don't be deceived. Although legal abortions are much safer than illegal ones there may still be a risk. Many doctors disagree on this point. For instance, Dr. Christofer Tietz states that the risks of hospital abortion are 1/6 - 1/10 as dangerous as those attending pregnancy and childbirth. You can see the other side in the following statements issued by professional organizations concerning medical Hazards of legal abortion.

It is emphasized that the inherent risk of such an abortion is not fully appreciated both by many in the profession and certainly not by the public.

... The public should realize that in countries or societies that permit abortion on demand, many if not the majority, are performed in physician's offices. Under these circumstances it is reasonable to conclude that the mortality from this operation may exceed the maternal mortality of the United States and Canada while the incidence of serious complications is substantial.

(The Executive Board of the American College of Obstetricians and Gynecologists)

The following statements were issued on March 26, 1966 by the
Council of the Royal College of Obstetricians and Gynaecologists.

Those without specialists' knowledge, and these include members of the medical profession, are influenced in adopting what they regard as a humanitarian attitude to the induction of abortion by a failure to appreciate what is involved. They tend to regard induction of abortion as a trivial operation, free from risk, in fact, even to the expert working in the best conditions, the removal of an early pregnancy after dilating the cervix can be difficult, and is not infrequently accompanied by serious complications. This is particularly true in the case of the woman pregnant for the first time. For women who have a serious medical indication for termination of pregnancy, induction of abortion is extremely hazardous and its risks need to be weighed carefully against those involved in leaving the pregnancy undisturbed. Even for the relatively healthy women, however, the dangers are considerable.

(The above two quotations quoted from the same source.)

If we take a close look at some psychological reasons for induced abortions it may help clear up the dilemma concerning the risks versus effect of a deformed, retarded, or unwanted child.

When we look into the psychological views we, once again, find vague, opinionated, frustrating data. One handicap has been the illegality of abortion. One cannot run experiments and calculate data when the experimental factor is deemed "against the law". The above statements are not meant to disqualify the psychological aspects, of the contrary they are very valuable. Although psychological data is vague and opinionated it should not be forgotten. The World Health Organization defines health as "a state of physical, mental, and emotional well-being." From this definition one can see that a doctor could not just push the psychological factors aside. In my own personal opinion, they are equally as important as the medical factors in dealing with an individual's well being.
Joseph C. Rheingold, has said that "pregnancy is a crisis" and if the facts are closely considered, everyone (even males) could understand this statement. Due to the biological events which take place within the maternal body, pregnancy may be termed not only a "crisis", but a "biological event of the first order." Responsible for this are the internal hormonal and uterine changes and the external weight and appearance changes. But not only is it a biological event but a definite psychological one; also, "it will effect a woman's attitude toward herself, toward her body, toward her husband, towards her other children, towards her friends and relations." It (pregnancy) also marks a notable cultural event, since the possibility of giving birth to a child places the woman in a potential position of contributing to the procreation of the human species. One can clearly see the pressures both psychological and otherwise, place upon every woman who finds herself pregnant. And to add to the pressures is that underlying uncertainty that the pregnancy will end in great pain or death. (Possibly the two things humans fear most.) Daniel Callahan states the pressures in other words, "...pregnancy represents a personal crisis for a woman, bringing about a special interaction of mind and body, self and society." Many physicians do not feel that abortion should be permitted on the basis of mental disorders; there are others, however, who feel that psychological stress, anxiety and reoccurring evidence of abnormal psychological attitudes towards pregnancy warrant abortion if requested. They feel that these symptoms will either
result in harm and/or death to fetus or newborn infant or adverse psychological effects on the child. Three researchers at the National Institute of Mental Health found that "the rate of schizophrenia in children of schizophrenic mothers, but raised before their first year of age by normal parents, was twice that of a control group of children from normal mothers adopted similarly by normal parents." 25

The previous data and other hypotheses (most scientific data and facts being only hypotheses) such as the instances of psychologically disturbed women who, under their own power, have terminated their pregnancy or kill the infant. Many doctors think their action actually reveals the sadistic and/or masochistic tendencies of these women.

Such shocking speculation would tend to tip the scales in favor of legalized abortions; however, one must also look at the psychological effects which abortion presents.

Martin Ekblad did a study on 479 Swedish women who had participated in legal abortion. The study was done in the late 1940's and early 1950's; however, it still presents interesting results. Over one half the women involved in the study were married and the other were either divorced, widowed, or unmarried. These women did not turn out to be a typical group: 50 percent showed symptoms of chronic neurosis of abnormal personality even before the pregnancy occurred. Moreover, many women faced conflicts with their husbands or the father of the child (in the case of the unmarried women). The results were as follows: "68 percent of the women stated that they were satisfied
with their abortion and had no self-reproach; 10 percent had no self-reproaches, but felt the operation itself was unpleasant; 14 percent had a mild degree of self-reproach; and 11 percent said they had a serious degree of self-reproach or regretted having had the operation."27 Further evidence showed that regrets were felt and expressed more by women who had been influenced by others. According to Ekblad the actual psychological effects were much milder than the expressions of "regrets" suggested. There is some reason for concern for Ekblad goes on to say that "The greater the psychiatric indications for a legal abortion are, the greater is also the risk of unfavorable psychic sequelae after the operation."28 Even this statistical data does not help clear up the abortion argument for it is referred to by both the "pro's" and "con's", so once again we are left in the dark.

Up until the mid-1960's abortion was prohibited by law. This was due to an effort by the state and national governments to keep the Judeo-Christian attitude concerning life, that had always prevailed. These laws, it was argued, "embodied the highest values of Western Civilization; to rescind or dilute them would, therefore, amount to a capitulation and a regression from a noble legal code."29 Many people feel that this model code is not to restrictive but benefits everyone.

Let us now take a brief look at the world laws concerning abortion.

Eastern Europe:

Abortion laws appeared very early in the Soviet Union; in
1920 they instituted abortion on demand but later placed restrictions upon it. These restrictions allowed for abortion only on the grounds of medical or eugenic problems. Once again in 1955 the Soviet government grew less restrictive due to World War II.

**East Germany:**

1947 brought on relaxed abortion laws for East Germany, but with this also came an increase in legal and illegal abortions, so by 1950 the law was much more restrictive. In 1965 there was again some relaxation.

**Europe as a whole, today:**

Poland, East Germany, Czechoslovakia, Hungary, Romania, Bulgaria, and Yugoslavia permit abortion, but restrict it to the first trimester (twelve weeks) of pregnancy, with only one exception, that exception being the grave danger to the women’s life or in the case of prevailing serious eugenic reasons.

Most of the countries of Eastern Europe require contraceptive counseling as a part of their abortion procedure.

**Western Europe:**

Three general types of abortion laws exist in Western Europe, they are:

1) Abortion allowed only in life and death circumstances.
   (France, Austria, and Germany)

2) Abortion allowed for (broad) medico-social reasons as well as eugenic reasons and instances of pregnancy following sexual offenses.
   (Scandinavia)

3) Abortion allowed for a unique quasi-social reason.
(Great Britain)

The British Abortion Act of 1967 permits abortion on four grounds:

1) if the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated; or

2) that it would involve risk of injury to the physical or mental health of the pregnant woman greater than if the pregnancy were terminated; or

3) that it would involve risk or injury to the physical or mental health of any existing children of the pregnant woman's family greater than if the pregnancy were terminated; or

4) that there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.31

Asia:

China and Japan, two of the most densely populated countries of Asia possess de facto abortion-on-request. India, another large country, before 1971 permitted abortion only when there was a risk to the life of the woman. In 1971 the "Medical Termination Act" allows abortion up to twenty weeks is a pregnancy threatens a woman's physical or mental health, taking into consideration her "actual or reasonably foreseeable environment."32

United States:

Almost all states, prior to 1967, prohibited abortion except to protect the life of the woman. "In 1959 the Americal Law
Institute recommended in its Model Penal Code that abortion be legally justified on any of three grounds:

1) when continuancy of pregnancy would gravely impair the physical or mental health of mother;

2) when the child would be born with a grave physical or mental defect;

3) when the pregnancy results from rape, incest, or other felonious intercourse, including illicit intercourse with a girl under the age of sixteen.

"The Model Penal Code also recommends that abortion on these grounds be performed only by a licensed physician, and only after consultation with one colleague."

Listed below are the thirteen states which have enacted these laws (as of 1972) and the dates of their enactment.

Arkansas (1968)
California (1967) *(does not have fetal indication in the law)*
Colorado (1967)
Delaware (1960)
Florida (1972) *(specifies "health" rather than "mental health")*
Georgia (1966) *(does not recognize incest as a reason)*
Kansas (1960)
Maryland (1968) *(does not recognize incest as a reason)*
New Mexico (1960)
North Carolina (1967)
Oregon (1960)
South Carolina (1970)
Virginia (1970)

There are four states in the United States that do not place any restrictions on reasons for which an abortion may be performed. These states are Alaska, Hawaii, New York, and Washington (all enacted in 1970). The only requirement they make is that the abortion must be performed by a licensed physician in a hospital (with the exception of New York, which places no
restrictions referring to hospitals).

Many people today have ruled out the argument against abortion from the standpoint of religious and personal matters and have conceded to support that abortion is a matter of "civil rights". In other words "Does the unborn child have a civil right to life?"25

These people claim that by rightfully giving the unborn child his due "civil rights" to life, we have ensured everyone their own "civil rights" to life, including the mentally ill, the aged, the idle, the useless.

It is a husband and wife's right to preserve their private relations; however, the restrictions placed upon abortion practices do not, in any way, interfere with the sexual relations between a husband and wife. Another point should be brought out here. The state's, any state's, main interest is the protection of its people, and once a child is conceived his future, not only the parent's future, must also be considered. Child "battering" is an excellent example of why the courts must not allow complete control of the offspring by his parents. After considering these statements how can one believe that marital rights should take precedence over fetal rights?

As far back as Hammurabi (1728 B.C.) there has existed laws forbidding abortion. The Anglo-Saxon law before Norman invasion in 1066, provided both civil penalties as well as ecclesiastical penalties for abortion. These laws which date back to 1728 B.C. are the basis for moral, religious, ethical, and personal opinion (and laws) today.
The evidence provided by the "codes" of old and laws of the twelfth through the seventeenth centuries prove that abortion was practically nonexistent, and where it did occur, it was condemned. After "ensoulment" (the time that the rational soul was infused into the body) abortion was condemned by both canonical and common law. The first English statue declared abortion, at any time, a felony.

Many courts up until this century considered the fetus "a part of the tissue of the mother" up until the time of quickening. This, however, is totally absurd as demonstrated by modern biological science. Life is continuous. As stated above, many courts did not consider a fetus possessing life until quickening. This presented many problems, for the law could not determine whether quickening had occurred.

In 1803 the English Parliament made abortion illegal on any grounds even if pregnancy did not exist.

Another point, more recent in origin, must be brought in here. Most laws which restrict abortion only to cases where the mother's health is in danger, may be prejudging the importance of one life over another. This may be an attempt at a balance, but one cannot overlook the facts. Who can say that one life is more important than another.

Most of the people who live in the United States today no longer see this land through "rose-colored" glasses of patriotism. They realize that men, no matter how important, are imperfect (to say the least). Victor G. Rosenblum in his article titled "Coercion in Liberation's Guise" (Abortion and Social Justice)
gives evidence to support the imperfectness of the high agencies (federal, courts, etc.) of this land, and the pressure that these agencies apply to Americans. For instance, a woman and/or her doctor is prosecuted on the grounds of an abortion termed illegal, because straightforward facts are not enough to convince the court of the danger to the health of this woman. Her reasons for abortion, poverty, social failure, being cut, without notice, from her monthly check, which goes in support of her family, being black. Who can term these reasons illegal and the next minute condone a white woman of the upper to middle class for aborting her child for health reasons. We have given the federal agencies today to much power (or they have taken it) and they can switch the laws to fit any "mood" they may happen to be in. How can one court claim that one woman has the "right to privacy" and not all women? Daniel Callahan states a very appropriate observation in his book, Abortion: Law Choice and Morality.

The credibility of advocates of legalized abortion under the banner of female freedom and "the wanted child" is weakened when the zeal for change in the abortion laws is not matched by a comparable zeal to change those social conditions which force many women to choose abortion.56

Should not the courts take into account all factors, not excluding the ones which they deem unconstitutional when convenient?

President Edward Levi of the University of Chicago has stated eloquently the function of law as commitment.

If there is any validity to the concept of a commitment of law as a whole upon the workings of society, then law does relate to political realities and to policy, not as an equivalent of social policy, but with special purposes which it seeks to implement.
These special purposes, particularly during a period of anxiety and unrest, go beyond the support and disciplining of legitimacy; they include the guidance of the society into a direct discussion and understanding of values, policies, and their consequences.

This commitment is to develop concepts and to maintain and operate procedures which enable a sovereign community to be governed by rule for the common good, the attainment of human values, and to make that rule effective.37

It is surprising to note that in the United States, 25,000 to 30,000 induced abortions occur each year. The ratio of illegal abortions to legal ones is one hundred to one, an even more shocking figure.

One example of the illegal abortionists found in a small southern town appears below:

Doctors not in good standing
Chiropractors
Antique dealer
Midwife
Mechanic38

The list is astounding considering that only two out of five listed had any medical background what so ever. What might be even more astounding is the fact that many women try to induce their own abortions. (Methods were stated above). Not listed are doctors who are still active in the medical profession, but due to existing laws and attitudes, participate in illegal induced abortions "after office hours". Though the data on these operations is unobtainable they are thought to be fairly safe when compared to the other instances of illegal induced abortions.

The hazards of illegal abortions need not be spelled out, for if one would look at the methods used and those performing
the abortion, I'm sure the worst would come to mind (which is exactly the case in "back alley" abortions). Many times these procedures lead to severe hemorrhaging, pain, or infections, which are many times fatal.

The guide which tends to shape the patterns of illegal abortions in Western Europe allegedly equals the number of live births. In the Middle East the laws are strict but not strictly enforced; therefore, the abortions are performed in hospitals and are relatively safe (safer than most other illegal abortions). The pattern which prevails in countries or states with moderate laws is a high legal rate but a continually high illegal rate also. The pattern of permissive systems is high legal rate and fairly low illegal rate. In other words as the restriction grow more relaxed the rate of illegal abortions drops. The only way to obtain a system void of illegal abortion is to do away with all legal impediments.

The statistical data concerning the ratio of illegal abortion and the death rate caused by illegal abortions is not factual, but only "educated guessing", therefore there are many conflicting figures and opinions. In 1934, N. E. Kopp conducted a study of over 10,000 women in New York. His findings were as follows: "out of 39,985 pregnancies, there had been 27,813 live births and 11,172 abortions, two thirds of them illegal." 39

Once again in New York, D. Wiehe and K. Berry, in 1937, found that an illegal abortion rate of 4 percent existed. This would project a national figure of 200,000 illegal abortions (United States population at that time equaled about 140,000,000). 40
Raymond Pearl calculated that 1.4 percent of all pregnancies among white women ended in illegal abortion and 5 percent in Negro women. This would place the illegal abortion rate at 50,000 illegal abortions per annum. \(^{41}\)

The illegal abortion rate was estimated to be 330,000 per year in 1951 by Russell S. Fisher. \(^{42}\)

Between the years of 1957 and 1962, the death rate due to illegal abortions was estimated to be one third of all such deaths. This study was conducted by Montgomery and Lewis. \(^{43}\)

Let me re-emphasize that these figures are highly controversial, with many disagreements, both higher and lower.

After viewing the extreme high cost of legal abortions performed in a hospital, it is not surprising that many women seek illegal abortions. The cost for therapeutic abortions range from $500 dollars to $1,800 dollars, with an average of 600 dollars to 700 dollars for doctors' and hospital fees, including a separate fee for the recommending psychiatrist, some of whom charge as much as 100 dollars for a single consultation. \(^{44}\)

It is not surprising that the illegal abortion rate is claimed to be higher for Black women (due to their economic positions).

The patterns of legal abortions would run conversely proportional to those of illegal abortion. In other words as the laws become more restrictive the rate of legal abortions would decrease, and as these same laws became more relaxed, the rate would increase (decreasing the illegal abortion rate).

Not only does the legal abortion rate increase in the more
repressive countries, but the mortality rate decreases. With the new abortion methods some have said that abortion is safer than carrying the child full term and then giving birth. The mortality rate in underdeveloped countries with restrictive laws is extremely high due to the use of crude methods in unclean environments. Legalized abortion from this standpoint would seem to be favored due to the fact that less deaths (maternal) occur than if the laws were strict and illegal abortions prevailed.

Mid-1969 marked a cornerstone in the liberation of the abortion law. By that time ten states had liberalized their laws considerably. Below are some of the results of this liberation:

California: It was calculated that in the year that followed the abortion law change, the number of abortions increased from 600 per year to 4,800 per year, an increase of 800 percent. 80 percent of the abortions performed on psychiatric reasons. Although there was such a large increase in hospital abortions it did not seem to effect the illegal abortion rate (it was still high perhaps due to high cost of therapeutic abortions).

Colorado: After Colorado's first year under the new laws their abortion rate increased from 51 to 407. A survey conducted by the University of Colorado Medical Center showed that, of the 407 abortions, 71 percent were done for psychiatric reasons, 12 percent for fetal reasons, 11 percent for rape and 6 percent for the physical health of the mother. 19 percent of the women reported incomes under $3,000 dollars per year and 31 percent reported incomes over $10,000 dollars per year.

In this world in which we live today, we have placed so much importance on society that it has become our "god" our "ruler" and "master".

Just recently the population problem has arisen, and with other problems such as pollution that endanger our "society".
(It has been argued by such noted men as Dr. Price Cobbes, an
eminent black psychiatrist, that the speculation of the world,
and especially the United States, becoming over populated is an
overexaggeration). With all the beautiful landscapes painted
black, and rumors of radiation pollution, due to over popula-
tion, it is no wonder that people are changing their conserva-
tive minds toward the legalization of abortion. (Fear could be
an important factor here). It has even driven some to the
point where they feel that under certain circumstances, abortion
is compulsory. One can already see that this argument has no
"yes" or "no" answer; however, I would like to add that there
are other methods of population control to consider which could
not only decrease the abortion rate but by-pass it all together.

Perhaps the one largest controlling factor of society, be-
sides money, is our religious convictions, and it is very sel-
don that the Church does not comment on any issue which may come
to a debate.

One of the largest (if not the largest) single denominations
is the Roman Catholic Church, which has been setting norms for
the world since it was established. It made no comment on
abortion until the seventeenth century when Pope Innocent XI
declared that:

1) It is illicit to induce abortion before animation in
    order to spare a pregnant girl death or shame.
2) It is an erroneous doctrine that every fetus lacks a
    rational soul so long as it is confined to the womb
    and only begins to have a soul at the time it is born.
3) It is prohibited to hold any longer "that no homicide is committed in any abortion." 47

Once again there was much debate on the idea of ensoulment (referred to as animation in above quotation). The Roman Catholic Church did reach, however, a position, "practically we should act as if we knew that the soul is infused at conception." 48 Friar Bernard Haring reflects the position of modern Roman Catholicism when he states "today the view that the soul is infused immediately at the moment of conception is almost universally accepted by physicians and especially by theologians." 49

Pope Pius XI, in 1930 maintained that fetal life was equally sacred with the life of the mother, and he referred to medical and therapeutic reason for abortion as an excuse for the direct murder of the innocent. The Roman Catholic idea of original sin also lies in these views for the Canon 747 insists that "every aborted fetus shall be baptised without any condition, if it is known with certainly that it is alive, no matter at what period of gestation it is aborted; if there is doubt that it is alive, it shall be baptized conditionally. The obligation imposed extends to even the smallest fetus, even though it be aborted immediately after conception." 50

Another idea which is brought up is that of direct and indirect abortions. A direct abortion is an action which has as its primary thrust a deliberate attempt to kill the fetus or incapacitate it in such a way that it is likely to die. This type of abortion is always prohibited on the grounds that there exists an equality between fetal life and maternal life.
Indirect abortion, on the other hand, occurs when abortion produces a "secondary" effect of expelling or destroying the fetus in "utero." This method is justified only under the double effect rule. The origin of this rule lies in a formula which supposes that an action might produce two effects: one good, and one evil, but inevitable. Before this "double effect" rule can be employed four conditions must be met:

1) the action, considered by itself and independently of its effects, must not be morally evil.

2) the evil effect must not be the means of producing the good effect.

3) the evil effect is merely tolerated and sincerely unintended.

4) there must be a proportionate reason for preforming the action despite its evil consequences.  

(Indirect abortion is supposed to be just such an action).

From the above comments it is easy to deduce that the Roman Catholic view on abortion is very strict, allowing only indirect abortion. They view the unborn child innocent and state that his life is equally as important as the life of the mother.

It is surprising to note, however, that over half the Catholics, when asked their views on abortion, reply favorably.

The second largest denomination is the Christian faiths. Their views are highly regarded and followed by many people.

The Christian position, in its origin, did not rest on a narrow theological or philosophical concept. It had no relationship to theories of original sin or infant baptism. Once
conceived, the being was recognized as man because he had man's potential. In other words, if you are conceived by human parents you are human.

It was, however, grounded in speculation about the soul—in its origin, its existence in time and its destiny. Soul as viewed by the Christian religion is an eternal and indestructible part of the total human being. It may have been the Christian doctrine of divine sovereignty—as the beginning and continuation of creation is God's work, so must be the end—that eventually swung the balance in the Western Civilization. Greek sanction for abortion as an instance of human mastery over the "Real" in its struggle towards the "Ideal" gave way to Christian prohibition on the principle of inviolability of human soul-formed life, whose beginning and end involves an act of God.

There are three basic theories concerning the origin of the soul and time of its union with the body. (Christian in nature)

1) Tertullian—the soul came into existence with the body as a biological transmission from Adam through one's immediate parents. (This theory is referred to as Generationism)

2) Clement of Alexandria—the soul was immediately and directly created by God. (Referred to as Creationism.)

3) The soul was present in fetal life until the moment of "quickening", that moment when the mother-to-be detected the first stirring of life within.

It was Saint Thomas Aquinas who formulated the predominant medieval view, that the soul is not created at conception, but at the time when it is "infused" into the body. In fetal males
this occurs about the fortieth day, in females the eightieth day.

The Christian position today ranges from strict denial of any legalization to complete freedom of abortion on demand. The outstanding Christian leaders hesitate to take any kind of stand for they realize the complexity of the subject.

As expected the liberals of this land advocate abortion on demand, where as the conservatives do not support abortion under any circumstances. There are, to say the least, many varying opinions which lye between these two opposing views.

It is worth noting that in the advanced, civilized world in which we live, people resort to such extremely violent measures in order to rid themselves of their personal anxieties. There are alternatives to abortion, as should be considered, taking care to note all the factors.

Counseling has become an important tool when dealing with mental pressures. It can also be an effective method when dealing with potential abortion cases. Many women today experience great mental anxieties, and because of these anxieties, they seek to terminate their pregnancies. With the help of an experienced counselor, many potential abortion cases can and do end in a joyful relationship between the parents and child.

There are, in the United States and Canada, 175 abortion crisis centers, which offer understanding needed to fulfill the wants and needs of the individuals.

It is astounding to note that 75 percent of all abortions performed in the United States are performed on unwed mothers. This is probably a good example of the short comings of "society".
they sanction the violence of abortion, but cannot tolerate the thoughts of an illegitimate child or unwed mother. It appears to me that society has an obligation (if not duty) to help the unwed mothers live a normal, productive life with or without their child. I do not mean that we must condone the actions but try to accept the facts and help a needing person. After all, would we not be less likely to get ourselves into a situation such as this if we understood the pressures which accompany it?

"To speak of unwanted children is, in reality, somewhat of a myth, for certainly the number of couples who apply for adoption each year in the United States far outweighs the number of children actually available. This overabundance of prospective parents is so clear that in many states the waiting period has reached the three to five year period.

"Those children who are unwanted by their natural parents are not unwanted by potential adoptive parents. The adoption of these children, rather than their abortion, will never become a reality, however, as long as the prevalent attitude is one where it is considered worse to give up a child who is living than to destroy the living child. Perhaps nowhere in this abortion debate is the abandonment of children seen so vividly.

"There are, of course, some difficulties with adoption. The single most gnawing dilemma is the placement of minority race children and children with various physical and mental handicaps. But even here, there is at present a surplus of families available for Indian children of any age and for the Black child under two years of age."53
Education has been one of the largest factors to ever effect our everyday life. The abortion argument reveals an even greater need for education, from the man-in-the-street to the most powerful of intellectuals. We all must come to realize that the family is the basic (and strongest) social unit of society. Listed below are four proposed ways in which we might educate people so they could better understand the full issues.

1) We should demand that our medical schools begin to take another look at the art of medicine (the treatment of the patient as a whole person), so that the aspects of medicine can again be incorporated into the patient-doctor relationship.

2) It is becoming alarmingly clear that our medical institutions are, for the most part, beehives of anti-life activity. The number of doctors who are pro-abortion, pro-euthanasia, pro-forced-sterilization and pro-infanticide is staggering. This is at least a direct result of medical education's less-than-token participation in any open discussion of medical ethics. It is important to realize that medical ethics are for the protection of the patient and not the physician. Likewise, a lack of medical ethics will only result in increased disservice to the patient—not the physician.

3) Education regarding the use of acceptable family-planning techniques should be made available to those who voluntarily request them. It should be noted that abortion and contraception are not the same thing.
Contraception prevents the beginning of new life and abortion kills a human life already present.

4) There are many agencies and individuals who are already involved in helping the woman and her family. These range from publicly funded welfare groups to sectarian and non-sectarian private ones. Unfortunately, the doctors, lawyers and clergy of villages and cities are all too often unaware of their existence. These professionals need to be re-educated. It is to be hoped that this kind of re-education will come from within the profession or denomination.

The public health programs existing today have greatly helped many of the diseases associated with poverty and uncleanliness, therefore it is correct in assuming that other programs of this type could help cure other medical and social diseases. Below is a list of four suggestions as to programs which might be set up and the procedures they could follow.

1) The problem of criminal abortion has been a long-standing one, while the legalization of abortion-on-demand has never been shown to eliminate it. This is an area where we can positively reject a program which has been known to fail in the past and embark in a new, more constructive direction. It would seem that public health education programs aimed at informing the public of the dangers of criminal abortion, combined with an educational program designed to bring the solutions to problem pregnancies closer to closer to the woman in need, might make inroads into this
problem.

2) There should be increased attempts made to provide health man-power. The foundation of new medical schools in order to provide more doctors to meet the current shortage is a serious need and of national importance. Further, the widespread use of nurse-midwives, pediatric nurse assistants and physicians’ assistants should be thoroughly explored, so that ample personnel are trained in the health sciences.

3) Vaccination programs for rubella (German measles) should be implemented in order to prevent infection of the unborn and in this way eliminate, once and for all, rubella as a cause of birth defects.

4) With the advent of the anti-Rh-negative immunoglobulin, mothers who are Rh negative can be immunized against the possibility of having future children damaged by Rh disease. This immunization should be made available to everyone.55

Another alternative to abortion is a implementation of a strong anti-poverty program. It is apparent that poverty and abortion are very closely related. Dr. Augusta Webster, Chief of Obstetrics at Cook County Hospital in Chicago has stated that, "It had long been my observation that race is not the pertinent factor in either infant or maternal mortality or morbidity. Poverty, however, with all its attendant evils, is the basis of deaths of mothers and babies.256 When one carefully notes all the pressures placed on these poverty-stricken women, it is plain to see that they feel almost obligated to abort their babies. Let me state here that it is extremely sad, that in the richest nation in the
world, all we have to offer the poverty stricken is abortion, which could be one of the most destructive denials of love ever. However, there are ways in which this country could lessen the tremendous load placed upon these people.

1) A revision in our governmental welfare program is desperately needed. Any such revision would best serve the individual and the community if it were directed toward the family unit.

2) Exploring a family income maintenance program with built-in incentives would be a start at reforming the failing welfare system.

3) Continuing efforts at providing adequate job training and retraining programs should be widely encouraged.

4) President Johnson in his 1967 State of the Union message encouraged action in both the areas of crime in the streets and maternity care. It may be that many of our problems will find their ultimate solution in a national effort to promote and stabilize family life.

5) The Volunteers in Service to America (VISTA) program, or some similar involvement program, should be considerably expanded, so that more people can become engaged in helping the poor on a deeper personal level.

6) Obvious difficulties must be removed in order that the poor can seek and obtain proper care. These include:

   - Transportation to and from clinics and hospitals
   - Baby-sitting services
   - Social services
   - Nutritional services
   - Area drug abuse centers (alcohol rehabilitation, also)
Above all else, there must be developed within the institutions which deal with the poor a climate of human dignity, with emphasis placed upon the inherent right to respect of each person as a human being. It would be appalling to many to witness the subhuman treatment often accorded these people.57

No matter what the controversy might be, it is always necessary to take a close look at the Philosophical and Rhetorical issues. Let us now view the Rhetorical issues by looking at the "Ideology" and "semantics" involved in the abortion argument.

The term "ideology" denotes a set of related beliefs held by a group of persons. The ideology of a social movement is a statement of what the members of the movement are trying to achieve together, and what they wish to affirm jointly. Such a statement points down the road along which the social movement is moving, and specifies the principles and objectives that guide its journey.58 In other words it is the ideology of the social movement, which defines the movement. Joseph Fletcher is probably one of the best sources concerning the ideology of the abortion movement. Since he is an ethical questions such as "is abortion intrinsically wrong? Should anyone be compelled against her will to bear a child? Is abortion a form of homicide? Does God have a monopoly control on life which allows no stewardship to man? and Is embryonic life human?59

This last question, I feel, is the core of the abortion argument and has been discussed in extensible detail, but no one has, to my knowledge, established a "truth" concerning this point. One can see from Fletcher's questions that abortion is a very wide and sometimes sticky argument. Perhaps one of the factors that
contributes to the stickiness of the entire controversy deals with semantics (what language chosen to best relate the point in question).

When one takes a look at the language used in the abortion argument, it is easy to note the influence that idiom has on ideology. It appears that the words used by both proand con sides of abortion, are chosen with great care. Many terms used in the argument are ones like "progress", "freedom", "dissatisfaction", "burden", "science", "technology", "murder", "regress", and many other connotative words, which all stir the mind and the emotions immediately.

If one viewed abortion in a strictly objective way, he would not find many neutral terms used. David Hall has this to say, "Even the supposedly objective media coverage seems to load and unload the semantic component. The point to be stressed, of course, is that each side attempts to structure the ambiguities of intra-uterine life through language. As a result, arguments are often discarded for mere verbal attachments which advances ideology without advancing rationality. The message received is urged semantically to view the proposed activity in an uncritical way."60

In Abortion, Law Choice and Morality, Daniel Callahan has depicted three schools of philosophical opinions dealing with the beginning of life or humanity.

"The Genetic School" is mentioned first. The best way to state the positions of this school is with a quote from one of its "members" (referred to as a member, however, these are schools of opinion), John T. Noonan; "Once conceived the being was
recognized as man because he had man's potential. The criterion for humanity, thus was simple and all-embracing: if you are conceived by human parents, you are human.61

The second school noted by Callahan is "The Developmental School". These people hold that "while conception does establish the genetic basis for an individual human being, some degree of development is required before one can legitimately speak of the life of an 'individual human being,' as at issue in abortion decisions."62 This school, however, has not established the definite point at which development takes place.

The final school which Callahan mentions is "The Social-Consequences School". Glanville Williams is a strong advocate of this school, and contends that the real question is not when "life" begins but when "human life" begins. As stated before, the biological facts prove that life is a continuation, not a happening. Williams states, "Of course, the ovum was alive before it was fertilized, and so was the sperm. Both cells, before they met, had a life and history of their own in the bodies of the respective parents."63 But Williams holds that "human life" is a different matter entirely. He further more feels that a human being cannot be said to exist at conception, for there is no specific moment at which conception occurs. He goes on to state that since life is present before conception as well as after, "the argument that life begins with conception is just as unbiological as the old notion that life begins sometime after conception."64

I cannot and will not attempt to state which school is
right or even which school is "more" right, for the more involved one becomes in research concerning this controversy, the more he realizes that this is not a "yes-or-no" argument.

I have listed above (several times) the proposed (and in some cases the actual) reasons for abortion under law. Charles Carroll, in an essay entitled "Abortion without Ethics" (Abortion and Social Justice) has reported his feelings on these stated reasons. He holds that on the surface the reasons given for abortion appeared sincere and heartfelt, but upon close examination his ideas changed. Take for instance, the reason of incest. It seems a sufficient reason to terminate a pregnancy, but how many women, if incest were actually the case, would admit to it and face the publicity which would follow.

Rape, too, seemed a reasonable grounds, but why is there no discrimination made between statutory and criminal rape? How long does the rape victim have to decide to terminate her pregnancy—weeks or months? And take for instance potential deformity to the child; this throws harsh unfeeling implications upon those who are already deformed such as the mentally retarded, disabled war veteran. The examples go on and on. Maybe what Carroll is trying to point out is that we tend to overlook the real issues and mistake means for corruption as "love" and "sentiment".

Another strong point that Carroll brings out is that humans misuse their freedom as a license to destroy what they do not want. This is brought out in debate by the statement that "a woman should have complete control over her body. A statement of this nature could be distorted into a license to commit
The final point brought out by Carroll is that of "progress." This word and what it entails has become an obsession with the humans that populate this earth. Progress is, or maybe I should say, can be a good thing, but it can come to dominate and rule its creators. This is what Carroll is trying to overt. He states that the "test tube baby" and the "retort man" can only bring about the destruction of the entire human population.

After considering Carroll's ideas maybe it would be beneficial to us to slow our "progress" down.

During the past thirty-five years many great philosophers and theologians have arisen. I highly respect their opinions and feel that their ideas concerning abortion should be stated.

Helmut Thielicke:

"the sanctity of the human species life and therefore its inviolability, is established at fertilization. Once impregnation has taken place, it is no longer a question of whether the persons concerned have responsibility for a possible parenthood; they have become parents. He also speaks of the autonomous life of the fetus"

Dietrich Bonhoeffer: (regarding reproduction and nascent life)

"The embryo's existence is itself evidence of God's intention to create a human being." The embryo's right to life is therefore divinely bestowed. Any deliberate deprivation of it is nothing but murder."

Paul Ramsey:

"None of the current arguments or legislative bills makes abortion mandatory; they are instead permissive throughout. Just because a law is permissed does not mean it is right. Permissive laws yield additional moral pressure."

Harmon I. Smith: (Author of Ethics and the New Medicine)

"...all the current abortion statutes do discriminate
operationally against a pregnant woman's freedom to elect abortion."

(All above quotations concerning professional opinions were taken from the same source.)

Before I began the research on this paper, I had a definite opinion concerning the abortion argument. Now, however, I am without any personal stand for the problems of abortion, are moral and ethical (as well as medical and legal) questions, and follow the patterns of most moral and ethical questions in that their is no true answer. Now anyone can answer "yes" or "no" to the abortion controversy is far beyond my understanding unless they are ignorant of the issues pro and con. I have tried, in this paper to present the facts from both sides, but if I have not, my effort is still not in vain, for I have learned a great deal about medical practices and liberties, legal formalities, and social aspects.

I have only one more question to ask: Why would such a subject as abortion cause such a controversy if it did not, connot a destructive attitude in the minds of those who must decide the issue?
FOOTNOTES

3. Ibid., pp. 18-19.
7. Smith, op. cit., p. 20.
18. Ibid., p. 31.
22. Ibid., p. 52.
23. Ibid., p. 51.
24. Ibid., p. 52.
25. Ibid., p. 56.
26. Ibid., p. 66.
27. Ibid., p. 67.
28. Ibid., p. 68.
29. Ibid., p. 126.
31. Ibid., p. 92.
32. Ibid., p. 93.
33. Ibid., pp. 95-96.
34. Ibid., p. 96.
35. Ibid., p. 105.
37. Ibid., p. 148.
40. Ibid., p. 132.
41. Ibid., pp. 132-133.
42. Ibid., p. 133.
43. Ibid., p. 134.
44. Ibid., p. 141.
45. Ibid., p. 141.
46. Ibid., pp. 140-141.
47. Smith, op. cit., pp. 28-29.
48. Ibid., p. 29.
49. Ibid., p. 29.
50. Ibid., pp. 29-31.
51. Ibid., p. 31.
52. Ibid., p. 27.
53. Hillen, op. cit., p. 185.
54. Ibid., pp. 187-190.
55. Ibid., pp. 190-191.
56. Ibid., p. 192.
57. Ibid., pp. 192-193.
58. Ibid., pp. 199-200.
59. Ibid., p. 200.
60. Ibid., p. 57.
62. Ibid., p. 384.
63. Ibid., p. 390.
64. Ibid., pp. 390-391.
Bibliography


