

How often is abortion necessary to “save the life of the mother”?

October 19, 2012

Everett Koop, M.D., former U.S. Surgeon General:

“Protection of the life of the mother as an excuse for an abortion is a smoke screen. In my 36 years in pediatric surgery I have never known of one instance where the child had to be aborted to save the mother’s life. . . . If, toward the end of the pregnancy complications arise that threaten the mother’s health, he will take the child by inducing labor or performing a Caesarean section. His intention is still to save the life of both the mother and the baby. The baby will be premature and perhaps immature depending on the length of gestation. Because it has suddenly been taken out of the protective womb, it may encounter threats to its survival. The baby is never willfully destroyed because the mother’s life is in danger.”

C. Everett Koop, M.D., as told to Dick Bohrer, in *Moody Monthly*, May, 1980.

Reprinted in Bohrer’s book here: <http://dickbohrerbooks.com/DownloadFiles/Opinion-8.pdf>

Alan F. Guttmacher, M.D., “the father of Planned Parenthood,” longtime abortion advocate whose name was used for Planned Parenthood’s sister organization, the Guttmacher Institute:

“Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal illness such as cancer or leukemia, and, if so, abortion would be unlikely to prolong, much less save, life.”

“Abortion – Yesterday, Today and Tomorrow,” in *The Case for Legalized Abortion Now* (Berkeley, Calif.: Diablo Press, 1967).

Jasper Williams, Jr., M.D., past president of the National Medical Association:

“The number of medical cases in which abortion is an indicated and appropriate part of the treatment is practically nil. Since 1953, I have never seen a patient die who died because she needed an abortion and it could not be performed. I have seen patients die with sickle-cell disease. Aborting them would not have helped. Those patients could have been treated a little bit better by the prevention of pregnancy; but once they were pregnant, not aborting them did not make the situation worse. The same is true of congestive heart failure... Open heart surgery is performed on pregnant patients. Doctors now have the tools and the knowledge with which to work so that they can handle almost any disease a patient might have, whether that patient is pregnant or not, and without interrupting the pregnancy.”

HOW OFTEN IS ABORTION NECESSARY TO SAVE MOTHER, 2

Jasper Williams, Jr., M.D., Bernard Hospital, Chicago, Illinois, Past President of the National Medical Association, Testimony before the U.S. Senate Judiciary Subcommittee on the Constitution Hearings on Constitutional Amendments Relating to Abortion, October 19, 1981

From a physician who supports legalized abortion and has performed abortions for decades:

“With diseases like lupus, multiple sclerosis, even breast cancer, the chance that pregnancy will make the disease worse is no greater than the chance that the disease will either stay the same or improve. And medical technology has advanced to a point where even women with diabetes and kidney disease can be seen through a pregnancy safely by a doctor who knows what he or she is doing. We’ve come a long way since my mother’s time... The idea of abortion to save the mother’s life is something that people cling to because it sounds noble and pure -- but medically speaking, it probably doesn’t exist. It’s a real stretch of our thinking.”

Don Sloan, M.D. and Paula Hartz, *Choice: A Doctor's Experience with the Abortion Dilemma* (New York: International Publishers, 2nd ed, 2002), p. 46.

Mary S. Calderone, M.D., medical director of Planned Parenthood Federation of America, writing half a century ago:

“[M]edically speaking, that is, from the point of view of diseases of the various systems, cardiac, genitourinary, and so on, it is hardly ever necessary today to consider the life of a mother as threatened by a pregnancy.”

“Illegal Abortion as a Public Health Problem,” *American Journal of Public Health* (July 1960), pp. 948-954 at 948-9.

From an ob/gyn who used to perform abortions, but later became president of the American Association of Pro-Life Obstetricians and Gynecologists:

“In conclusion, although serious threats to health can occur, there is always a life-affirming way to care for mother and baby, no matter how bleak the prognosis.”

Mary L. Davenport, M.D., F.A.C.O.G., “Is Late-Term Abortion Ever Necessary?” (2009), at www.aaplog.org/american-issues-2/late-term-abortion/is-late-term-abortion-ever-necessary/

HOW OFTEN IS ABORTION NECESSARY TO SAVE MOTHER, 3

Five of Ireland's top gynaecologists, writing in 1992:

“We affirm that there are no medical circumstances justifying direct abortion, that is, no circumstances in which the life of a mother may only be saved by directly terminating the life of her unborn child.”

John Bonner, Eamon O'Dwyer, David Jenkins, Kieran O'Driscoll, Julia Vaughan, “Statement by Obstetricians,” *The Irish Times*, 1 April 1992.

Dr. Hymie Gordon, Director of Medical Genetics, Mayo Clinic, Rochester, MN, October 15, 1974:

“In more than 25 years now of medical practice, I have come to learn that if a woman is healthy enough to become pregnant, she is healthy enough to complete the term - in spite of heart disease, liver disease, almost any disease. As far as I'm concerned, there are no medical indications for terminating a pregnancy.”

Dr. Hymie Gordon, Director of Medical Genetics, Mayo Clinic, Rochester, MN, October 15, 1974