

Induced abortions

by

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Definition:

This may be defined as the deliberate interruption of early pregnancy for one purpose or another.

Historical:

The earliest record of this procedure was made in ancient Greek and Roman literature about 1000 B.C. However, with the advent of Christianity little mention of this procedure can be found; and it is not until about the 18th Century that the specific term *Therapeutic Abortion* is mentioned.

Acrimonious controversy followed, the objection was mainly on religious or moral grounds. As a result, legislation was necessary; and this has been the practice in most countries today. It may be mentioned that most physicians and people accept *Therapeutic Abortion* as a legitimate procedure in the treatment or prevention of certain diseases.

Indication:

In brief, the aims of *Induced Abortions* are:—

1. To terminate or avoid a harmful effect of gestation and parturition on maternal life and health;
2. To prevent the birth of an unwanted child; and
3. To prevent the birth of a likely damaged child.

Modern Trends:

Until the last World War, perhaps regard for Hippocrates was then still high, the first indication accounted for the majority of indu-

ced abortions. However, since then, because of socio-economic factors and possibly because of population pressure, the second indication has become more important. More recently, as the possible harmful effect of certain drugs, such as thalidomide, on the unborn child, becomes better known, the third indication is also becoming more common as a reason for inducing abortions.

Coming back to the first indication, whereas previously, the *life* of the mother had to be in danger before an abortion could be induced, recent trends in practice and legislation allow this procedure to be carried out even when only the mother's *health* is at risk.

The Law on Induced Abortion

A. In Singapore and the U.K.:

Like that in the U.K. the Law in Singapore is very definite: No abortion can be induced except on very concrete indications. They are allowed *only* in cases where continued pregnancy and labour are likely to endanger the LIFE of the patient. In cases where the patient's health, mental or physical, may be affected, in cases where the child may be malformed, or in cases when pregnancy results from rape or incest, the law is unfortunately inflexible. Only exceptionally, as in the Alec Bourne case, has the doctor, responsible for inducing an abortion outside the letter of the law, escaped punishment.

B. In the U.S.:

The Law is more liberal in a few states. Interruption of pregnancy prohibited, except:

- a) To preserve or save the life of the mother—42 states.

b) To preserve the life or *health* of the mother—Alabama, Oregon and District of Columbia.

c) To save the life of the mother or to prevent serious or permanent bodily injury to her—Colorado and New Mexico.

C. In Denmark, Sweden, Hungary, Bulgaria, Poland, Czechoslovakia, Yugoslavia, Switzerland and Chile.

In these countries, abortions are legalised, not only for medical indication, but also for eugenic, economic and social reasons, and also for “exhaustion neuroses”.

D. In Japan:

Just after World War II, an impoverished economy and the pressure of over population forced the nation to the desperate Eugenics Protection Law which in effect allowed “on-demand” abortions.

As a result, over the 13 years 1950-1962, some 11,643,000 abortions were reported by the Government. However, it was estimated that an equal number had probably been carried out outside the law.

Although in Japan, the Eugenics Protection Law had probably achieved the purpose of liquidating some 20 million potential citizens over the 13 years mentioned, and the problem of over-population immediately solved, and economic

advance a reality. a survey carried out by Nobuo Shinozaki (1963) Head of the Japanese Institute of Population problems, Ministry of Health and Welfare, showed that only 8% of the women with induced abortions were entirely happy. There is now a move to bring in a New Life Protection Law. The suggestion is that recourse should now be made to Family Planning rather than induced abortion in order to control over-population.

E. In Russia:

The Law on Induced Abortions changed several times over the last half century,

e.g.: 1917-20—Abortions illegal even on medical grounds.

1920-36—Abortions were legal provided that certain conditions were met.

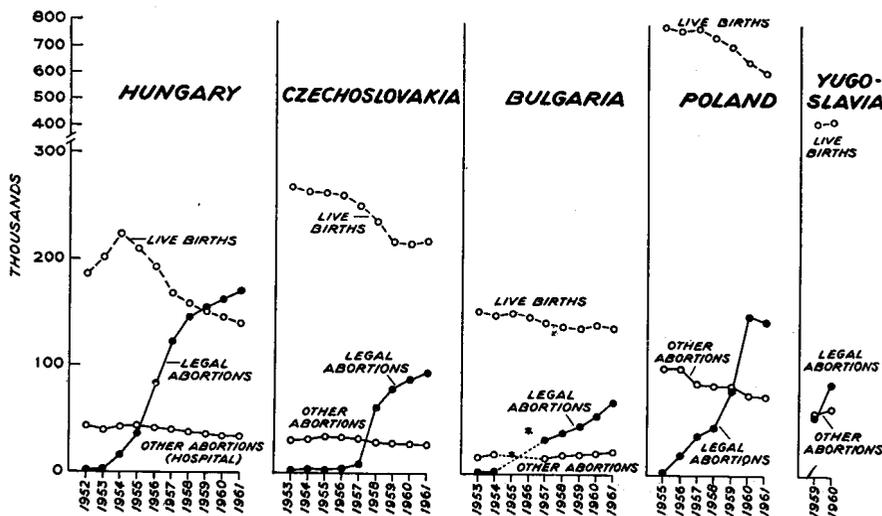
1936-55—Abortions (except for certain medical indications) were again illegal.

Since 1955—Abortions are apparently legal again on broad grounds.

Trends of Legal Abortions

a) **Eastern Europe (Iron Curtain Countries):**

These shows the increase incidence of legalised abortions over the years, but other abortions have not been reduced.



b) Switzerland:

Legal abortions have also increased in numbers. Purely medical indications have become relatively unimportant. In most instances (e.g. 70% in BASLE), recommendation for abortion was based on psychiatric indications. More than 2/3 were performed on married women. Social status is given great consideration, since it is closely related to psychiatric illnesses of pregnancy. In Switzerland, the rate of legal abortion was one for every 15 births in a recent survey.

c) Chile:

From 1950-1954, for every 100 deliveries, there were 85 legal abortions! The indications were honest and revealing:—

Socio-economic	- -	24%
Onvenience	- -	54%
Conjugal incompatibility		10%
Abandoned by progenitor		12%

d) In the U.S.A.:

While the law on induced abortions is rigid, in practice, many authorities are alarmed at the numbers of abortions carried out on psychiatric grounds; the numbers done for foetal induction are not many, but appears to be increasing. As a consequence, Guttmacher-type of therapeutic Abortion Adjudication Committees are now established in many states and Hospitals. Such committees comprise of 5 members:—

1. Chief in Medicine
2. One representative from Surgery and Paediatrics
3. Chief of Psychiatry
4. Chief of Obstetrics and Gynaecology which acts as chairman. The request must be supported by 2 consultants recommending the procedure and outlining the indications for it.

The aim of these committees is not only to prevent indiscriminate use of this techni-

que for population control, but also to permit abortions which are legally and medically advised.

Mortality and Morbidity

Figures for these in Induced Abortions are extremely difficult to come by, and even if available, they must be reviewed critically. The only figures I have are from Chile, for the 5 years: 1950-1954:—

Morbidity	- - -	5.3%
Mortality	- - -	0.5%

From Kandang Kerbau Hospital:

In the year 1963, there were approximately 300 cases admitted to this Hospital following suspected or definite criminal interference: There were two deaths (Both from infection).

In the current year, up to the end of October, the incidence of suspected criminal interference is approximately the same: so far, there have been 6 deaths (one from air embolism; 5 from infection). It is not possible to draw too much inference from these figures because, I suspect that many ill cases do not come to Hospital for treatment. Further, it is difficult to compare K.K. Hospital figures with those from Chile, because while the cases in Chile were legalised and done in Hospital by doctors, those that come to K.K. Hospital have been done secretly and illegally, and usually under unfavourable conditions, by operators of varying degrees of skill, or no skill at all!

I have to point out again, that legalising abortion does not necessarily reduce mortality and morbidity, because an appreciable number of illegal abortions are still carried out even in countries where the law on Induced Abortions has been liberalised. I have to mention again that in Japan, although approximately 1 million legal abortions are carried out in Hospitals, possibly another million are carried out illegally.

No real figures for morbidity or mortality are available, but unofficial information suggests that morbidity and mortality are high.

Discussion

From the foregoing, may I summarise the following points:—

1. The Law on Abortions: is too rigid.
2. Many countries, particularly the iron curtain countries and Japan have changed their legislation to allow a legal abortion to be carried out on any patient who wishes it.
3. Other countries get around the law on psychiatric indications.
4. In practice, the numbers of legal and doubtfully legal abortions are increasing in many parts of the world.
5. Illegal abortions, carried out in defiance of the law, have not been eliminated even in the countries where legal abortions are allowed. Such illegal procedures take a high toll of life and contribute to chronic ill-health.

Recommendations

In the present state of medical knowledge, and in deference to social practice, I feel the law might be made more liberal, to allow abortions in cases:—

- i)* Where the life or health, physical or mental, of the mother might be at risk, if pregnancy continues.
- ii)* Where there is a possibility that the child may be deformed, (*e.g.* as a result of rubella, thalidomide, or in cases of pregnancy after a number of children with severe congenital deformities.). Such children, therefore, might become a liability to the state.
- iii)* Where pregnancy follows rape or incest.

To eliminate bogus claims or cases, a therapeutic abortion adjudication committee can be formed in the State. If allowed, the abortions must be done in Hospitals where maximum regard will be paid to the safety of the patients.

Abortion on socio-economic grounds cannot be tolerated; married couples can readily get suitable advice and protection at our Family Planning clinics. Should such advice be made available to the unmarried? Your views will be welcome.

These measures will reduce some of the cases which will otherwise fall into the hands of the abortionist of doubtful skill.

For the prevention of other cases, the public must be made to be more aware of the high mortality and morbidity following illegal operations done under unfavourable circumstances. The ill patients who come to our Hospital, crippled and perhaps dying, seldom divulge information regarding their assailant. Perhaps the Law and the Police might be more energetic in bringing to justice, those suspected of murdering the unborn generation, including, all too often, the mothers.

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