Conclusion

In this book we have seen that the consequences of induced abortion for women and for the health of their future children is much graver than used to be thought. Of the 25 to 30 million women in North America who have undergone an induced abortion over the past 33-34 years, at least eleven per cent, at a conservative estimate, have experienced physical or psychological complications.

Some of these complications are short term and manageable. They range from pain, bleeding and fevers to perforation of the uterus, retained fetal or placental tissue, and sepsis. Other consequences are longer term and profoundly serious in their implications. They include a higher rate of pelvic inflammatory disease (PID) and sexually-transmitted diseases (STDs), placenta previa, and damage to the uterus and cervix which impair a woman's ability to conceive and bear children. There is also a higher rate of ectopic pregnancy.

Not only does abortion drastically increase a woman's risk of having a premature delivery the next time she becomes pregnant, prematurity itself is associated with a huge increase in cerebral palsy among newborns. Abortion leads to an 86 to 267 per cent increase in the risk of prematurity. Prematurity in turn leads to a more than 3700 per cent increase in cerebral palsy. Induced abortion is therefore directly responsible for a medical tragedy of serious proportions.

Many studies downplay the impact of abortion on women's future fertility. But a British study done under the auspices

of the Royal College of Physicians and Surgeons found that women who had abortions experienced six per cent lower fertility than those who did not. Infertility is such a significant consequence of abortion that it needs to be studied more intensively and over a much longer period of time. At present many women do not even know that they are at risk or should be seeking treatment for infertility.

The abortion pill misopristone (RU-486) has been hailed in some quarters as a simple, safe, effective alternative to surgical abortion. According to one glowing testimonial this pill enables physicians now to do abortions in their offices, thereby making the procedure available to many more women. The reality is more sobering:

1. The failure rate is higher than with surgical abortion;
2. The complication rate is higher;
3. Women have to wait an average of 24 days to find out if their abortion has actually worked. The emotional effect of this long period of uncertainty can easily be imagined.

Although its incidence is low, maternal death is one of the real risks of abortion. Abortion's defenders have long asserted that it is safer than childbirth. Recent massive studies in Scandinavia, Britain and the U.S. have now relegated this claim to the realm of fiction. The death rate among women, one to four years after their abortions, is many times greater than among women who deliver their babies. These recent studies, based on record-linkage, serve to underline the limitations of conventional methods of examining abortion mortality. The conventional methods have long been bedeviled by coding problems and by deliberate obfuscation of the problem.

This book has also shown that a history of previous induced abortion is associated with a higher risk of cervical, ovarian and colorectal cancer. More disturbingly, 27 studies worldwide have documented an average 30 per cent increased risk of breast cancer among women who have abortions. The chilling reality is that a young woman who opts to abort her first pregnancy rather than carry the pregnancy

through to delivery nearly doubles her lifetime risk of breast cancer. Until recently the North-American research community has been loath to recognize the validity of these findings. Only in the past two years has the pioneering work of Joel Brind in this field begun to win grudging acceptance.

The difficulties of measuring the physical consequences of abortion are legion. These difficulties are compounded when it comes to the emotional and psychological aftermath of abortion. To begin with, a significant proportion of women simply refuse to be interviewed about their experience. Much more work needs to be done, but already we know that women who have an abortion are much likelier to commit suicide than women who deliver their babies. We also know that women often feel ambivalent about their decision to abort. When offered supportive counseling, as they are in Sweden, they are more likely not to abort. In many instances, abortion, far from being a woman's free choice, is the product of coercive pressure from her male partner or family. It is also known that abortion is often not a good solution for women who have a psychiatric history, live in abusive relationships, believe abortion is morally wrong, or are adolescents. Abortion deepens the tribulation of these women. Our findings lead us to pose the question: Should those who counsel women contemplating an abortion not be more alert to these negative psychological sequelae? Should they not consider, in some cases at least, steering depressed, guilty, angry, anxious, or young women *away* from abortion?

Women who have abortions experience greater rates of substance abuse (including tobacco, alcohol and non-medical drugs). There is some evidence that they are also susceptible to eating disorders such as anorexia, to sexual dysfunction, and to psychic numbing or absence of affect. Abortion is also associated with higher rates of marital breakups and relationship dissolution. A mother's relationship with her other children may also be adversely affected.

This survey of the medical and psychological literature has led us to conclude that the consequences we have outlined are more numerous and far reaching than most specialists in the field have suspected. Much more research is needed, particularly to determine abortion's long-term impact on women physical and mental health.

For the present, those professionals who deal with women considering abortion have a duty to acquaint themselves with the evidence that has been accumulated so far. Women have a right to know about the evidence of abortion's consequences. Without this knowledge they are in no position to give their informed consent to the procedure.