ProLife OB|GYNS
AAPLOG American Association of Pro-life Obstetricians & Gynecologists

February 6, 2018

Dr. David Barbe, M.D. President,
American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Barbe,

My name is Dr. Donna Harrison, M.D., Executive Director of the American Association of Pro-Life Obstetricians and Gynecologists, composed of over 4000 reproductive health care medical professionals who practice evidence-based Hippocratic medical care, and who do not perform elective abortions due to the damage that elective abortion causes to the mother, as well as the destruction of the unborn human beings who are also our patients.

I am joined by Dr. Michelle Cretella M.D., President of the American College of Pediatricians. The American College of Pediatricians (ACPeds) is a national organization of pediatricians and other child health professionals dedicated to the health and well-being of children. The College is committed to fulfilling its mission by producing sound policy, based upon the best available scientific research, to assist parents and to influence society in the endeavor of childrearing.

We are also joined by Dr. Peter Morrow, M.D. President of the Catholic Medical Association, which is the largest organization of Catholic healthcare professionals in the U.S. dedicated to upholding the principles of the Catholic faith in science and the practice of medicine. The CMA does not believe that abortion is healthcare.

And we are also joined by Dr. David Stevens, CEO of the Christian Medical & Dental Associations, the largest Christian professional healthcare organization in the world, with more than 19,000 members. CMDA provides its members a public voice on bioethics and healthcare policy. CMDA provides healthcare professionals and medical education to serve in the developing world, provides continuing medical and dental education, and sponsors student chapters at most U.S. medical and dental schools.

We also are joined by Diana Ruzicka, President of the National Association of Catholic Nurses, U.S.A. (NACN-USA). NACN-USA is a non-profit association of hundreds of nurses of different backgrounds, as well as other healthcare and non-healthcare professionals who support its mission. NACN-USA promotes professional development, collaborating with the medical profession to promote patient advocacy based upon beneficence and non-maleficence, spiritual development fostering the integration of faith and health, all consistent with the Hippocratic tradition and Natural Moral Law.

We also are joined by Dr. Marie Hilliard, PhD, RN, Director of Bioethics and Public Policy at The National Catholic Bioethics Center (The Center). The Center is a nonprofit research and educational institute committed to applying the moral teachings of the Catholic Church to ethical issues arising in health care and the life sciences. The Center has 2500 members, including health care agencies and providers from many disciplines throughout the United States, many of whom employ and/or serve

thousands of persons, and thus its collective membership is significant. The Center provides consultation to thousands of institutions and individuals seeking its opinion on ethical issues. Increasingly, consultation is sought by those who fear they must not enter or must leave the health care profession because of threats to their conscience and their right to autonomy.

Together our organizations represent over 25,000 physicians, and are joined also by nurses, other health care providers, and patient advocates in the United States. We are all copied on this email.

We have reviewed the 2006 Declaration of Oslo as well as the Secretariat Revision and the revision proposed by the Working Group Abortion Policy Oct 2017 (WGAP revision), which is to be considered at the upcoming meeting of the World Medical Association. We, together, respectfully submit strenuous and total rejection of the WGAP revision not only due to the lack of recognition of the scientific fact that in pregnancy, two human lives are present, which the physician has a professional obligation to respect and provide care for, but also due to the imposition of forced participation in the elective abortion process by physicians who practice according to the Oath of Hippocrates. Our objections are detailed below:

1. The 2006 declaration states **"The WMA requires the physician to maintain respect for human life."** This statement was created in recognition of the horrible atrocities of the previous decades perpetrated by physicians who had abandoned the Oath of Hippocrates and no longer maintained respect for human life. However, it is the respect for human life and the dignity of the human person created in the image and likeness of God which is the foundational principle underlying Hippocratic medical practice, and which forms the basis of trust between the physician and her or his patient.

   The WGAP revision deletes this statement of the foundational principle of medicine, and substitutes instead statements which are medically ambiguous and unethical and which violates the conscience rights of the practitioner. Such phrases as "*Medically indicated abortion refers to interruption of pregnancy due to health reasons*…" refer to a definition of health so broad as to allow for elective abortion on demand throughout pregnancy, as evidenced by the experience in the United States. The term "health" was enshrined in abortion law the United States by the Supreme Court decision Doe v. Bolton which defined health as "all factors-physical, emotional, psychological, familial and the woman's age."[1] According to a subsequent judicial review of abortion law in the 1980's, Doe v. Bolton's expansive definition of health ensured that there was no meaningful legal barrier to abortion on demand throughout pregnancy in the United States. The WGAP revision similarly uses the ambiguous term "health" to impose legalization of elective abortions and mandate physician participation.

   The WGAP revision also states that "*abortion is a medical matter between the patient and the physician*". However, in the case of elective abortion, there is no medical indication for the termination of the pregnancy other than the fact that the woman desires the termination of the pregnancy. As a "*matter between the patient and the physician*", there is also physician autonomy which is not overruled by patient autonomy. As was made clear in the testimony of abortionists during the United States Supreme Court arguments to ban partial birth abortion, the purpose of an elective abortion is to **produce a dead baby**, not to save the life of the mother. A patient's autonomous desire for a dead baby does not overrule a physician's professional judgment or compel a physician to take the life of one patient entrusted to her or his care simply because another patient desires it.

[1] Doe v. Bolton USSC at section IV C paragraph 3 available at: http://caselaw.findlaw.com/us-supreme-court/410/179.html

As representatives of over 25,000 physicians, joined also by organizations of nurses, and other providers and patient advocates we affirm the position of the Dublin Declaration on Maternal Healthcare:

> "*As experienced practitioners and researchers in obstetrics and gynaecology, we affirm that direct abortion – the purposeful destruction of the unborn child – is not medically necessary to save the life of a woman.*
> *We uphold that there is a fundamental difference between abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatment results in the loss of life of her unborn child.*
> *We confirm that the prohibition of abortion does not affect, in any way, the availability of optimal care to pregnant women."*
> *In fact, elective abortion- that is the purposeful destruction of the unborn child is never necessary to save the life the mother and has no place in the healing arts."*[2]

The fiat statement in the WGAP revision which states that abortion is "medical" does not mean that there is a medical indication, and in fact, in the United States, the vast majority of abortions are purely elective, with no medical indication whatsoever. Thus, the WGAP revision attempts to insert medical legitimacy into every elective abortion decision, thereby creating a legal mandate to force compliance from physicians who ethically or scientifically object to taking the life of their unborn patients.

2. The 2006 declaration states "**Circumstances bringing the interests of a mother into conflict with the interests of her unborn child create a dilemma and raise the question as to whether or not the pregnancy should be deliberately terminated**."

And

3. **Diversity of responses to such situations is due in part to the diversity of attitudes towards the life of the unborn child. (Combined with paragraph 2) This is a matter of individual conviction and conscience that must be respected.**

Please note that an accepted definition of conscience is 'an inner feeling or voice viewed as acting as a guide to the rightness or wrongness of one's behavior'. The definition of healthcare is 'the maintenance and improvement of physical or mental health, especially through the provision of medical services'.

The WGAP revision offers no advantage to the 2006 Declaration statements 2 And 3, and, in fact, diminishes the significance of the medical judgement involved in separating the fetus from the mother in cases where continuation of the pregnancy results in a real threat to the life of the mother.

In cases where the mother requests an elective abortion, there are solid scientific reasons for declining to do such a procedure. By stating "*The diversity of responses to such situations is due in part to the diversity of attitudes towards the life of the fetus, for various reasons including cultural, religious and traditional*" the WGAP revision leaves no room for scientific

[2] https://www.dublindeclaration.com

considerations of real harm to the woman from the elective abortion procedure itself. After five decades of elective abortion in the US, research has clearly demonstrated in the scientific literature that elective abortion increases a woman's future risk of extremely preterm birth in subsequent pregnancies[3] [4] [5] [6], as well as an increase in the future risk of breast cancer for women who abort prior to bringing a pregnancy to term[7]. In addition, there is good evidence to suggest that at the very least, in situations of ambivalence or coercion to have an elective abortion, a woman faces increased psychological risks of suicide, drug abuse and major depressive disorder[8].

4. The 2006 declaration states: **"It is not the role of the medical profession to determine the attitudes and rules of any particular state or community in this matter, but it is our duty to attempt both to ensure the protection of our patients and to safeguard the rights of the physician within society.**"

   The WGAP revision devalues the meaning of this statement, and substitutes language of advocacy for elective abortion, even in violation of "the rights of the physician". This abortion advocacy is not the consensus of physicians who constitute members of the WMA, the language of the WGAP revision violates the rights of physicians and imposes legal penalties, as well as moral and ethical impositions on the conscientious practice of medicine on physicians who practice according to the Hippocratic Oath, and who respect the life of both their born and unborn patient.

   Elective abortion is not healthcare. Elevating a mother's request for elective abortion to a basic human right is fallacious, and ignores the rights of the other two persons involved in the procedure. The proposed revision violates the original wording of the Declaration, ignoring the "rights of the physician" and jeopardizing the "protection of the patient" – the unborn child.

   A physician who does not make referral for or perform elective abortions is not discriminating against women. Quite to the contrary, the false imposition of a new standard of care by an international medical organization is discriminatory against medical professionals who adhere to the Oath of Hippocrates and a gross overreach and a violation of their basic civil rights.

5. No comment

6. The 2006 declaration states: **"If the physician's convictions do not allow him or her to advise or perform an abortion, he or she may withdraw while ensuring the continuity of medical care by a qualified colleague**."

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[3] Richard E. Behrman, Adrienne Stith Butler, Editors, Committee on Understanding Premature Birth and Assuring Healthy Outcomes, "Preterm Birth: Causes, Consequences, and Prevention," National Academies Press Washington D.C. ISBN: 0-309-65898-5, (2006) at Appendix B

[4] Swingle HM, Colaizy TT, Zimmerman MB, Morriss FH. Abortion and the risk of subsequent preterm birth: A systematic review with meta-analyses. J Repro Med 2009; 54:95-108.

[5] Shah PS, Zao J. Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analysis. BJOG 2009; 116:1425-1442

[6] Klemetti R, Gissler M, Niinimaki M, Hemminki E. Birth outcomes after induced abortion: a nationwide register-based study of first births in Finland. Human Reproduction 2012 August 29

[7] https://www.bcpinstitute.org/uploads/1/1/5/1/115111905/bcpi-factsheet-epidemiol-studies_2014.pdf

[8] Coleman P, Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009 Br J Psych Aug 2011 199 (3) 180-186 available at http://bjp.rcpsych.org/content/199/3/180

The medical validity of this statement rests upon the assumption that the term "abortion" refers to a separation of the mother and the fetus in order to save the life of both the mother and her fetus, or at least save the life of one. However, most "abortions" are elective, which means that the abortion is not done to save the life of the mother, but rather whose purpose is to produce a dead fetus. There is no scientific or medical reason to compel physician involvement with elective abortion- the procedure done in order to produce a dead fetus. The withdrawal of provision of a conscientiously contested procedure, however, does not prevent the patient from seeking that procedure elsewhere, and is, therefore, not a violation of the patient's choices of care. Abortion is not healthcare. Further, direct referral to another physician who does abortions is considered a violation of conscience in mediate material cooperation.

With that understanding, the WGAP revision confuses indications for the separation of the mother and the fetus, and attempts to make of equal importance those separations to save the life of the mother, and those separations intended to produce a dead fetus for social reasons (i.e. elective abortion). As such, the WGAP revision must be completely rejected as incompatible with good medical practice and as promoting a gross violation of the conscience of physicians who choose not to participate in the killing of their patients.

In summary, as representatives of over 25,000 physicians, as well as organizations of nurses, other health care providers, and patient advocates who provide excellent scientific, ethical and moral healthcare in accordance with the principles of the Oath of Hippocrates, we together request that the WGAP revision be rejected, and request that the 2006 declaration be reaffirmed.

Respectfully submitted,

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