

WHAT IS ABORTION?

The memorial Mass for my cousin John took place last summer at St. Patrick's Church in Newburgh, New York. My ancestors came to this region as Irish immigrants during the 19th century, and although many of my family today have moved to other states and countries, we continue to have a connection to this area, gathering here during times like this.



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As an extended family, our time together was spent sharing with each other. Our conversations were a mixture of the promises of the future lives of our children, the accomplishments of those who were poised to be adults, and the experiences of those of those who had shaped us.

In the midst of our conversations, one issue came up more than a few times: the recent *Dobbs v. Jackson Women's Health Organization* decision and abortion in the United States. For many amongst us, this topic was personal. The discussions never became too heated, but it was clear that there were differences on how to address this issue moving forward.

However, we do know that Catholic social tradition argues that there are two essential truths: the dignity of the person and the common good. Every person deserves to be recognized for their intrinsic worth, and we, as a community, should work to create the conditions where every person flourishes.

A MISSION TO CARE, NOT CONTROL

Some of the disagreements surrounding abortion during my family's exchanges arose from personal experiences that involved navigating emotionally challenging circumstances, ranging from encountering the unexpected to managing difficult pregnancies. Some of our differences were also because, as a family raised in the theology and

culture of Catholicism, we share deeply rooted values about life and abortion.

Some of my family's fringes echoed extremities of the national political debates. But most did not, as the majority were compassionate about how to best address the needs of others. The middle still exists for most Americans, if not now, perhaps in American politics.

Sound bites are destructive when they insist on imposing control over the life of a woman or child. The same is true about enacting control on Catholic health care when it works to meet the needs of women and children. Instead of control, we need to care, together.

It is important to remember that the discussion that we, as a national community, should be having now is about how to respect and nurture the lives of those whom we love. Sound bites are destructive when they insist on imposing control over the life of a woman or child. The same is true about enacting control on Catholic health care when it works to meet the needs of women and children. Instead of control, we need to care, together.

How is it possible that we have a society where a mother's love for her child has instead been turned into a battle of survival between the two? Abortion is accepted by some as a "medical" answer to a social problem, one where women may be in crisis and do not have the means or resources to support a pregnancy. Pregnancy and parenthood come with physical, emotional, financial and personal responsibilities; some of these only women can shoulder.¹ Men and our communities

should share many of these responsibilities with women. But that does not always happen. When women do not receive support, some seek other ways.

The intention of “the right to choose” is to solve that problem by asserting one’s autonomy, a stance sometimes voiced in the statement “It’s my choice.” Whether alone, or feeling pressured or that they don’t have options, the choice for some becomes “my child or me.” And, in Catholicism, we view that as a tragic decision, one that diminishes both a mother and her child.

We, as an American community, accept and ignore abortion’s consequences when we do not create the solutions necessary to alleviate the pain of pregnant women who need help, or those who become mothers and need additional support and resources. The conflict between mother and child persists, despite efforts to address this conflict.

Abortion currently remains an option in some states for women. Making abortion illegal, however, doesn’t change the circumstances for women who still think abortion is their only choice. Abortion is fundamentally a care issue. How can we provide the social support for pregnant women so that abortion doesn’t appear to them to be the best choice for their situation?

I find it hard to believe that abortion is the first choice for most women who are unexpectedly pregnant. But I don’t find it difficult to understand that abortion seems to be an option when alternatives for the care of that mother and her child are not available, and abortion is legal.

It is common wisdom that Catholics believe that abortion is immoral. The sentiment is more than 20 centuries old. In the *Didache*, one of the earliest existing Christian texts, it is stated that “thou shalt not murder a child by abortion nor kill them when born.”² That declaration was followed by care. For the Christian community, it was never enough to state a moral ideal without actions to back it up. The early Christian community cared by reaching out to those who were discarded by Roman society. At the time, this was countercultural.

MEDICAL INTERVENTION

Another issue in this broad social conversation about abortion today is the accusation that Catholic health care, in the pursuit of safeguarding both maternal and prenatal life, restricts clinical care

for mothers.³ Proponents of elective abortion rights conflate the voluntary choice to abort a viable pregnancy with complications in pregnancy, like ectopic pregnancy and premature rupture of membranes. These are not the same.

Ectopic pregnancies and premature deliveries are medical situations that require intervention. Therefore, terminations of pregnancy, per Catholic moral thought, are not all abortions.⁴ There are clinical situations where it is medically necessary — and ethically consistent with Catholic ethics — to assist a woman in discontinuing a problem pregnancy.

So, what is considered abortion? There are disparate theological, medical and political answers to this question, which contradict each other. Those differences contribute to misunderstandings and harm for women.

Theologically, the Catholic answer is that abortion is the intentional termination of a pregnancy that could be, or is, viable. If the intention is to make certain that the embryo or fetus is terminated, then we would describe that act as an abortion. It is immoral because the intention is the deliberate act of ending the life of an innocent person in utero.⁵

Medical interventions that address harmful consequences of nonviable pregnancies are not abortions because they are not meant to cause the death of the embryo or fetus. If the pregnancy can never be viable, and symptoms point toward increasingly dangerous conditions for the mother — like sepsis — then it would be moral to address these medical situations, even if we can foresee that the embryo or fetus will die. The standard is whether the pregnancy would be able to reach viability, not whether the pregnancy is before the time of viability.

It is important for some nuance here, for example, when there is an ectopic pregnancy. We may not directly terminate an embryo, which is a human person. If, however, that embryonic person is implanted in a fallopian tube, and that implantation is a threat to the mother, what should be done? The answer is that we should treat the medical problem since this is a nonviable pregnancy. The continued growth of the embryo will result in a rupture of the fallopian tube and the death of the embryo and possibly the mother. It would be moral to either excise the potentially rupturing fallopian tube, or to use a pharmacological response,

to resolve this clinical situation if it is clear that using medication (in this case, methotrexate) will not directly lead to ending the embryo's life.⁶

Similarly, if a woman experiences a premature rupture of her uterine membranes or a preterm premature rupture of membranes, the primary questions are whether the embryo — or more likely, the fetus — is viable, and whether the mother is in medical danger. In some well-known cases, clinicians have interpreted Catholic ethics incorrectly.⁷ In those cases, septic pregnancies were allowed to continue and threaten the life of the mother because clinicians believed that Catholic ethics required the established death of the embryo or fetus before intervention. That is not correct. In these cases, if the clinical determination is that the pregnancy is not viable, it is moral to assist in managing the medical circumstances of the pregnancy, even if the embryo or fetus will die as an indirect consequence.

It is important to understand that Catholic moral thought does not align completely with the descriptions of “pro-life” or “pro-choice.”

Medically, the term “abortion” is confusing. In the *Merck Manual*, abortion is described as a consequence, rather than an act or a choice. It is the “death of the fetus, sometimes with passage of products of conception (fetus and placenta), before 20 weeks gestation.” This definition makes no distinction between elective abortion and miscarriage. Thus, it confuses the consequence of a choice with an intention. The fact that an embryo or a fetus dies as the result of a natural circumstance of a nonviable pregnancy — or, alternatively, as the result of an intentional medical procedure to end a pregnancy — is not significant, according to *Merck*. What matters is that the pregnancy has ended and the embryo or fetus is dead.⁸

A DUTY TO CARE FOR ALL BEINGS

What about law and politics? In the aftermath of *Dobbs*, and the patchwork of state laws that will now regulate abortion, it is important to note that there is no common legal and political definition

of abortion. *Dobbs* has left the regulation of abortion to the states, but they disagree on what it actually is. The state definitions are inconsistent.⁹ Some state legislatures — in a drastic effort to protect prenatal life — have passed laws that are harsh and misinformed in their understanding of medicine.¹⁰

It is important to understand that Catholic moral thought does not align completely with the descriptions of “pro-life” or “pro-choice.” Instead, we are both “pro-mother” and “pro-child.” The line is drawn for us when a woman wants to abort her healthy, nascent child. That choice is not medical, it is personal, and it immorally ends the life of someone who has the right to exist. No child should die because of that choice. Conversely, no mother should die because her pregnancy is not viable.

What about the “right to life”? As a theologian and bioethicist, my personal judgment is that early human life (at chromosomal transfer, or syngamy, and on) is a human person and has rights because of their existence. Every person, once conceived, has a claim to be born and the ability to live as God intended them to be. To deliberately take this right away from them in their vulnerable state is immoral.

The “right to life” is intellectually consistent. But saying this doesn't solve the conflict of how to respect the life of the woman who helped to create and nurture this person. This new person doesn't erase the rights of their mother, nor, as already stated, do the mother's rights eliminate those of her child.

Perhaps the problem is that too often we emphasize rights without corresponding duties. A right to choose a goal that is self-beneficial includes the duty to not choose an act that is wrong, and also to choose in favor of the disadvantaged. To end the life of an innocent person is immoral, regardless of whether it benefits us personally. We cannot claim a moral right of autonomy that disregards the duty to care for others.

The same obligation exists for those who advocate a right to life. It includes the duty to care for all persons in need, not just unborn children. Persons need care after birth, not just during pregnancy. Choosing life means to create

structures that minimize, and eliminate, tragic choices. And, that is what Catholic health care and social services are about.

CONCLUSION

In a recent address, Pope Francis stated that “We were put in this world to love him (God) and our neighbors. Everything else passes away, only this remains. The tragedy ... summons us to take seriously the things that are serious, and not to be caught up in those that matter less; to rediscover that life is of no use if not used to serve others. For life is measured by love.”¹¹

Abortion is a tragedy because it demonstrates our failure to care for women who make this choice, and also our inadequacy to care for those unborn children whose lives are ended by this act. If our lives are measured by love, what is abortion?

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NOTES

1. Ross Douhat, “What Do the Physical Costs of Pregnancy Mean for the Abortion Debate?,” *New York Times*, October 5, 2022, <https://www.nytimes.com/2022/10/05/opinion/pregnancy-abortion-dobbs.html>.

2. *The Didache or the Teachings of the Twelve Apostles*, trans. by J.B. Lightfoot (London: MacMillan & Co., 1891), § 2.2.

3. Francis Stead Sellers and Meena Venkataraman, “Spread of Catholic Hospitals Limits Reproductive Care Across the U.S.,” *The Washington Post*, October 10, 2022, <https://www.washingtonpost.com/health/2022/10/10/abortion-catholic-hospitals-birth-control/>.

4. Kate Cohen, “Chrissy Tiegen Has Shown What Abortion Is. Some Refuse to Accept It.,” *The Washington Post*, September 20, 2022, <https://www.washingtonpost.com/opinions/2022/09/20/chrissy-teigen-abortion-lost-pregnancy/>.

In this article, the reporter states that “An abortion is the deliberate termination of a human pregnancy.” The statement lacks nuance with regard to different medical conditions.

5. The principle of double effect guides Catholic decision-making in complex cases. In short, the principle helps to distinguish the three parts of a human act: the object, the intention and the circumstances. Within the

context of this column, it will not be possible to do a complete analysis of each individual situation.

6. Peter A. Clark, SJ, “Methotrexate and Tubal Pregnancies: Direct or Indirect Abortion?” *The Linacre Quarterly* 67, no. 1 (February 2000): 7-24; Ron Hamel, “Catholic Hospitals and Ectopic Pregnancies,” *Health Care Ethics USA* 19, no. 1 (Winter 2011): <https://www.chausa.org/publications/health-care-ethics-usa/archives/issues/winter-2011/catholic-hospitals-and-ectopic-pregnancies>; William May, “Methotrexate and Ectopic Pregnancy,” *Ethics & Medics* 23, no. 3 (March 1998): 1-3, <https://doi.org/10.5840/em19982335>; Albert S. Moraczewski, “Ectopic Pregnancy Revisited,” *Ethics & Medics* 23, no. 3 (March 1998): 3-4; Moraczewski, “Tubal Pregnancies: Part I,” *Ethics & Medics* 21, no. 6 (June 1996): 3-4; Moraczewski, “Tubal Pregnancies: Part II,” *Ethics & Medics* 21, no. 8 (August 1996): 3-4.

7. The seminal case here is the death of Savita Halappanavar in Ireland in 2012 due to a septic miscarriage that was not treated properly. While she was not treated at a Catholic hospital, her death became a mandate for changing abortion laws in Ireland.

8. Antonette T. Dulay, “Spontaneous Abortion,” *Merck Manual*, October 2022, <https://www.merckmanuals.com/professional/gynecology-and-obstetrics/abnormalities-of-pregnancy/spontaneous-abortion>.

9. “California Health & Safety Code, Section 123464 (2020),” Justia, 2020, <https://law.justia.com/codes/california/2020/code-hsc/division-106/part-2/chapter-2/article-2-5/section-123464/>; “Alabama Code, Section 26-21-2 (2021),” Justia, 2021, <https://law.justia.com/codes/alabama/2021/title-26/chapter-21/section-26-21-2/>.

10. Paradoxically, those states that seem to be most intent on restricting abortion access also have the highest rates of maternal mortality due to inadequate systems available for prenatal and post-partum care for women, particularly in minority communities. See below for more on this topic:

“Health of Women and Children Report 2019,” America’s Health Rankings/United Health Foundation, September 2019, <https://assets.americashealthrankings.org/app/uploads/health-of-women-and-children-2019.pdf>; David Albert Jones, “The End of Roe Doesn’t Need to Bring an Increase in Maternal Mortality,” *The New York Times*, July 9, 2022, <https://www.nytimes.com/2022/07/09/opinion/roe-abortion-women-death.html>.

11. Pope Francis, “Homily of His Holiness Pope Francis,” April 5, 2020, https://www.vatican.va/content/francesco/en/homilies/2020/documents/papa-francesco_20200405_omelia-palme.html.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, Winter 2023, Vol. 104, No. 1
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