



Abortion Rights
Coalition of Canada

Coalition pour le droit à
l'avortement au Canada

*Your
Voice for Choice*

Canada's only national political pro-choice advocacy group

POB 2663, Station Main, Vancouver, BC, V6B 3W3 • info@arcc-cdac.ca • www.arcc-cdac.ca

Position Paper #91

Abortion as a Healthy and Positive Moral Choice

Introduction

Fundamentally, abortion is the choice of one person and one person alone: the woman or transgender person who has become pregnant. Yet, assessing the procedure from a philosophical viewpoint is also relevant and a worthy exercise. This paper is an overview of why abortion is a healthy and positive moral choice.

For Society

“When women have access to abortion, contraception and medically accurate sex education, they thrive.” – Dr. Willie Parker¹.

Everyone has heard the tale of the single woman (often low-income or struggling in some way) who becomes pregnant; it is a situation that is used in media and sex education as a “warning” to other women. Yet, this paints a portrait of female sexual agency as something to be wary of, something that is deserving of “punishment”.

In truth, contraception is not 100% successful even when used perfectly,² and not every woman has the same education and moral support systems in her life to prevent unwanted pregnancy (and men are warned far more against the danger of STIs than contributing to a pregnancy, despite the focus many male politicians put on abortion, which often puts the onus on women alone to prevent it). Further, low-income women are less likely to use contraception properly and less likely to have an abortion, contributing heavily to the cycle of female and child poverty.³ If abortions were readily accessible and not vilified, less women would bear unwanted children⁴, these women would be more financially stable, and this would contribute to a more economically stable society overall (with fewer abortions required).

It is also unethical for the state to control women’s bodies, especially regarding something not only physically painful, but potentially life-threatening as pregnancy can be. A fetus, while a *potential* person, is a part of a woman’s body. For the state to be able to dictate that a woman should suffer through not only the pain of childbirth, but the nine months of various other symptoms⁵ is abuse of its citizens. When the state does not allow a woman (a person) to make choices about her own body due to the existence of a *potential* person, it makes women second-class citizens and subordinate to their fetuses.

“If abortion rights are denied, then a constraint is imposed on women's freedom to act in a way that is of great importance to them, both for its own sake and for the sake of their achievement of

equality; and if the constraint is imposed on the ground that the foetus has a right to life from the moment of conception, then it is imposed on a ground that neither reason nor the rest of morality requires women to accept, or even to give any weight at all.” – Judith Jarvis Thomson⁶

For the Woman or Transgender Person

Connected to state control of women’s bodies is the idea that having an abortion makes someone a “bad” person. In truth, abortion should be a healthy and positive response to unwanted pregnancy, for a number of reasons:

- For most women, pregnancy is uncomfortable, if not painful. For those who want a child, the discomfort and suffering they endure for almost ten months (see footnote 3) has a light at the end of the tunnel, but for a woman who does wish to be a mother, these symptoms can be a devastating burden, psychologically. Women should not be required to martyr themselves. *“No woman can call herself free until she can choose consciously whether she will or will not be a mother.”*— Margaret Sanger, founder of Planned Parenthood
- A zygote/embryo/fetus is not a person. It is a person under development, a “potential” person, so a woman who has an abortion is not “killing” anything. At least 50% of all pregnancies end in miscarriage – usually before a woman misses a menstrual period or even knows she is pregnant. About 15-25% of recognized pregnancies will end in a miscarriage, 80% of them in the first trimester.⁷ This is a naturally occurring process caused by the embryo being genetically defective or hormonally imbalanced, or because of maternal health conditions. Because of the commonality of miscarriage, women experiencing miscarriage are often reassured that they did not cause the miscarriage by something they did or do not do. Aborting an unwanted embryo should be considered in the same light – as a normal process that ends what is an unviable pregnancy for the woman.⁸
- Abortion is not painful. While it may be uncomfortable, especially in later stages, the act of abortion usually does not cause more than cramping and some bleeding.⁹ In most cases, women can return to work that day. Major complications are very rare.
- Abortion is safe. It is performed in hospitals and clinics, and, with the arrival of the drug Mifegymiso.¹⁰ in 2016, a woman can now take pills with minimal risk. Abortion may shown as traumatic and “messy” for dramatic purposes in media or in anti-choice propaganda, but, in truth, early-stage abortion hurts no more than a PAP test or a IUD implantation. It is also a simple and quick procedure, with little or no blood loss.
- Abortion provides women agency over their lives. If women are not allowed to make decisions about their own bodies, this renders them second-class citizens. Simply put, when women aren’t “allowed” to make the decision regarding abortion, the state and society is telling them they have less value than other human beings, because she has become an instrument of the state. If a woman is forced to take on the financial and emotional burden of carrying a fetus to term and then raising a child whether she wants to or not, she is unable to plan and direct her life, or fulfill her aspirations.

For the Potential Human

Despite arguments made by anti-choice protestors, embryos and fetuses do not feel pain. There are several different abortion procedures, but even the (rare) process of a late D&X abortion (which anti-choice arguments often reference) does not cause the fetus any physical or mental harm.¹¹ Therefore, abortion is not causing the suffering of one being (the fetus) to benefit another being (the woman).

Some children are born with crippling physical disorders that make living excruciatingly painful.¹² Some children are born with disorders, like spina bifida,¹³ that render them paralyzed or with nerve damage before they are born. Some children are stillborn due to known disorders that caused them to not come to term. These babies are born into the world suffering immense pain only to die anyway. Morally, it is better for the baby to have never been born at all. Fetuses and babies do not think in the same way a child or adult does – they cannot consider their morality, their life, their consciousness. A fetus or a suffering newborn cannot make the choice to request euthanasia for pain, so it's up to the mother to prevent this pain before it occurs. It's a heartbreaking and painful choice for the mother, but, morally, it is better to prevent the newborn from as much suffering as possible.¹⁴ For more information, see Position Papers #25, [Abortion for Genetic Reasons](#) and #22, [Late Term Abortions](#).

Unwanted children suffer psychosocial problems, learning disorders, lower birth weight and higher instances of mental disorders¹⁵ as well as being on welfare and engaging in criminal activity later in life.¹⁶ As a fetus is not self-aware in the womb, having an abortion, rather than risking a child growing up feeling unloved and unwanted, is often the appropriate moral choice. In a healthy society, children are wanted and a joy, not a burden or a weight to tie their parents down.

Anti-choice propaganda often creates posters stating that an abortion has “killed the next Mother Teresa” or other such comparisons, yet this argument is invalidated by the fact that the aborted fetus could easily have been the next Paul Bernardo instead. We have no way of knowing what a potential person's contribution to society will be, so arguments related to the hypothetical “worth” of a fetus are illogical.

Conclusion

Abortion is a healthy moral choice not just for the mother, but for the fetus and society as well. ARCC wants every child to be born healthy and with a parent who wants and loves them. Forcing a woman or transgender person to carry a fetus to term only limits them financially, emotionally, and socially. Women denied an abortion are more likely to remain in poverty and be trapped in an abusive situation,¹⁷ and it can cause the undue suffering of a baby born with a crippling disease. Abortion should be viewed as a natural, normal process intended to further society, not limit it.

¹ Parker, Willie (OB/Gyn and board chair of Physicians for Reproductive Health). Why I Provide Abortions. *New York Times*, 2015. <http://www.nytimes.com/2015/11/18/opinion/why-i-provide-abortion.html? r=0>

² Abortion Rights Coalition of Canada. Position Paper #36, *Contraceptive Methods*. <http://www.arcc-cdac.ca/postionpapers/36-Contraceptive-Methods.pdf>

³ Black, Amanda. Contraceptive Use Among Canadian Women of Reproductive Age: Results of a National Survey. *Journal of Obstetrics and Gynaecology Canada (JOGC)*, 2009-07-01, 31:7, Pp 627-640. [http://www.jogc.com/article/S1701-2163\(16\)34242-6/pdf](http://www.jogc.com/article/S1701-2163(16)34242-6/pdf)

-
- ⁴ Abortion Rights Coalition of Canada. Position Paper #41, *Adoption: Why Few Pregnant Women Choose Adoption*. <http://www.arcc-cdac.ca/postionpapers/41-Why-Few-Women-Choose-Adoption.pdf>
- ⁵ Includes: Morning sickness, constipation, diarrhea, backache, sciatic pain, round ligament pain, swelling, headaches, fatigue, gestational diabetes, painful sex, physical discomfort overall, lack of concentration, restless leg syndrome, pre- and post-natal depression, amongst others. Not to mention time off work for prenatal appointments, the inability to take part in certain forms of exercise (such as high contact sports), and the (albeit minor) pain of having blood drawn for testing.
- ⁶ Thomson, Judith Jarvis. Abortion. *Boston Review*. 1995. <http://bostonreview.net/archives/BR20.3/thomson.html>
- ⁷ WebMD. Pregnancy and Miscarriage. 2017. <http://www.webmd.com/baby/guide/pregnancy-miscarriage>
- ⁸ Much of the guilt women feel over abortion may stem from the “horror” surrounding miscarriage in society. A woman who experiences even an early miscarriage is often heavily consoled, and some women even go so far as to mourn the miscarriage as a “death” (noting the date and reflecting on it yearly). While everyone is entitled to their feelings and reactions to events in their lives, given the unknowns around fertility and the presumed desire for parenthood forced on women, the bereavement *expected* of women when they have a miscarriage is hardly conducive to normalizing abortion and can make a woman who has a miscarriage feel guilty when she doesn’t mourn like others do.
- ⁹ Planned Parenthood Federation of America. <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/what-happens-during-an-in-clinic-abortion>
Abortion Rights Coalition of Canada. Position Paper #19, *All About Your Abortion*. <http://www.arcc-cdac.ca/postionpapers/19-All-About-Your-Abortion.pdf>
- ¹⁰ Health Canada. *Mifegymiso: Myths vs. Facts*. 2017. <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/fact-sheets/mifegymiso-myths-facts.html>
- ¹¹ Abortion Rights Coalition of Canada. Position Paper #23, *Partial Birth” Abortions*. <http://www.arcc-cdac.ca/postionpapers/23-Partial-Birth-Abortion.PDF>
- ¹² Davies, Katie. The children who can't be cuddled: Born with a rare genetic condition called the 'butterfly disease' their skin is so fragile it breaks at the slightest touch. *The Daily Mail*. Feb 23, 2013. <http://www.dailymail.co.uk/news/article-2283218/Epidermolysis-Bullosa-Genetic-condition-called-butterfly-disease-means-skin-fragile-breaks-touch.html>
- ¹³ Spina Bifida and Hydrocephalus Association of Ontario. *Spina Bifida Information*. <http://www.sbhao.on.ca/spina-bifida>
- ¹⁴ Fidelmann, Charlie. Montreal woman who had late abortion says she made the right decision. *Montreal Gazette*. Dec 23, 2016. <http://montrealgazette.com/news/local-news/montreal-woman-who-had-late-abortion-says-she-made-the-right-decision>
- ¹⁵ David. Henry P. et al. *Born Unwanted: Developmental Effects of Denied Abortion*. Avicenum: Prague, 1998. <https://birthpsychology.com/content/born-unwanted-developmental-effects-denied-abortion>
“Individuals unwanted at conception, unwanted during gestation, and delivered after refusal of applications for abortion were at greater risk than control subjects for psychosocial problems. The unwanted children received more psychiatric attention, were more often delinquent, and did more poorly in school.” ... “28 days after birth, measurements revealed that unwanted babies were smaller in weight and length, and a greater proportion of them had been born prematurely. These children had a significantly higher infant mortality rate (24 deaths per 1000 births) and had higher incidences of all types of handicaps including cerebral palsy and mental retardation.”
- ¹⁶ Weaver, Rheyenne, EmpowHER. *Mental Health Consequences of Unwanted Child Birth and Restricted Abortions*. <http://www.empowher.com/mental-health/content/negative-mental-health-consequences-unwanted-child-birth-and-restricted-aborti?page=0,1>
- ¹⁷ Bengsch, Danielle. Best practice for abortion policies: listen to women's stories. Sept 8, 2015. <https://www.researchgate.net/blog/post/best-practice-for-abortion-policies-listen-to-womens-stories>