

The Misnomer of “Therapeutic” Abortion

Joy D. Shields, MD
OB/GYN

Most conservative Christians believe that life begins at the moment of conception, that is, when male sperm fertilizes an ovum (egg) in the fallopian tube of a woman. The new life, now an embryo, then travels down the tube to implant in the uterus (womb).

Some argue that if the embryo does not implant, then life actually starts at implantation, not fertilization. The flaw in this theory is that sometimes the embryo does not make it to the uterus, and becomes trapped in the tube, causing an ectopic (out of place) pregnancy. Even though this is a terminal condition, with no hope of survival for the embryo, it still is able to grow large enough to have a heartbeat, visible by ultrasound. It would be absurd to think that an entity with a heartbeat is not alive!

Therefore, it seems clear that human life begins at conception. This is consistent with Scripture, which declares: “For you created my inmost being; you knit me together in my mother’s womb . . . your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be” (Psalm 139: 14, 16). Consider also the Lord’s statement to the prophet Jeremiah: “Before I formed you in the womb I knew you” (Jer. 1:5).

If we view the sanctity of life as God does, then intentionally destroying a new life must be sin. Yet the public has the idea that abortion may be ethically permitted for certain reasons. A “therapeutic” abortion used to be considered ending a pregnancy that, if permitted to continue, would lead to the death of both mother and child. A “therapeutic” abortion, in the strictest sense, was performed to save the mother’s life. This situation may indeed arise, but it is very rare.

Unfortunately, “therapeutic” has taken on a much broader meaning. Now it includes pregnancies where the infant has a congenital birth defect, where the pregnancy has resulted from rape or incest, or simply where the timing does not fit in with the mother’s life goals. This has led to a slippery slope where *every* abortion is considered “therapeutic.” Extending the indications still further, now abortions are done for strictly financial reasons or because the father has walked out on the relationship, or just because the baby is of the opposite gender than desired.

Although some abortions are termed “therapeutic” for emotional reasons, many psychologists have demonstrated the actual cost of abortion in terms of emotional pain. Such a “post-abortion syndrome” is relatively common, though it may appear up to eight years after the procedure.

There is a lot of resistance, even among many OB/GYN physicians, to reject these facts, and to perform abortions for so-called “therapeutic” reasons. I chose to do my OB residency training in a Catholic institution where performing abortions was not permitted. I did not wish to deal with the pressure of secular hospitals where junior residents may decline to participate in abortions, but nonetheless there is intimidation and even retaliation for taking such a principled stand. Such physicians may be considered slackers, or lacking in a good work ethic.

This reaction continues even after formal residency training. I recently told a physician colleague that I am “pro-life.” He was stunned at the remark. The official stance of the American College of Obstetricians and Gynecologists has always been pro-choice, which translates into pro-abortion for any reason.

I believe that many so-called “therapeutic” abortions will still be viewed as murder by a holy and just God, our Creator and the Designer of life. I have not and do not perform abortions, and I provide resources for women working through forgiving themselves for past abortions. They need healing and love, not judgment or condemnation.

Abortion is the taking of life. This should never be considered “therapeutic.”