

## **Introduction**

It is widely thought that induced abortion is safe and almost risk free. Yet recent research indicates that the procedure carries with it clear hazards to women's physical and psychological health. The findings presented in this study raise the thorny issues of women's right to informed consent – something that is not realizable if all the potential risks of the medical procedure in question are not made known to the patient.

We also alert readers to areas of controversy so that they can make up their own minds in the light of the best current knowledge. Unfortunately there exist elements within the research and medical establishments for whom the paramount consideration appears to be to preserve the image of abortion as simple, safe and easily available to women. Consequently they have been strongly critical of recent studies which make it unmistakably clear that after an abortion a woman is at a much greater risk of breast cancer and a host of other medical complications, as well as ongoing emotional distress. Ironically, research from countries with liberal abortion laws, such as Sweden, Finland and Denmark, offers candid acknowledgement of risks that induced abortion poses to women's physical and psychological health.

Our goals in this book are twofold: first, to inform women who may be contemplating an abortion and the medical professionals who care for them; second, to encourage the North-American medical research establishments to re-examine their existing assumptions about the effects of abortion on women's health, keeping uppermost in their

minds the present and future health and well-being of all women dealing with pregnancy.

*Women's Health after Abortion* is based on over 500 articles that have appeared in medical and other journals, chiefly during the past twenty years. Much of the information has been extracted from papers whose primary focus was not abortion. Some of the consequences of abortion do not surface until long after the procedure, or, as in the case of infertility, remain undetected until the woman wishes to bear a child. Yet at present many studies rely on short-term findings; furthermore, researchers often minimize the significance of their findings, and sometimes even arrive at conclusions that flatly contradict their data. The difficulties surrounding the study of abortion have only increased with the dramatic rise over the past decade in the number of procedures performed in clinics, where follow-up of patients is minimal or non-existent. Nonetheless, what research there is, shows that abortion is the source of serious physical and psychological problems for a significant number of women.

The medical risks include ectopic pregnancy, which has risen disturbingly during the period since abortion was legalized. Other risks include uterine perforation, uterine adhesions, and pelvic inflammatory disease (PID). The latter condition is now epidemic in North America, and commonly results in infertility. There is also valid reason for thinking that maternal mortality from abortion is generally underreported in Canada and the U.S. There is increasing evidence too, of a link between abortion and subsequent cancers of the reproductive system, as well as colorectal cancer. Over the past 40 years, there has been overwhelming evidence of a strong link between abortion and the incidence of breast cancer among women. Despite the fact that the evidence has been virtually ignored by much of the research establishment in North America, it has been recognized in Europe, where the Royal College of Obstetricians and Gynaecologists in Britain has recently acknowledged that induced abortion increases the risk of breast cancer.

## Introduction

Among abortion's psychological effects are depression, guilt and low self-esteem. Many women feel pressured into abortion by men. Women who undergo abortions – adolescents in particular – experience a much higher rate of suicide than those who don't. Abortion can also have a devastating impact on existing children in a family whose parents decide to abort a pregnancy. For some men abortion can also be an experience of grief and powerlessness. Finally, it is well established that abortion results in the deterioration of relationships between women and those who are close to them.

Information that we have discovered, and which we present in this book, has frequently been downplayed or even omitted from the discussion or conclusion sections of the papers written by those who came up with the data in the first place. The subject is also bedeviled by the way hospitals report patients' diseases or disorders (coding), and also because the diagnosis is not always correct at the time of discharge. Accordingly, the actual incidence of ill effects, while significant, is still not fully known. Evidence, however, continues to flow in confirming the substantial risks attached to abortion.

In a recent study sponsored by the College of Physicians and Surgeons of Ontario, a comparison was made between 41,039 women who had induced abortions and a similar number who did not undergo induced abortions. The study only concerned itself with short-term consequences, but in the three-month period after the abortion, the hospital patients had a more than four-times higher rate of hospitalizations for infections (6.3 vs. 1.4 per 1000), a five-times higher rate of "surgical events" (8.2 vs 1.6 per 1000), and a nearly five times higher rate of hospitalization for psychiatric problems (5.2 vs. 1.1 per 1000), than the matching group of women who had not had abortions. The community clinic patients fared somewhat better, but the authors cautioned that the clinics "cannot easily follow the medium-term outcomes subsequent to the services they provide".<sup>1</sup>

As the second edition was being prepared for the press, one more study by Reardon and colleagues appeared in the

*Canadian Medical Association Journal*, showing a significantly higher risk of psychiatric admissions among low-income women who have an induced abortion than among those who carry a pregnancy to term. In the face of the number of letters criticizing this study, the *CMAJ* editors penned a strongly worded editorial defending the integrity of the research and stressing the importance of publishing controversial papers whose conclusions may challenge the preconceptions of some of its readers.<sup>2</sup>

A key question raised by our book is, do women have the right to be informed about the physical and psychological risks of abortion? Will doctors be liable to prosecution if they fail to alert their patients to the documented risks associated with induced abortion? We are convinced that the increased risks associated with induced abortion are serious enough to merit dissemination beyond the pages of professional journals. If there is a right to choose, there is also a right to know. Without accurate, up-to-date knowledge, how can informed consent be given in any meaningful sense?

### Notes

1 Ostbye T, Wenghofer EF, Woodward CA, Gold G, Craighead J. Health services utilization after induced abortions in Ontario: A comparison between community clinics and hospitals. *American Journal of Medical Quality* 2001 May;6(3):99-106. See Table 3, p. 103, and p. 105.

2(a) Reardon DC, Cogle JR, Rue, VM, Shuppig MW, Coleman PK, Ney PG. Psychiatric admissions of low-income women following abortion and childbirth. *Canadian Medical Association Journal* 2003 May 13;168(10):1253-1256.

2(b) Editorial. Unwanted results: the ethics of controversial research. *CMAJ* 2003 July 22;169(2):93.

minds the present and future health and well-being of all women dealing with pregnancy.

*Women's Health after Abortion* is based on over 500 articles that have appeared in medical and other journals, chiefly during the past twenty years. Much of the information has been extracted from papers whose primary focus was not abortion. Some of the consequences of abortion do not surface until long after the procedure, or, as in the case of infertility, remain undetected until the woman wishes to bear a child. Yet at present many studies rely on short-term findings; furthermore, researchers often minimize the significance of their findings, and sometimes even arrive at conclusions that flatly contradict their data. The difficulties surrounding the study of abortion have only increased with the dramatic rise over the past decade in the number of procedures performed in clinics, where follow-up of patients is minimal or non-existent. Nonetheless, what research there is, shows that abortion is the source of serious physical and psychological problems for a significant number of women.

The medical risks include ectopic pregnancy, which has risen disturbingly during the period since abortion was legalized. Other risks include uterine perforation, uterine adhesions, and pelvic inflammatory disease (PID). The latter condition is now epidemic in North America, and commonly results in infertility. There is also valid reason for thinking that maternal mortality from abortion is generally underreported in Canada and the U.S. There is increasing evidence too, of a link between abortion and subsequent cancers of the reproductive system, as well as colorectal cancer. Over the past 40 years, there has been overwhelming evidence of a strong link between abortion and the incidence of breast cancer among women. Despite the fact that the evidence has been virtually ignored by much of the research establishment in North America, it has been recognized in Europe, where the Royal College of Obstetricians and Gynaecologists in Britain has recently acknowledged that induced abortion increases the risk of breast cancer.

## Introduction

Among abortion's psychological effects are depression, guilt and low self-esteem. Many women feel pressured into abortion by men. Women who undergo abortions – adolescents in particular – experience a much higher rate of suicide than those who don't. Abortion can also have a devastating impact on existing children in a family whose parents decide to abort a pregnancy. For some men abortion can also be an experience of grief and powerlessness. Finally, it is well established that abortion results in the deterioration of relationships between women and those who are close to them.

Information that we have discovered, and which we present in this book, has frequently been downplayed or even omitted from the discussion or conclusion sections of the papers written by those who came up with the data in the first place. The subject is also bedeviled by the way hospitals report patients' diseases or disorders (coding), and also because the diagnosis is not always correct at the time of discharge. Accordingly, the actual incidence of ill effects, while significant, is still not fully known. Evidence, however, continues to flow in confirming the substantial risks attached to abortion.

In a recent study sponsored by the College of Physicians and Surgeons of Ontario, a comparison was made between 41,039 women who had induced abortions and a similar number who did not undergo induced abortions. The study only concerned itself with short-term consequences, but in the three-month period after the abortion, the hospital patients had a more than four-times higher rate of hospitalizations for infections (6.3 vs. 1.4 per 1000), a five-times higher rate of "surgical events" (8.2 vs 1.6 per 1000), and a nearly five times higher rate of hospitalization for psychiatric problems (5.2 vs. 1.1 per 1000), than the matching group of women who had not had abortions. The community clinic patients fared somewhat better, but the authors cautioned that the clinics "cannot easily follow the medium-term outcomes subsequent to the services they provide".<sup>1</sup>

As the second edition was being prepared for the press, one more study by Reardon and colleagues appeared in the

*Canadian Medical Association Journal*, showing a significantly higher risk of psychiatric admissions among low-income women who have an induced abortion than among those who carry a pregnancy to term. In the face of the number of letters criticizing this study, the *CMAJ* editors penned a strongly worded editorial defending the integrity of the research and stressing the importance of publishing controversial papers whose conclusions may challenge the preconceptions of some of its readers.<sup>2</sup>

A key question raised by our book is, do women have the right to be informed about the physical and psychological risks of abortion? Will doctors be liable to prosecution if they fail to alert their patients to the documented risks associated with induced abortion? We are convinced that the increased risks associated with induced abortion are serious enough to merit dissemination beyond the pages of professional journals. If there is a right to choose, there is also a right to know. Without accurate, up-to-date knowledge, how can informed consent be given in any meaningful sense?

### Notes

1 Ostbye T, Wenghofer EF, Woodward CA, Gold G, Craighead J. Health services utilization after induced abortions in Ontario: A comparison between community clinics and hospitals. *American Journal of Medical Quality* 2001 May;6(3):99-106. See Table 3, p. 103, and p. 105.

2(a) Reardon DC, Cogle JR, Rue, VM, Shuppig MW, Coleman PK, Ney PG. Psychiatric admissions of low-income women following abortion and childbirth. *Canadian Medical Association Journal* 2003 May 13;168(10):1253-1256.

2(b) Editorial. Unwanted results: the ethics of controversial research. *CMAJ* 2003 July 22;169(2):93.