

Persuasive paper- aborting america



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The topic of abortion has created a deep divide in much of society. People often talk a great deal about moral, social, or even religious reasoning but rarely is anything said about the basic medical details of the procedures. The majority of women make the decision of aborting their child without discussing the details of the procedure or the possible health considerations with anyone, let alone their doctor. It is doubtful that there is any other medical procedure performed with such little knowledge on the part of the patient. America deserves to be informed; not only of the moral, social, and religious aspects but of the medical details of the procedures involved in an abortion.

This detailed information will provide for a truly informed decision about abortion so that more lives can be preserved and the true nature of abortion can be exposed. The word "abortion" is a term that refers to a premature forced removal of a human fetus, whether by natural means, such as a miscarriage, or artificially, as in chemical or surgical abortion procedures. The most common use of the term abortion is to describe an artificially induced abortion, which is the definition this paper will utilize. The United States Supreme Court handed down its *Roe v.*

Wade and *Doe v. Bolton* decisions in 1973. These decisions not only legalized abortion in all 50 states but also allowed it to be performed during all nine months of pregnancy and for any reason, medical, social, or otherwise. *Roe* declares that the state may proscribe late term abortions in the interest of protecting fetal life after viability, except when it is necessary to preserve the life or health of the mother," which *Doe* explains is to include not only

physical health but mental health, to be understood to include factors such as age, familial status, or emotional state (Roe v. Wade, & Doe v.

Bolton, 1973). Only one other set of medical procedures is performed more on an elective basis than abortions and which is cosmetic surgery. One of the biggest arguments for abortion rights is that of protecting the mother's health.

However, the majority of abortions are performed from a purely social aspect. Meaning they are elective procedures that have no medical reasoning. In fact, 93% of all induced abortions are done for purely elective, non-medical purposes (Torres & Forrest, 1988). The destruction and removal of a developing child is not something that most people will openly discuss but this is abortion. By the time the mother misses her first period and begins to consider if she may be pregnant the child's heart has already started to beat (about 31 days from the mother's last menstrual cycle). In approximately seven weeks time (49 days) the baby is already showing measurable brain waves along with the arms and legs being identifiable. The seventh through the tenth weeks are when the majority of abortions are performed and the baby's fingers and genitals have appeared and the child's face is recognizable as human (Stubblefield, 1993). Many different procedures are used during different trimesters of the pregnancy.

The most common surgical procedure during the first trimester is the suction aspiration or vacuum curettage. This technique uses a powerful suction tube combined with a sharp cutting edge inserted into the womb through a dilated cervix. The doctor then dismembers the body of the child and tears

the placenta from the uterus. The tube is then used to suck out the blood, placenta, amniotic fluid, and fetal parts into a collection bottle. This procedure may cause need for further surgery because of the possibility of puncturing the uterus and the tendency of the woman to hemorrhage.

This procedure allows for a high possibility of infection if any fetal or placenta tissue is left inside of the woman's body. The dilatation and curettage (D&C) method is similar in that it uses a loop shaped steel knife to cut the baby into pieces but does not use any suction device for removal. The risk of blood loss and infection is even greater with this procedure. The chemical procedures used in the first trimester include RU486 and Methotrexate, which have similar functions. The general purpose of these drugs is to change the hormones in the woman's body and destroy the developing placenta, which provides oxygen and nourishment to the baby (Raymond, Klein, & Dumble, 1991). This form of treatment essentially starves and suffocates the developing child. The doctor will then inject a prostaglandin (hormone) to trigger an expulsion of the tiny body from the woman's uterus. The misconception with these chemical procedures is that they are safe and non-invasive.

However, the truth is that these procedures can be used up to the ninth week of pregnancy and have many dangerous side effects, such as severe and prolonged bleeding (up to 40+ days), the child may abort anywhere "at home, at work, or in the car, nausea, vomiting, diarrhea, extreme pain, bone marrow loss, severe anemia, liver damage, lung disease, heart attacks, and even death (Creinin M. D. & Darney M. D., 1993). The toxic side effects

of these drugs could also create severe complications with future pregnancies such as miscarriages or deformities (Bulfin, 1983).

The second and third trimesters of pregnancy bring along even more severe procedures for abortion. The dilatation and evacuation, which is used to abort the child until 24 weeks of pregnancy is similar to the D&C method mentioned previously. The main difference is that instead of a sharp looped knife the doctor uses a set of forceps with sharp metal jaws, which are used to grasp parts of the developing child. Those body parts are then twisted and torn away from the child's body and removed from the mother's womb. The child's skull is often developed into bone by this time and must often be compressed or crushed in order for the doctor to remove it from the womb. This procedure is also very difficult for the clinic staff and many doctors to deal with because the sensation of dismemberment can be felt through the forceps and there is no denial of an act of destruction by the one operating the tools.

This can often lead to an effect of distain toward the woman acquiring the procedure, which allows for questionable patient care (McGovern, 1999). The final surgical procedure that creates possibly the most heated debates is that of the partial-birth abortion. This procedure is also called dilation and extraction (D&X), an attempt to mask the reality of the exact procedure for the abortion technique, which is used at 20 weeks and later in the pregnancy.

The doctor utilizes an ultrasound machine to guide the forceps into the uterus to grab the unborn baby's leg. The doctor will then pull the child

through the birth canal while leaving the head just inside of the womb so that the child is not legally fully born. The child is still alive at this point and could survive outside of the mother's womb in most cases. The abortionist then places a pair of scissors at the back of the baby's skull and presses it into the skull until it stops. The doctor will then spread the scissors apart to make the wound larger so that a suction catheter can be used to suck out the baby's brains. This suction will cause the child's head to collapse so that it can then be removed from the mother's womb (Stubblefield, 1993). Abortion is often considered a quick and easy fix to a mistake or problem when, in fact, it is a violent, premature, willful act of penetration to a closed and safe environment for a growing and developing child.

This system by which a woman gives birth has been specially designed and transformed to carry and function as a sustaining and nourishing habitat for that child. When a person knows the facts of about pregnancy, their child, and the effects of abortion it will cause them to stop and consider their actions. Abortion is murder. Knowing the facts of child development and the acts performed during any abortion it is not possible to call it by any other name than murder. The law states that abortion is legal and so it must be dealt with under the law. However, there should be legislation in place that requires women to go through an informational class on exactly what an abortion is and the procedures involved. This class should cover the possible physical and psychological complications that come along with the procedure.

This required class should be held by an organization not involved with the abortion clinics so that there is not a biased toward the monetary benefit of the clinic. In connection with the class time there should also be counseling available for the mother and father so that any questions or concerns can be vetted. This would provide the opportunity of a clear thought process and informed decision-making by the parents. Once the parent(s) have attended the class and counseling session the final step should be the requirement of a 3-D sonogram. This one technological tool would cause any one to pause, even the most staunch abortion activists. It provides the detailed features of the child and shows that it is more than just a fetus. This combination of class time and sonogram should be required before any abortion procedure can be performed.

If our society is going to allow such a violent and murderous act to be performed it should at least be done with an extremely skeptical and informed approach. The caution in procedure should be on the side of life, not the ability to so quickly throw it away. The thought process behind the classes, counseling, and 3-D sonograms is that once the people of society truly understand what is involved in an abortion then it will greatly reduce the support for it and allow the possibility of overturning the current abortion laws.

Human life is precious in everyway and there is no doubt what a child is even in the womb. It should be defended with the utmost effort and given every opportunity for Life, Liberty, and the Pursuit of Happiness just as every other American. References Creinin M.

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