Fetal Development Information: An Essential Aspect of Informed Consent
by Monte Harris Liebman, M.D.

Informed consent must be willingly and knowingly given by an individual who is capable of assimilating the information and can demonstrate an understanding of the situation, procedures, their alternatives, risks and ability to cooperate in their follow-up care.

Many people consider the idea of informed consent - truly informed consent - and intentional or induced abortion as paradoxical and contradictory. What is presumed is that only when individuals have the information necessary to understand that a new

Women Report Lack of Informed Consent
by Wanda Franz, Ph.D.

Women who suffer from post abortion trauma may feel victimized and exploited by others. These women may report that they had inadequate information before they had an abortion and did not make an informed choice.

An in-depth study interviewed 30 women several years after their abortion. Lack of informed consent was an important factor in the stress caused by their abortion. The study, by Anne Speckhard, currently a family therapist, consultant and researcher, found that the means by which informed consent for abortion...
human life begins with fertilization can they give an informed consent to having an abortion, and if people were so informed would choose not to have an abortion. In other words, if people were informed that the life of a human individual is eliminated through abortion, then many would freely choose to forgo the abortion.

Thus, in looking at the qualities and characteristics of informed consent when it relates to abortion, we indeed are looking at factors that would discourage the abortion choice. This is unavoidable since killing a human life finds a deep repugnance in the natural makeup of mankind. But powerful political and social elements of our society resist efforts to mandate that those considering abortion be informed about the nature of their pregnancy, the fact that the fetus is alive and the stage of human development of the fetus.

“It is not irrational to be fearful of terminating another's life; that is human.”

At a panel discussion, including the author, held on March 5th 1990, the Planned Parenthood director of Wisconsin was asked if she would display the models that depict normal fetal development at the clinics where they counsel women. She was assured they would be presented to her without any cost. She said she would not do so. Shortly thereafter she opined that those who advocated the display were motivated by a desire to “frighten” the client. Why normal views of intact fetal models would frighten someone can only be conjectured, but it must be presumed that the client would be “frightened” because of the thought that the abortion she is considering would kill the real fetus she carries that compares to the identifiable model. And so it should be! Being thwarted by the fear that one may be killing a human life form should be an accepted and expected response to understanding the true meaning of abortion. It is not irrational to be fearful of terminating another's life; that is human. What is inhumane is to leave any doubt in the abortion seeking woman's mind that abortion kills a real live developing human individual.

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Abortion facilities engage in a process of dehumanization as information forms routinely omit any reference to fetal development or use inaccurate or misleading terms such as “tissue” or “contents of the uterus.” In a recent investigation of abortion facilities a Miami Herald reporter posing as a potential client in a Florida abortion clinic said “What about the baby. I'm worried about hurting the baby.” “What baby” answered the clinic owner.” There's just two periods there that will be cleared out.” “You mean I'm not pregnant?” “Oh, you're pregnant. But there is no baby there ... two periods and some water. If you don't terminate, then it will become a fetus, and after birth then it will become a baby.” The question asked by the reporter is not contrived. Former abortionist Carol Everett says that women during counseling usually ask two questions, “Is it a baby?” and “Will it hurt?” Accurate information on fetal development is thus important and essential.

Dr. Virginia Riggs MD in a letter published in the New England Journal of Medicine has asserted that “a description of the fetus is relevant to a woman’s decision about abortion and to claim that this information does not pertain directly to the abortion procedure is to deny any possibility that a second being is involved. Women deserve to know exactly what would be removed before they make a decision.

“The doctor who protects women from the facts to preserve them from anxiety and guilt has made a moral decision on their behalf.”

The doctor who protects them from the facts to preserve them from anxiety and guilt has made a moral decision on their behalf ... and to deprive a woman contemplating abortion of a description of the fetus whether or not she requests it, is to deprive her of truly informed consent.”
Psychiatrist Edward Senay has observed that pregnant women usually have a series of pleasurable fantasies about the unborn child. But women seeking abortion regularly report an inhibition of the normal process of fantasy about the fetus. They will often refer to the fetus as an “it” or deny having fantasies about the unborn child.4 But if the woman attempts to deny the presence of her fetus and instead undergoes an abortion, the information withheld on fetal development may result in a delayed reaction. Before her abortion while three months pregnant, Julie Engel recalls asking an abortion counselor “What does a three month fetus look like? “Just a clump of cells”, she answered matter of factly. Years later she saw some pictures of fetal development. “When I saw that a three month old ‘clump of cells' had fingers and toes and was a tiny, perfectly formed baby, I became really hysterical. I'd been lied to and misled...”5

Concerns that adequate counseling and information may dissuade the individual from choosing abortion are accurate. But keeping information from the woman is unconscionable and contrary to the informed consent principles as outlined by the Council on Ethical and Judicial Affairs of the American Medical Association. In the informed consent section (8.08) of their 1989 “Current Opinions” publication, the Council states, “social policy does not accept the paternalistic view that the physician may remain silent because divulgence might prompt the patient to forgo needed therapy.” Medical ethics forbid a physician from withholding any pertinent information even if the information may turn the person from choosing a “needed treatment.” How much more does this principle apply to those who are seeking a medical termination of a normal pregnancy, something that could not be classified as “needed” or a “treatment”, since pregnancy itself is not a disease.

Also the Standards for Obstetric-Gynecologic Services developed by the American College of Obstetricians and Gynecologists (ACOG) state that there are two major exceptions to informed consent before treating a patient i.e. emergency treatment and detriment to patient (therapeutic privilege). However, ACOG Standards specifically state that “therapeutic privilege” can never be construed to allow a physician to misrepresent the facts. Also, a failure to inform is not justified by (1) The patient may prefer not to be told unpleasant possibilities regarding the treatment. (2) Full disclosure might suggest infinite dangers to a patient with an active imagination thereby causing her to refuse treatment. (3) That the patient on learning the risks involved might rationally decline treatment.6 Therapeutic exceptions should provide no safe harbor for those withholding facts on fetal development.7

We have little doubt that resistance to informing the patient about the nature of her pregnancy, and the reality of the existent human life is aimed at facilitating the selection of abortion. A careful look at the inadequacy of informed consent leaves little doubt that this is an important reason for the 1.5 million abortions performed in the United States each year.

Monte Harris Liebman, M.D.

Footnotes
5. Rockmore, Are You Sorry You Had An Abortion?
Lack of Informed Consent, Continued

The quality of explanations provided prior to the abortion was perceived by over 90% of the women as inadequate. Inadequate aspects were:

1. Insufficient information about the specifics of the abortion procedure as applied to the subject's physical self (42 percent).

2. Insufficient information about specifics of the abortion procedure as applied to the fetus or embryo (33 percent).

3. Insufficient or inaccurate information about the development of the fetus or embryo at the time of the abortion (67 percent).

4. Insufficient information pertaining to options regarding the abortion procedure itself and to the options of adoption or parenthood (37 percent).

5. Insufficient information regarding the medical risks and potential for psychological trauma following the abortion (29 percent).

32 percent of the women stated that they felt the abortion personnel to some degree coerced them into the abortion by not giving them the information they needed to make an informed decision. Initially this may have been stress-reducing for many women as the lack of information appeared to enable them to have the abortion without having to confront their beliefs about abortion. After the abortion, however, when the panic concerning the unwanted pregnancy had diminished, many women expressed bitterness over having been given neither the opportunity nor the support to examine their feelings and beliefs concerning pregnancy and over not having been given all of the information they felt was necessary to have made an informed choice. Psycho-Social Stress Following Abortion, Anne Speckhard (1987) pp. 70-73.

A study of 81 women conducted at the Medical College of Ohio who were in a patient-led support group because they had poorly assimilated their abortion experience revealed that many of the women involved had a history of suicide attempts or evidence of parental abuse or neglect. More than one-third felt they had been coerced into their decision for abortion by boyfriends, spouses, doctors or others. 17% of the women had repeat abortions. It is unlikely that these women were adequately counseled about the emotional risks involved in having an abortion. Further, informed consent principles require that the consent be free and voluntary not coerced or under duress.

Lack of Informed Consent, Continued

Some women have reported that counseling services at abortion clinics simply encouraged them to have an abortion and ask as few questions as possible. The largest national study on the subject is a survey of 252 women carried out by David Reardon reported in his book, Aborted Women: Silent No More (1987) which reported:

"In every one of the thousands of cases documented by Women Exploited by Abortion, a full explanation of the possible risks and complications was not given by the abortion provider. Even when direct questions were asked, answers about risks are understated, construed, or avoided. Rather than risks, alternatives or fetal development, abortion counseling is generally devoted to discussing birth control techniques." p. xxv.

It is crucial to recognize that, as a doctor, the abortionist currently enjoys the privilege of telling the patient only what he thinks she should know. But abortionists are taking advantage of the lack of knowledge and the vulnerability of these women. Women are being patronizingly 'guided' to choose abortion for the convenience and profit of others. This deceit tends to aggravate the psychological and emotional after-effects of abortion. When a physical complication develops, or when unexpected feelings of loss and guilt develop, or when a magazine article on the marvels of fetal medicine shows pictures illustrating a baby and not a 'clump of cells', the aborted woman is caught unprepared. She may feel betrayed, manipulated and deceived.

Evidence suggests that few abortionists provide a full explanation although they may claim to want to provide women with a 'choice' about the abortion. The aborted women in the Reardon study clearly reflected their lack of 'choice' when the vast majority responded they were not in control of their lives when making the abortion decision. (see Table I). Virtually every one of the women in the study had a negative view of abortion as a result of their experience. Psychologically, this is probably due, at least in part, to a lack of true involvement in the decision and a feeling of being victimized and used by others. It is likely that this sense of victimization is an important component of the negative psychological reactions experienced by these women following their abortions.

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Informed Consent is Required Prior to Induced Abortion

A free and informed consent to any medical procedure is fundamental to human worth and dignity. The United States Supreme Court has held that informed consent prior to induced abortion "is desirable and imperative that it be made with full knowledge of its nature and consequences" and that it be "informed and freely given and not the result of coercion" even in the first trimester. The concept of informed consent requires:

That consent be knowingly and intelligently given by the patient.

That there is no misrepresentation including misrepresentation by silence as to material and important aspects of the nature of the medical procedure.

That the patient receive adequate, current information of the hazards, likely risks, possible complications and expected and unexpected results of standard treatment or no treatment including possible alternatives.

That no decision be made in haste, under duress or coercion or without adequate time.

The signing of a written consent form by the patient is not necessarily informed consent. Courtesy: The Rutherford Institute
Table I

Study of 252 Women Members of Women Exploited by Abortion as Related to Informed Consent

Questions answered on a scale of 0 to 5 indicated unsure as well as not applicable to their circumstances. 1 indicated not at all while 5 indicated very much. Women were interviewed several years following their abortion. (Avg. 10 years)

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very Much</th>
</tr>
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<tbody>
<tr>
<td><strong>Do you feel you had all of the necessary information to make the decision (to have an abortion).</strong></td>
<td></td>
</tr>
<tr>
<td>1. 74%</td>
<td>2. 8%</td>
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<tr>
<td><strong>When you went to the clinic or counselor, was your decision already firm?</strong></td>
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</tr>
<tr>
<td>1. 30%</td>
<td>2. 9%</td>
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<tr>
<td><strong>Did the clinic, doctor, or counselor help you to explore your decision?</strong></td>
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<tr>
<td>1. 84%</td>
<td>2. 7%</td>
</tr>
<tr>
<td><strong>Were you adequately informed about the procedure?</strong></td>
<td></td>
</tr>
<tr>
<td>1. 49%</td>
<td>2. 17%</td>
</tr>
<tr>
<td><strong>Were you given information about the biological nature of the fetus?</strong></td>
<td></td>
</tr>
<tr>
<td>1. 90%</td>
<td>2. 3%</td>
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<tr>
<td><strong>Were you encouraged to ask questions?</strong></td>
<td></td>
</tr>
<tr>
<td>1. 64%</td>
<td>2. 16%</td>
</tr>
<tr>
<td><strong>Were your questions thoroughly answered to your satisfaction?</strong></td>
<td></td>
</tr>
<tr>
<td>1. 52%</td>
<td>2. 12%</td>
</tr>
<tr>
<td><strong>Do you believe there was information you were not given, or were misinformed about?</strong></td>
<td></td>
</tr>
<tr>
<td>1. 10%</td>
<td>2. 1%</td>
</tr>
<tr>
<td><strong>Were risks and dangers discussed?</strong></td>
<td></td>
</tr>
<tr>
<td>1. 65%</td>
<td>2. 16%</td>
</tr>
<tr>
<td><strong>Did you feel in control of your life when making your decision?</strong></td>
<td></td>
</tr>
<tr>
<td>1. 65%</td>
<td>2. 8%</td>
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**What are your feelings about abortion today?**

<table>
<thead>
<tr>
<th>Negative</th>
<th>Positive</th>
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</thead>
<tbody>
<tr>
<td>1. 98%</td>
<td>2. 1%</td>
</tr>
</tbody>
</table>

Source: *Aborted Women: Silent No More*, David Reardon (1987)

Note: A sub-group of 53 women involved with Planned Parenthood had virtually the same responses.
Male Attitudes Are Important in Abortion Decision-Making

Despite the fact that the male may only be a shadowy figure in the background and lacking in legal rights, he is nevertheless likely to be an important part of the abortion decision. The attitude of the prospective father has been found to be an important factor in the degree of stress related to a pregnancy. In a study of 110 women at the University of Nebraska, it was found that the two most stressful events that occurred during pregnancy were, “The woman is pregnant out of wedlock and receives no help from the father of the baby”, and “the husband doesn’t want the baby she is carrying.” Another study of 65 women at the Methodist Hospital of Indiana found that the most consistent predictor of anxiety throughout the pregnancy was the need for emotional support and the degree of satisfaction of her relationship with her partner.

“Female attitudes toward maternity appear to be largely determined by the masculine attitude toward paternity.”

Anthropologist George Devereux, in his study of abortion in 400 pre-industrial societies concluded that female attitudes toward maternity appear to be largely determined by the masculine attitude toward paternity even where children are ardently desired and where fertile women are much esteemed. This is true even when women abort of their own free will, including instances where they abort from spite or as the result of a domestic quarrel, they do so under the impact of a genuine or expected masculine attitude.

This conclusion also appears to be true in the contemporary United States. For example, in 1981 sociologist Arthur Shostak interviewed 1000 men who accompanied their partners to various U.S. abortion clinics. 45% of the men interviewed recalled urging abortion. Only 10% recalled urging adoption and only 17% had recommended childbirth which the men would support financially and emotionally. The vast majority (83%) of men favored legal abortion while only 9% favored a law to outlaw abortion.

“84% stated that the abortion outcome would have been different if they had been encouraged differently.”

In a survey of 252 U.S. women members of an organization called Women Exploited by Abortion several years after their abortion, it was found that one-half of the women said they were encouraged to have an abortion by a husband or boyfriend; others had also encouraged abortion in many instances. The vast majority (84%) stated that the outcome would have been different if they had been encouraged differently. 2 out of 3 said their life was out of control at the time of their abortion.

Similar results were found in a study of 81 women at the Medical College of Ohio who were in a patient-led group because they had poorly assimilated their abortion experience and were suffering from anxiety, depression and sleep disorders. Nearly one-half (42%) had anniversary reactions. 70% reported that their abortion had been suggested by someone else. (33% boyfriends or spouses; 20% doctors; 17% others) Anger toward boyfriends, parents or doctors was vividly described and many women believed they did not have a choice. More than one-third felt they had been coerced into their decision for abortion.

For many women abortion may be a pressured response to a problem pregnancy rather than an affirmative action in their lives. This appeared to be the case in interviews of 790 women at U.S. abortion facilities in a study conducted by the Allan Guttmacher Institute in 1987. When women were asked why they were having abortions, 23% said they were influenced by their partners desire for them to have an abortion. For others the male expectation was implied. 25% of the women aborting indicated they were not in any relationship with their partner. In that instance abortion appeared to be result of pregnancy arising from casual sex. 29% of the women stated they were aborting because their partner doesn’t want to or can’t marry. Another 32% gave as a reason for abortion that “the couple may break up soon” indicating that abortion was either a cause or effect of a
personal dispute with the male partner.

There may be neurotic reasons for abortion which originate in the male. A 1979 Hong Kong study compared 130 husbands of abortion applicants with husbands of women who completed their pregnancies. 44% of the husbands had instigated the decision for abortion. Significantly more abortion husbands reported poor relationships with either or both parents, a more unhappy childhood, more psychiatric illness in their family, had a higher incidence of alcoholism, drug dependency, neurosis and compulsive gambling. 70% of the abortion husbands reported they used contraception compared to only 35% for the husbands who delivered. However, abortion husbands were much more likely to use unreliable contraceptive methods such as withdrawal or reliance upon a 'safe' period.

"Many women may be forced to have abortions not because it is their right, but because they are forced by egocentric men to submit to this procedure to avoid an unwanted inconvenience to men."

One reason for males urging abortion on women may be the difficulty of the male to see himself as a father. In a study of 55 expectant fathers conducted by the U.S. Air Force, it was found that men with a previous history of impulsive or schizoid behavior were often rejecting the expected baby. Expectant fathers which did not have identified psychiatric problems had a superior adaptation to fatherhood and had a "benign kind of identification with their pregnant wife or with the expected baby." However, those with psychiatric problems were unable to form a helpful or stable identification as a "good father or husband."

It is also possible that the unborn child may be seen as a rival by the prospective father and thus become a target for unconscious aggressive feelings. This was observed in a study of 60 battered women at the University of North Carolina School of Medicine. The women involved frequently reported changes in the pattern of family violence during pregnancy. There was increasing abuse for some with the pregnant abdomen replacing face and breasts as the target for battering which resulted in abortions or premature births.

Lawyer and psychiatrist Alan Stone who supports abortion observed, "that decisions in society are made by those who have power and not necessarily by those who have rights. Husbands and boyfriends may in the end often wield the power and make the abortion decision. Many women may be forced to have abortions not because it is their right, but because they are forced by egocentric men to submit to this procedure to avoid an unwanted inconvenience to men. To the extent this happens, neither the dignity of life nor the dignity of women will be enhanced."

Thomas W. Strahan

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