



# ABORTION IS NOT HEALTHCARE

*Dr Gregory K. Pike, May 2024*

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It is a truism to say that words have power. They shape our perceptions, thoughts, values, and beliefs, and consequently influence how we behave. It is therefore unsurprising that language can be abused in attempts to shift perceptions and influence public debate and policy, especially in questions of significant controversy, abortion being one obvious example.

In a recent special statement published by the American Society for Maternal-Fetal Medicine (SMFM), the authors made the following assertion:

The medical literature is unequivocal, and no dispute exists within the medical community:  
abortion care is an essential component of comprehensive reproductive health care ...<sup>1</sup>

This language is relatively common amongst supporters of abortion, especially and predictably by abortion providers themselves such as BPAS,<sup>2</sup> MSI Reproductive Choices UK,<sup>3</sup> and NUPAS.<sup>4</sup> Major representative bodies can be even *more* assertive. The UK's Royal College of Obstetricians & Gynaecologists (RCOG) is unequivocal – 'Abortion care is healthcare',<sup>5</sup> and like the SMFM, effectively drives home the point by using the phrase 'abortion care' in the same sentence. This particular phrase has become predominant in recent decades. In fact, while the word 'abortion' declined in prevalence by 40% in books and other literature between 1991 and 2019, the phrase 'abortion care' rose in prevalence by a staggering 670%.<sup>6</sup> Attachment of the word 'care' to the word 'abortion' imports abortion into the business of caring, about which there is usually no complaint. Hence, abortion is translated into a caring act and, at least for those promoting it, hopefully achieves the intended destigmatisation. There is also another reason for construing abortion as healthcare – it becomes easier to argue for its inclusion in essential services funded by the state.

To understand whether framing abortion as healthcare is accurate and therefore justifiable, it is necessary to be clear about what the relevant terms mean.

Healthcare has been defined as 'the improvement of health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury and other physical and mental impairments'.<sup>7</sup> Because such a definition relies on the word 'health', it is also helpful to define health itself, and a common definition originally made by the World Health Organisation (WHO), is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.<sup>8</sup> Such a broad definition has been criticised for its 'absoluteness'

by use of the word 'complete', a definition that 'would leave most of us unhealthy most of the time'.<sup>9</sup> Also, by including social well-being, there is a risk that just about any circumstance that can be perceived to negatively impact one's ability to build and maintain healthy relationships and have meaningful interactions with others,<sup>10</sup> can be construed as unhealthy and therefore subject to the intervention of healthcare. Such a broad definition is not how health is mostly understood. It is, as the above definition of healthcare makes clear, within the domain of 'disease, illness, injury and other physical and mental impairments', and their treatment. This includes treatment that cannot provide a cure or restore health, but can palliate the distress caused by disease, illness, or injury. In other words, amelioration of symptoms.

It might also be helpful to define the word 'medicine', as it typically relates to treatments intended to improve health. The Merriam-Webster dictionary defines medicine as 'the science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease'.<sup>11</sup> In her paper 'The Etymology of Medicine', Charen cites the work of Skinner who takes the word 'medicine' from the Latin *Medicina*, which is 'the art of healing, or the means of healing'.<sup>12</sup> Medicine is, therefore, at its core, a healing enterprise. It relies upon a conception of what constitutes a healthy state and what causes departures from that state and how to reverse or ameliorate them. An important aspect of the way medicine is implemented is that it is specifically directed at the disease or diseases in question. It is targeted to the flu, cancer, or diabetes, for example, and is not some broad fix-all. By detailed knowledge of the disorder in question, it aims to reverse the condition and restore health, and this is based upon the conception about what constitutes the optimum status of correctly functioning physiology and psychology for a human being.

Next, abortion needs a definition to understand what it is before it can be determined whether it is reasonable to decide whether it constitutes 'healthcare' or not.

What happens in an abortion is a direct act aimed at ending the life of a human being developing within the womb. It is intentional, and success is measured by there being no living human being left in the womb after the abortion. Differences in terms are common, and typically depend upon a person's belief about whether abortion is acceptable or not. Hence, an abortion may be called killing, ending life, terminating a pregnancy, selective reduction, or even menstrual regulation. The entity involved may be a human being, human person, embryo, fetus, unborn child, preborn child, product of conception, blob of cells, or fertilised egg.

Of course, the language used is crucial to understanding what exists in the womb after conception, but most importantly when abortion is called 'healthcare', it is intended only to refer to the health of the mother and exhibits no regard for the unborn child. Whatever the entity is, so the argument goes, it is the health of the mother that counts. This means that construing abortion as healthcare is utterly one-sided, and the healthcare of the unborn child is non-existent. More to the point abortion completely negates the healthcare needs of the unborn child and more correctly, is a fatal *attack* on his or her health.

Even if one limits healthcare to just the mother, to make sense of its use, abortion must be treating a 'disease, illness, or injury', either to restore health or to palliate the consequences of ill health. To have any meaning at all, pregnancy must therefore be a disease, illness, or injury. But it clearly is not. Pregnancy is the natural condition that results from fertilisation of the egg by sperm. This, and what follows, are processes the female body is entirely geared to do. All the changes seem concentrated on one goal – to enable offspring to be born and hopefully continue developing to maturity. There is therefore no way that pregnancy can be construed as a disorder, and therefore abortion cannot be healthcare that 'treats' a pregnancy.

But what about conditions that are disorders, illnesses or diseases that occur specifically in conjunction with pregnancy? For example, gestational diabetes, iron-deficiency anaemia, and preeclampsia? Would not these disorders be rectified by abortion? The answer lies in the targeted way in which healthcare identifies a disorder, and specifically aims to correct it. If the disorder is preeclampsia, treatment is aimed at bringing down high

blood pressure, which is usually successful. Preeclampsia is the disorder, not the pregnancy, and even though ending the pregnancy will end the disorder, it is neither necessary nor good medical practice to do so. In a comparable way, there is no doubt that severe depression can be ended by assisting someone's suicide, but that does not make assisted suicide a valid treatment for depression. Even less so can assisted suicide be seen as healthcare – it certainly does not improve the health of the patient.

What of the argument that since abortion is undertaken by healthcare professionals it is therefore healthcare? This argument is false because it attempts to align one's professional role with other actions undertaken regardless of their moral meaning. It is entirely possible for a healthcare professional to act in a manner contrary to the core tenets of their profession – for example, 'do no harm' – even if that represents a small part of what they do, the majority being genuine healthcare. At various times and places, significant numbers of medical professionals have acted in deeply immoral ways; for example, forced sterilisations or unethical human experimentation, and now we would not dream of calling these practices healthcare.

There is another consequence of designating abortion as healthcare that warrants mention. Healthcare should improve the mother's health, but while this is an area of some controversy, abortion has been linked to the risk of a number of adverse (unhealthy) outcomes such as increased mortality,<sup>13</sup> preterm birth,<sup>14</sup> breast cancer,<sup>15</sup> infertility,<sup>16</sup> and mental disorders,<sup>17</sup> and in each there are specific physiological or psychological mechanisms hypothesised for the effect. The only evidence that appears to exist that purports to show a health benefit from abortion comes from the seriously flawed Turnaway Study. In this study, women denied an abortion and who gave birth had higher rates of chronic headaches or migraines, joint pain, and gestational hypertension compared with women who had an abortion.<sup>18</sup> However, it is only to be expected that women looking after a newborn baby might have, for example, more headaches and joint pain, than women who had aborted and were not caring for a newborn. After all, childrearing is hard work with consequences like these, at least in the short term.

In conclusion, it is crucial to use language that is honest and descriptive. Otherwise, there is a risk that regularly using distorted language eventually causes the user to believe the perverse logic behind it. The goal of healthcare is to promote good health. The goal of abortion is to kill. Abortion can never be healthcare.

## ENDNOTES

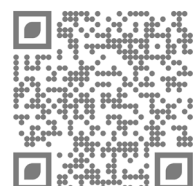
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