

The Eye on Abortion

September 2007



THE ABORTION *BEFORE* THE ABORTION

Dear Pro-life Friends,

Should a medical doctor ever handle lethal drugs when dealing with his patients?

One wouldn't think so, but as of late, many "doctors" feel the need to do so.

Since the recent Supreme Court decision upholding the Partial-Birth Abortion Ban Act, abortionists are seeking ways to legally protect themselves from potential prosecution for "mistakenly" delivering a live fetus during an abortion procedure.

Procedures other than partial-birth abortion, such as the Dilation and Evacuation (D & E), kill the child while he is still inside the womb, but even using procedures such as this have resulted in some live births.

Abortionists, now more than ever, fear the "dreaded complication" of delivering a live fetus since the federal ban carries a two-year prison sentence for violators.

Abortionists in Boston, and elsewhere in the U.S, are attempting to avoid this "complication" by injecting fetuses with lethal drugs *before* abortion procedures. Some doctors disagree with using this procedure, as it poses additional risks to the woman, simply to provide extra legal protection for abortionists.

"We do not believe that our patients should take a risk for which the only clear benefit is a legal one to the physician," Dr. Philip D. Darney, chief of obstetrics at San Francisco General Hospital, wrote in an email. He has chosen not to use the injections.



The *Boston Globe* reported on August 10 that in their city, three major Harvard-affiliated hospitals -- Massachusetts General, Brigham and Women's, and Beth Israel Deaconess -- have responded to the ban by making the injections the new standard operating procedure for abortions beginning at around **20 weeks gestation**, according to Dr. Michael F. Greene, director of obstetrics at Mass. General.

"No physician even wants to be accused of stumbling into accidentally doing one of these procedures," Greene said.

Boston Medical Center has also begun using injections for later surgical abortions, said Dr. Phillip Stubblefield, professor of obstetrics and gynecology at Boston University Medical School. The decision came "after a lot of anguish about what to do," he said.

Greene, however, said the injections add no risk and are "trivially simple," compared with other obstetrical procedures. The only negative he mentioned is that "it is yet another procedure that the patient *has* to endure." (Emphasis added)

Greene said his patients aren't complaining, but rather "are appreciative of what we do for them and understand the circumstances under which we work." This makes one wonder what abortionists are actually telling their patients concerning their "need" to use the injections.

The injections are generally done in abortions after about 20 weeks gestation. The abortionist inserts a long needle into the mother's abdomen and uses ultrasound to guide the needle into the baby's heart and injects the drug, inflicting a heart attack upon the child. One of two drugs is used; either **the heart drug digoxin, or potassium chloride, which is a potentially poisonous salt also used in state executions.**

San Francisco's Darney and colleagues have studied both chemicals, long used in late-term abortions that involve simply inducing labor. Darney said his group concluded that digoxin was safe (for whom?) but offered no advantages in the actual abortion procedures; despite some clinical experience suggesting it made them easier.

For example, according to Martin Haskell, late-term abortionist, **fetal death causes the tissues to soften, making removal of fetal parts in a dilation and evacuation (dismemberment) procedure easier.**¹

They found no safety record for potassium chloride, but a few case reports suggested that it could be **dangerous if accidentally injected into the woman instead of the fetus.**

They decided that whether to have an injection should be up to the patient, and said some are "comforted" by the idea that the fetus has died before it is removed.

Abortion is abortion no matter what the method. What is different about this is that lethal injections are now being introduced as a mainstream method of aborting second-trimester babies *before* aborting them through the actual "surgical procedure" normally used.



In fact, the National Abortion Federation, an association of abortion providers, has developed a protocol for its members on how to use digoxin, and is conducting training.

Digoxin was originally created to treat heart conditions such as atrial fibrillation, atrial flutter and congestive heart failure, however, abortionists are *not* using it for these purposes. Instead, they are using it to kill babies in utero. Abortion providers admitted to the *Detroit News* that they are misusing the drug in off-label use to perform the second-trimester abortions.

Throughout the entire *Boston Globe* article, there is no mention as to how these injections affect the *fetus*. It is all about how the doctors feel and how well the women seeking abortions are receiving them. The fetus is only mentioned coldly in passing when the topic of how they should or shouldn't legally be "disposed of" is discussed.

So how do these lethal drugs affect the fetus? As mentioned earlier, the other chemical used for injections on live fetuses, potassium chloride, is **used in state executions.** Potassium chloride is given at a lethal dose in order to interrupt the electrical signaling essential to heart functions. This induces cardiac arrest. One can see how that could be very hazardous to the woman's health if accidentally injected into her, but let's look into the trauma this most likely inflicts upon the unborn.

¹ "Dilation and Extraction for Late Second Trimester Abortion". *National Abortion Federation Risk Management Seminar*.

A TOXIC AGENT-POTASSIUM CHLORIDE

Many people object to the death penalty, not only because it results in death, but also because they believe it to be a cruel, inhumane death.

In the case of lethal injection, three drugs are injected into the condemned prisoner's veins. A *USA Today* article states the process of administering the lethal drugs:

Most lethal-injection states use a three-drug volley that enters a convict's arm or leg through an intravenous drip.

Sodium thiopental, an **anesthetic** used in surgery, is injected to render the convict unconscious. That is followed by pancuronium bromide. It paralyzes muscles and shuts down breathing but leaves nerve and brain functions intact. Potassium chloride then is used to stop the heart.



Medical analysts who have testified in death-penalty cases agree that the last drug would produce extreme pain if a convict were still conscious.

Did you catch that? Criminals receive anesthesia before experiencing the pain that potassium chloride produces! Do the *innocent* unborn receive such treatment? No! And yet medical analysts agree that potassium chloride produces "extreme pain" without it!

Remember, these injections are being given during abortions mainly to fetuses 20 weeks and over. So this begs the question, can a child at 20 weeks gestation feel pain?

THE SILENT TORMENT OF THE UNBORN

A bill was introduced in the House in 2005 and 2006 called the "**Unborn Child Pain Awareness Act.**" It was a bill that, if passed, would have required abortion providers to notify a woman seeking an abortion from 20 weeks on, of the evidence that suggests that her unborn child can feel pain. If she still wanted to proceed with the abortion, she would then have the option to request anesthesia for her unborn child prior to the procedure.

Although the bill received majority support in the House in 2006, it failed to pass under rules requiring two-thirds support for passage. The final vote was 250-162. Many voted against it, no doubt, simply to continue to deny the humanity of the unborn, thereby maintaining their "100% pro-choice" stances (which usually includes keeping women who seek abortions ignorant to the facts).

Strong findings were brought forth during the hearings for this bill that proved, without a doubt, that unborn children at 20 weeks gestation (and even younger) can indeed feel pain.

The following findings are only a few taken directly from the 2006 bill:

Congress makes the following findings:

- **At least by 20 weeks after fertilization, an unborn child has the physical structures necessary to experience pain.**
- **There is substantial evidence that by 20 weeks after fertilization, unborn children draw away from certain stimuli in a manner which in an infant or an adult would be interpreted as a response to pain.**

- **Anesthesia is routinely administered to unborn children who have developed 20 weeks or more after fertilization who undergo surgery.**
- **There is substantial evidence that the abortion methods most commonly used 20 weeks or more after fertilization cause substantial pain to an unborn child, whether by dismemberment, poisoning, penetrating or crushing the skull, or other methods...**

One of the most interesting findings had to do with how animals receive more care when brought to slaughter than the unborn receive before or during an abortion (slaughter).

- **There is a valid Federal Government interest in preventing or reducing the infliction of pain on sentient creatures. Examples of this are laws governing the use of laboratory animals and requiring pain-free methods of slaughtering livestock...**



They go on to list in detail what the **Humane Slaughter Act of 1958** and the **Animal Welfare Act** require. For example, the Humane Slaughter Act states that, "...all animals are rendered insensible to pain by a single blow or gunshot or an electrical, chemical or other means that is rapid and effective, before being shackled, hoisted, thrown, cast, or cut..." Needless to say, the laws that currently exist to protect animals from pain clearly show that they have more rights than unborn children, when it comes to abortion. Animals are "rendered insensible" before they are subjected to the painful process of slaughter, yet the unborn are painfully injected, or even dismembered, while fully experiencing the pain.

Expert witness testimonies were also given during the hearings, reinforcing that the unborn experience pain as we do.

Senator Sam Brownback recalled, while speaking before the Senate concerning this bill, how Dr. Sonny Annand spoke of having to chase the child around in the womb to give it its shot to anesthetize the child because the child didn't want the needle to go into its buttock. Annand also stated that, "Abortion would cause severe and excruciating pain to 20-week-old fetuses."

Scientific information was also brought forth as to how during an abortion procedure the heart rate, blood flow and hormone level of the child increases in response to pain.

Brownback stated, "This is how you and I, adults, respond to pain, although the difference for us is we have less pain receptors per square inch, and we also have developed a part of the brain that holds down or suppresses pain. So actually we feel less pain because of the way our brain is further developed. But the child feels more pain."

It's true. **The highest density of pain receptors per square inch of skin in human development occurs between 20 and 30 weeks gestation.² In addition, mechanisms that moderate the experience of pain do not begin to develop until 30-32 weeks gestation!²** Any pain the child experiences before this time is most likely much more painful than an older child or adult experiences.

The painful poison that is being injected into unborn babies to take their lives is inexcusable, as are *all* abortion procedures. (Note: Even if the fetus did *not* feel pain, a serious wrong would still have been done in taking his life. The pain aspect only compounds it.)

In light of these facts, one would hope abortionists would have a heart and hang up their bloodied gowns, yet they continue doing whatever it takes to keep performing as many abortions as possible.

² "Expert Report of Kanwaljeet S. Anand, MBBS, D.Phil." Northern District of the US District Court in California. 15 Jan 2004.

To further highlight the lack of conscience among abortionists, let's look into executions of criminals vs. innocent children by way of lethal injection.

OH GUILT, WHERE ART THOU?

The entire process of lethal injection in the case of a convicted felon is an interesting study. There are procedures followed that allow for the administrators of the drugs to remain anonymous, and other rituals followed in order to help protect their consciences.

For instance, depending on the state, the execution team is either in a separate room, behind a curtain or may wear black hoods to conceal their identities from witnesses and the condemned. Sometimes three people will administer lethal drugs into IV tubes at the same time, two into a dummy bag, and one into the condemned prisoner. This is done so that none of the executioners will know who has actually delivered the lethal dose.



I find it interesting that executioners injecting convicted criminals with toxic poisons hide their identities and some cannot even handle knowing if they are the one injecting the lethal drugs or not, yet abortionists seem to have no shame when injecting unborn babies, who have committed no crime, with the same poison that will painfully take their lives.

I certainly hope that all those who stand against the death penalty are pro-life as well when it comes to the unborn (although I have experienced just the opposite in conversations with pro-aborts who oppose the death penalty).

Unfortunately, this is not the case with the **American Medical Association (AMA)**. While they remain staunchly pro-abortion, they refuse to participate in lethal injections of convicted criminals. As AMA president William G. Pledsted III noted on AMA's website:

The American Medical Association is troubled by continuous refusal of many state courts and legislatures to acknowledge the ethical obligations of physicians, which strictly prohibit physician involvement in a legally authorized execution. The AMA's policy is clear and unambiguous — requiring physicians to participate in executions violates their oath to protect lives and erodes public confidence in the medical profession.

A physician is a member of a profession dedicated to preserving life when there is hope of doing so. The use of a physician's clinical skill and judgment for purposes other than promoting an individual's health and welfare undermines a basic ethical foundation of medicine — first, do no harm. (Emphasis added)

The guidelines in the AMA Code of Medical Ethics address physician participation in executions involving lethal injection. The ethical opinion explicitly prohibits selecting injection sites for executions by lethal injection, starting intravenous lines, prescribing, administering, or supervising the use of lethal drugs, monitoring vital signs, on site or remotely, and declaring death.

As the voice of American medicine, the AMA urges all physicians to remain dedicated to our ethical obligations that prohibit involvement in capital punishment.

Does that sound hypocritical to you? How can the AMA take that stance concerning the execution of criminals, yet condone the killing of innocent unborn babies? Following is their statement concerning abortion:

The Principles of Medical Ethics of the AMA do not prohibit a physician from performing an abortion in accordance with good medical practice and under circumstances that do not violate the law. (III, IV)

The AMA has no problem with "first doing harm" to fetuses as long as it is "in accordance with 'good medical practice.'" In the medical profession, this is called "**foeticide**" or "**feticide**" which means "an act that causes the death of a fetus."



In a legal context, "fetal homicide" refers to the deliberate or incidental killing of a fetus due to a criminal human act, such as a punch or kick to the abdomen of a pregnant woman. As a medical term, feticide is the destruction of a fetus through legally induced abortion. Isn't it ironic how both acts result in the same outcome, yet one act is given one name and is a crime and the other act is given another name and is a "legal surgery?"

Additionally, all abortion methods put a woman's health at risk, but concerning injections in particular, if the health of the patient is and has always been the top priority of the medical community, then isn't it wrong that abortionists would now place the woman's health secondary to their own legal security? This whole controversy is based on where the baby is located when it is aborted, and making sure the murder occurs *inside* the womb.

LOCATION, LOCATION, LOCATION

Should the location of the unborn matter more than what is being done to them? It seems absurd to think so, but that is what we are talking about when it comes to the Partial Birth Abortion Ban, and now, lethal injections.

Abortion will continue to be a plague among us as long as unborn babies' murders are deemed legal and acceptable in this country in *any* form. **Their locations are of no significance...their lives are.** May God change the hearts of our citizens and lawmakers so that the womb can once again become a safe place for the unborn to live and grow and thrive.

Standing with you for the unborn,

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PLAN B SALES SKYROCKET

Barr Pharmaceuticals has projected a record \$80 million in sales of **Plan B** by the end of the year, almost double the total sales of 2006 and **eight times** as much as was sold in 2004!

As you may recall from last month's newsletter, Plan B was approved for over the counter sales last year. Apparently that move has paid off big time for Barr, but not for the unborn who are being killed by Plan B.