



POSITION

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ABORTION *is not* HEALTHCARE

Healthcare is defined as the maintenance or improvement of health via the prevention, diagnosis and treatment of disease, illness, injury, and other physical and mental impairments in people.

Pregnancy is defined as the condition of having a developing embryo or fetus in the body after successful conception.

Pregnancy is not a disease, illness, or injury. Neither is it a physical or mental impairment. It is a condition that results from conception, whether through sexual intercourse or some means of assisted reproductive technology. The result of this conception is a developing embryo or fetus, a unique, living being with its own human DNA. It shows predictable growth and development into a full-term human child. The embryo or fetus is treated as a unique patient in cases of wanted pregnancy, and it is illogical to treat it as one with the mother in cases where the pregnancy is unwanted. “Wanted” vs. “unwanted” are subjective feelings unrelated to the biological facts with which healthcare is concerned.

Pregnancy is a unique challenge for the health care field, as pregnancy is a non-disease condition requiring health care services prenatally, at birth, and in follow-up care for both mother and child. But abortion¹, the active termination of a pregnancy, should not be viewed as part of comprehensive women’s health care.

IS ABORTION EVER MEDICALLY NECESSARY?

Abortion is considered a failure if one patient – the fetus – survives. This is contrary to healthcare as abortion neither maintains or improves the health of a fetus, nor addresses a disease, illness, injury or any other kind of impairment in the mother. Despite being performed by physicians in

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medical settings, abortion cannot be classified as healthcare and is more akin to plastic surgery or other elective procedures.

It is clear from obstetricians and gynecologists that there is never a need to abort a child to save the mother. When the mother's health is critically threatened, the life of the mother is saved "through the delivery of an intact infant in a hospital where both the mother and her newborn can receive the care that they need... We never intentionally target the unborn child during the separation procedure in order to guarantee that the baby is born dead."² The newborn may not survive an early delivery, but that remains fundamentally different in approach than ensuring the death of the fetus prior to removing it from the mother's womb.

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medically necessary, it might make sense to leave it as a decision between a woman and her health care provider. But it is clear that this subjective approach can be removed and the truth affirmed that abortion is never a medically necessary response to pregnancy.

IF ABORTION IS NOT ENCOMPASSED IN HEALTHCARE, WILL WOMEN RESORT TO SELF-INFLICTING ABORTIONS AT HOME?

This is a common concern expressed by abortion activists, some with sincere misinformation and others with deliberate disingenuity. In Canada, the Abortion Rights Coalition of Canada cites the death of about 5,000 Canadian women from unsafe abortions over more than a 20-year period in the mid-20th century, before abortion was legalized.³ That amounts to about 250 women per year, less than one percent of total abortions

even if abortion rates were only a quarter of what they are today, and not significantly different from current complication rates from reported, legal abortions.⁴

The Abortion Rights Coalition of Canada claims that abortion as a medical service is "essential" because "many women will otherwise risk their lives to obtain unsafe, illegal abortions."⁵ This statement makes the supposition that complication rates will increase if abortion is restricted, unsupported by their own data. This comes alongside the untrue assumption that the government is responsible for funding health care services in order to protect people from their own bad decisions.

Those who support the abortion pill trumpet its ability to increase access to abortion in remote areas, where women have limited access to medical care⁶. This means they are asking for women with the least



access to medical care, both physically and financially, to be given pills with known side effects of hemorrhaging and other potentially life-threatening consequences. This is asking women to take their lives into their own hands, and should in no way be considered health care.

In this way, in a strange irony, abortion activists are themselves advocating for self-inflicted, at-home abortions. Women on Waves, an activist group that provides abortion in countries where it is illegal, says on their website that they trust women to handle abortions themselves. They say that, “although legalization of abortion is important, medical abortion with pills... now gives women the possibility to take their lives in their own hand again irrespective of the legality of abortion or the willingness of doctors.”⁷

Legality does not determine safety. It does, however, make a statement about our values as a society. The idea

that women’s lives will be at stake without free, easy-to-access abortions is fear-mongering, and a diversion from the very real truth – that approximately 100,000 babies are aborted every year in Canada, with their human rights completely unrecognized.

WHAT ARE THE IMPLICATIONS OF DECLARING ABORTION OUTSIDE THE REALM OF HEALTH CARE?

If abortion is not health care, it should not be a mandatory part of medical school training. Like plastic surgery, chiropractic, and other elective procedures, it should be a specialization pursued beyond medical school. Medical school should cover pregnancy, miscarriage (spontaneous abortion), and birth, and so prepare medical students to provide quality, actual health care to women.

If abortion is not health care, hospitals should not be providing

surgical abortions. They may facilitate Caesarean sections or induce early labour when indicated for the safety of the mother, but must then care for both mother and child to the best of their ability.

If abortion is not health care, it should not be a publicly funded service. Abortion is never medically necessary: it is an elective procedure that many Canadians oppose. It should not be funded with taxpayer money.

Pregnancy is not a disease, illness, injury, or physical or mental impairment.

CONCLUSION

Abortion, whether done at home through chemical abortion, or performed by a doctor in a clinical context, should not be considered healthcare. Pregnancy is not a disease, illness, injury, or physical or mental impairment. It is a condition unique

to biological females, and all aspects of care regarding pregnancy should be considered health care with the exception of abortion. Abortion is an elective, unnecessary procedure that attacks the sanctity of life by forcibly taking the life of a human being. Treating abortion as a legitimate medical option diverts resources from

real health care and from potential support systems for pregnant women in difficult circumstances.

Read more from We Need A Law at

[We.NeedaLaw.ca/blog](https://www.weneedalaw.ca/blog)

REFERENCES

¹ CMA Policy on Induced Abortion: <https://policybase.cma.ca/documents/policypdf/PD88-06.pdf>

² *It Is Never Necessary to Intentionally Kill a Fetal Human Being to Save a Woman's Life: In Support of the Born-Alive Abortion Survivors Protection Act* Harrison, D., Cretella, M., Schirger, J., Stevens, D. & Orient, J. (Feb 2019). https://www.thepublicdiscourse.com/2019/02/49619/?fbclid=IwAR1O6aYvEpMc_6PKcD0r70O6tg7q6O9c4TxZDijWels9jdk6-xIV3pFWWiw

³ Yes, *Legalizing Abortion Does Save Women's Lives*. Joyce Arthur (updated 2013). <http://www.arcc-cdac.ca/action/legalizing-abortion-saves-lives.html>

⁴ *Statistics – Abortion in Canada*. Abortion Rights Coalition of Canada (updated 2019). <http://www.arcc-cdac.ca/backgrounders/statistics-abortion-in-canada.pdf>

⁵ Abortion Rights Coalition of Canada Position Paper: *Abortion is a Medically Necessary Service and Cannot be Delisted* <http://www.arcc-cdac.ca/positionpapers/01-Abortion-Medically-Required.pdf>

⁶ See for example Avery Zingel's *Removal of ultrasound requirement could improve access in remote communities to abortion drug* (Apr 2019). <https://www.cbc.ca/news/canada/north/abortion-pill-ultrasound-access-1.5110044> and Jonathan Charlton's *How the abortion pill will improve access for rural women* (Aug 2015). <https://thestarphoenix.com/news/local-news/how-the-abortion-pill-will-improve-access-for-rural-women>

⁷ Women on Waves 10 years: <https://www.womenonwaves.org/en/page/649/10-years-of-women-on-waves-2009>