

Abortion: ethical issues essay sample

[Family](#), [Abortion](#)



This research paper will focus on the ethical dilemma of abortion. The Supreme Court decision of 1973 (Roe v. Wade) made abortion legally available to women within the first two trimesters of a pregnancy. Abortions are legal in many states, but are they ethical? Does the healthcare industry consider the ethical dilemma of abortion as ending a life? Do individual practitioners have a choice when it comes to performing an abortion? If the language of Roe v. Wade was to be read literally it would imply that a physician has no grounds on which to deny or refuse an abortion, with the exception of a clear and imminent threat to the woman's health if the abortion procedure is completed. There will be discussions of abortion out of necessity, abortion as the woman's right, as well as the thought that the use of abortion is a contraceptive. Also presented in this paper are the ethical challenges when looking at abortion as an act of mercy, an act of killing, and pregnancies as a result of rape or incest that are aborted. The main focus of this paper will be to address the ethical issues and standards in regard to abortion.

Roe v. Wade details what is legal and illegal regarding abortion, but it does not lay out exactly what an abortion is. Merriam-Webster defines abortion as "the termination of a pregnancy after, accompanied by, resulting in or closely followed by the death of the embryo or fetus." This definition is very to the point as far as what is considered an abortion and the end result of abortion. But this definition does not take into account the ethical issues regarding abortion or the physical and mental health of the patient and of the health care professional performing the procedure. There are many reasons that women choose to have abortions, including the responsibility of

having a child, the financial stress of having a child, the interference in daily life, the prospect of being a single parent, or fear of child bearing.

All of these, listed above, are the highest reported reasons for abortions, with the main reported reason being that the pregnancy was unintentional. All of these reasons seem cut and dry, and to the point, but they all come to one conclusion, that fear is a deciding factor when deciding for or against terminating a pregnancy. Fear is one of the most primal reactions that we have as humans; it drives so much of our daily lives. For these women, the fear of the stigma of an unwanted pregnancy is great, and it wreaks havoc on their lives. There are shows that shed light on the life of teenagers who got pregnant and decided to keep the child, and it shows how difficult it is to be a young parent, a single parent, or even a student that is a parent. All of these things feed the fear of unplanned pregnancy. Another subject that must be considered is pregnancy as the result of rape or incest. Are there less ethical considerations in these situations, because of the nature of conception?

The nature of the conception is so abhorrent, and the possibility of the woman or girl being “ forced” into an abortion is greater. There is a sense of shame for the victim, if a rape results in a pregnancy. Many women are coerced into an abortion by family members, their spouses, friends, and even co-workers. This raises a question to the sincerity of the woman to end the pregnancy. The woman must weigh all of these factors when deciding whether an abortion is her choice or just a strong suggestion from those around her. A healthcare professional that performs the procedure also has

to consider many ethical choices both personally and in regards to the patient. Above the patient's mental state, a provider must also consider the physical health of the patient before and after the procedure. These providers have to abide by an oath that they took to do no harm as health care providers.

A medical provider has an obligation to provide abortion services if the abortion neutralizes the risk to the woman, regardless of the provider's personal moral objections. The number of a medical provider's conscientious refusals should be limited if they constitute an imposition of religious or moral beliefs on patients in order to deter the number of lawsuits and dissatisfied patients. In 2007 the American College of Obstetricians and Gynecologist (ACOG) issued an opinion that motivated the Bush Administration to establish written Federal regulations to ensure that there was a " protection" for a healthcare provider's right to object to involvement in abortions. These regulations were soon redacted by the Obama Administration in 2009. It determined that the regulations were unnecessary, because conscience law were already upheld within the U. S. health care laws. It also determined that any possible goals that the regulation could possibly achieve were more likely to bring about harmful regulations that could restrict access to legal abortion for low income women.

The regulations set forth in 2008 by the Bush administration were formally annulled in February of 2011. Even after the formal regulations, the main question was " do health care professionals have the right to refuse to cooperate in medical procedures they personally judge as ethically wrong?"

As the legislation currently provides, if a provider's personal beliefs and the duty of the profession to provide patient centered care, leads to a conflict; providers have an obligation to provide medically indicated and requested abortions regardless of the provider's personal ethical objections. This logic suggests that a conscience that enforces moral sense has nothing to do with objective right and wrong. Health care ethics defined in its simplest is a set of moral principles, beliefs and values that guide us in making choices about medical care. At the very core of healthcare ethics is an individual provider's sense of right and wrong and their beliefs about rights that they possess and the duty that they have to their patients.

Health care providers must consider the four bases of ethics when viewing abortion. First, autonomy, which is honoring the patient's right to make their own decisions. Second, is beneficence, or helping the patient advance his or her own good. The third one is nonmaleficence, which is the provider's oath to do no harm. The final basis of health care ethics is justice, this is a requirement that a provider is to treat each case alike and with fairness. The ethical conflict that medical providers face with abortion can be avoided by agreeing to a mutual accommodation; physicians have the right to decide who they treat and patients have the right to decide what doctor or physician they go to for treatment. Because providers do not have the same ethical duty to non-patients as they do to existing patients.

The only exception to this is when a medical emergency arises, then a physician or doctor has an obligation to provide care. This is because physicians who have already established a doctor/patient relationship and

have not made it clear that they do not perform certain procedures. The physician is then required to refer the patient to another physician who does provide that procedure. Physicians have another ethical dilemma to consider due to recent advances in medical technology and research. These advances allow parents to have the fetus genetically tested for abnormalities and disfigurements. If the woman or couple decide that, after having the genetic test, it would be better to end the pregnancy than to have a disfigured or abnormal child, then the physician must weigh the harmful against the beneficial when considering the fetus and the mother's health. The ability to test for these disfigurements and mental disabilities has become a more precise science.

Physicians are better able to determine the physical disfigurement of a fetus because of sonograms in combination with the genetic testing, but the mental capabilities of an unborn fetus is more problematic to determine. Upon a physician learning of the potential disfigurement of a fetus, he must then consider, along with the woman/couple, if the future life of a mentally or physically disabled fetus is “worth” living? Another issue of controversy is whether a spouse or partner or parent (if under 18) has a right to object to an abortion, and in the situation where the woman is asking for one without the spouse's knowledge, is the physician required to disclose the abortion to the spouse? This ethical consideration would only apply to situations where the physician has a previously established professional relationship with the woman seeking the abortion. No state or Federal law requires that a woman have the consent of their spouse or partner to have an abortion.

However, it is a different story for a woman who is under the age of 18. If a woman seeking an abortion is younger than 18 years old, then she will either have to have the consent of one of her legal parents or guardian. Most states provide an exception to this, provided that the outcome of a parent or guardian having knowledge of the abortion would endanger the well being (physically or mentally) of the woman seeking the abortion. The woman can request a judicial bypass from the local county courts that allow for the woman to go to a judge and request permission to have an abortion without the consent of their parent or guardian. Some states allow the woman to attend a counseling session to determine if she is capable of handling the emotional difficulties of an abortion, in order to be allowed to obtain an abortion without parental consent.

Some states, like Maryland, allow the physician to have the deciding factor when determining if a woman who is a minor is mentally capable of handling an abortion. The physician is to meet with the woman before the procedure and ask what he or she feel is necessary to determine the mental state of the woman. All of these options are strictly on a state level, there is no federal legislation coverage for determining the consent for a minor obtaining an abortion. When looking at the ethical issues surrounding abortions of fetus that are the result of rape or incest, a more sensitive approach is needed. These women are not just facing the psychological challenges of abortion, but they are also dealing with being a victim. Women in this situation are not to blame for their situation, they are not to blame for the rape or the pregnancy. In this case the woman did not choose to have unprotected sex, they did not take the risk that a contraceptive did not work.

The mental health of an abortion patient must be considered by healthcare providers in any case, but those involving incest or rape must be treated with caution. A pregnancy for a rape victim could be detrimental, or rehabilitative. In cases where the resulting pregnancy is detrimental to the woman, an abortion may be the only resolution that she can find. Some women feel that carrying the pregnancy to term helps them deal with the rape, but for others, the pregnancy only serves as a reminder of the horrific experience. Another instance where extra ethical consideration should be given is when the unwanted pregnancy is the result of incest. This is a difficult situation for healthcare providers because the woman, or girl, may not be as open about the pregnancy as a woman who was raped, or even one who is voluntarily terminating a pregnancy. Often an incest victim is being forced into yet another thing, first being raped and now having an abortion.

Another factor that makes this situation even more difficult is that a healthcare provider may not feel that they have a choice to act in the girl's best interest, because more likely than not, one of the parents knew about the abuse, and did nothing about it until it resulted in pregnancy. Often times they are forced, by parents and family, to have the abortion so that no one finds out what had happened, and has been going on within the home. Abortion as a form of contraceptive or are certain contraceptives used to complete abortions? Some contraceptives have a link with abortion, but are an entirely different concept. Some women are unclear that abortion is not a contraceptive. Contraceptive is defined as "deliberate prevention of conception or impregnation," meaning that contraceptives are not

intended to end a pregnancy, but instead are most useful to prevent a pregnancy.

Healthcare providers must also weigh the ethical issues revolving around the use of contraceptives, because not all medicines labeled and marked for distribution are just for the prevention of pregnancy. Some actually alter the woman's ability to carry a child, whether already impregnated or not. One example of this is "the morning after pill" which prevents any fertilized egg from implanting in the uterus. This method of contraception is a high dose of hormones that alters the body's ability to continue a potential pregnancy. Emergency Contraceptive Pills are only effective up to 74% of the time when taken within 72 hours after sexual contact. There are instances when a woman can test positive for a pregnancy even after taking an Emergency contraceptive Pill, and become concerned about the effect of the contraceptive on the fetus, facilitating another possible reason for an abortion. Health Care providers who consider abortion outside of their ethical realm of treatment may also feel that certain contraceptives are also unethical to them.

They must consider their oath "to do no harm", while knowing that these contraceptives may have negative health impacts for the women that they are prescribed to. Providers must weigh the ethical considerations in connection with the maturity, age, and mental stability of the patient that is requesting contraceptive or an abortion. Healthcare providers are aware of the side effects and risks of abortions, and they must make sure that the patient understands these risks. Surgical abortion is a procedure that ends a

pregnancy by removing the fetus and placenta from a woman's womb. This is an extremely invasive procedure. Surgical Abortion presents many risks that women are unaware of when making a decision regarding abortion. Some of these risks include damage to the uterus or cervix, uterine perforation (accidentally making a hole in the uterus), excessive bleeding, infection, scarring, medicinal reactions, and failure to complete the procedure (requiring a second procedure). Something that is not commonly considered by medical providers is the emotional distress that can be a result of a completed abortion and even creating problems with future pregnancies.

References

Definition of Abortion . (n. d.). Merriam-Webster. Retrieved June 6, 2014, from <http://www.merriam-webster.com/medlineplus/abortion> Internet Encyclopedia of Philosophy. (n. d.). Abortion []. Retrieved June 6, 2014, from <http://www.iep.utm.edu/abortion/#SSH5aii> The Connection between Contraception and Abortion. (n. d.). lifeissues. Retrieved June 10, 2014, from http://www.lifeissues.net/writers/smith/smith_02contraandabortion.html . (n. d.). . Retrieved June 12, 2014, from <http://www.guttmacher.org/pubs/journals/3711005.pdf> Abortion, Conscience, and Health Care Provider Rights. (n. d.). Public Discourse. Retrieved June 7, 2014, from <http://www.thepublicdiscourse.com/2012/07/5902/> Emergency contraception: MedlinePlus Medical Encyclopedia. (n. d.). U. S National Library of Medicine. Retrieved June 8, 2014, from <http://www.nlm.nih.gov/medlineplus/ency/article/007014.htm>