

American Medical NEWS

AMERICAN MEDICAL ASSOCIATION • MARCH 3, 1997 • VOLUME 40 • NUMBER 9

Medicine adds to debate on late-term abortion



Photo by Karen Ballard

'The pro-choice movement has lost a lot of credibility during this debate, not just with the general public, but with our pro-choice friends in Congress,' says Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers.

Abortion rights leader urges end to 'half truths'

By Diane M. Gianelli
AMNEWS STAFF

WASHINGTON — Breaking ranks with his colleagues in the abortion rights movement, the leader of one prominent abortion provider group is calling for a more truthful debate in the ongoing battle over whether to ban a controversial late-term abortion procedure.

In fact, Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers, said he would rather not spend his political capital defending the procedure at all. There is precious little popular support for it, he says, and a federal ban would have almost no real-world impact on the physicians who perform late-term abortions or patients who seek them.

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Abortion leader

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our pro-choice friends in Congress," Fitzsimmons said. "Even the White House is now questioning the accuracy of some of the information given to it on this issue."

He cited prominent abortion rights supporters such as the *Washington Post's* Richard Cohen, who took the movement to task for providing inaccurate information on the procedure. Those pressing to ban the method call it "partial birth" abortion, while those who perform it refer to it as "intact"

dilation and extraction (D&X) or dilation and evacuation (D&E).

What abortion rights supporters failed to acknowledge, Fitzsimmons said, is that the vast majority of these abortions are performed in the 20-plus week range on healthy fetuses and healthy mothers. "The abortion rights folks know it, the anti-abortion folks know it, and so, probably, does everyone else," he said.

He knows it, he says, because when the bill to ban it came down the pike, he called around until he found doctors who did them.

"I learned right away that this was being done for the most part in cases that did not involve those extreme circumstances," he said.

The National Abortion Federation's Vicki Saporta acknowledged that "the numbers are greater than we initially estimated."

As for the reasons, Saporta said, "Women have abortions pre-viability for reasons that they deem appropriate. And Congress should not be determining what are appropriate reasons in that period of time. Those decisions can only be made by women in consultation with their doctors."

Bill's reintroduction expected

Rep. Charles Canady (R. Fla.) is expected to reintroduce legislation this month to ban the procedure.

Those supporting the bill, which was also introduced in the Senate, inevitably evoke wincing by graphically describing the procedure, which usually involves the extraction of an intact fetus, feet first, through the birth canal, with all but the head delivered. The physician then forces a sharp instrument into the base of the skull and uses suction to remove the brain. The procedure is usually done in the 20- to 24-week range, though some providers do them at later gestations.

Abortion rights activists tried to combat the images with those of their own.

showing the faces and telling the stories of particularly vulnerable women who have had the procedure. They have consistently claimed it is done only when the woman's life is at risk or the fetus has a condition incompatible with life. And the numbers are small, they said, only 500 to 600 a year.

Furthermore, they said, the fetus doesn't die violently from the trauma to the skull or the suctioning of the brain, but peacefully from the anesthesia given to the mother before the extraction even begins.

The American Society of Anesthesiologists debunked the latter claim, calling it "entirely inaccurate."

And activists' claims about the numbers and reasons have been discredited by the very doctors who do the procedures. In published interviews with such newspapers as *American Medical News*, *The Washington Post* and *The Record*, a Bergen County, N.J., newspaper, doctors who use the technique acknowledged doing thousands of such procedures a year. They also said the majority are done on healthy fetuses and healthy women.

The New Jersey paper reported last fall that physicians at one facility perform an estimated 3,000 abortions a year on fetuses between 20 and 24 weeks, of which at least half are by intact D&E. One of the doctors was quoted as saying, "We have an occasional amnio abnormality, but it's a minuscule amount. Most are Medicaid patients ... and most are for elective, not medical reasons: people who didn't realize, or didn't care, how far along they were."

A *Washington Post* investigation turned up similar findings.

'Spins and half-truths'

Fitzsimmons says it's time for his movement to back away from the "spins" and "half-truths." He does not think abortion rights advocates should ever apologize for performing the procedure, which is what he thinks they are doing by highlighting only the extreme cases.

'The real-world impact [of a ban] on doctors and patients is virtually nil,' Fitzsimmons says.

"I think we should tell them the truth, let them vote and move on," he said.

Charlotte Taft, the former director of a Dallas abortion clinic who provides abortion counseling near Santa Fe, N.M., is one of several abortion rights activists who share many of Fitzsimmons' concerns.

"We're in a culture where two of the most frightening things for Americans are sexuality and death. And here's abortion. It combines the two," Taft said.

She agrees with Fitzsimmons that a debate on the issue should be straightforward. "I think we should put it on the table and say, 'OK, this is what we're talking about: When is it OK to end these lives? When is it not? Who's in charge? How do we do it?' These are hard questions, and yet if we don't face them in that kind of a responsible way, then we're still having the same conversations we were having 20 years ago."

Fitzsimmons thinks his colleagues in the movement shouldn't have taken on the fight in the first place. A better bet, he said, would have been "to roll over and play dead, the way the right-to-lifers do with rape and incest." Federal legislation barring Medicaid abortion funding makes exceptions to save the life of the mother and in those two cases.

Fitzsimmons cites both political and practical reasons for ducking the fight. "We're fighting a bill that has the support of, what, 78% of the public? That tells me that we have a PR problem," he said, pointing out that several members of Congress who normally support abortion rights voted to ban the procedure the last time the measure was considered.

From a practical point of view, it also "wasn't worth going to the mat on. ... I don't recall talking to any doctor who said, 'Ron you've got to save us on this one. They can't outlaw this. It'd be terrible.' No one said that."

He added that "the real-world impact on doctors and patients is virtually nil." Doctors would continue to see the same patients, using an alternative abortion method.

In fact, many of them already do a variation on the intact D&E that would be completely legal, even if the bill to outlaw "partial birth" abortions passed. In that variation, the physician makes sure the fetus is dead before extracting it from the birth canal. The bill would ban only those procedures in which a live fetus is partially vaginally delivered.

Lee Carhart, MD, a Bellevue, Neb., physician, said last year that he had done about 5,000 intact D&Es, about 1,000 during the past two years. He induces fetal death by injecting digoxin or lidocaine into the fetal sac 72 hours before the fetus is extracted.

Damage control

Fitzsimmons also questions whether a ban on an abortion procedure would survive constitutional challenge. In any event, he concludes that the way the debate was fought by his side "did serious harm" to the image of abortion providers.

"When you're a doctor who does these abortions and the leaders of your movement appear before Congress and go on network news and say these procedures are done in only the most tragic of circumstances, how do you think it makes you feel? You know they're primarily done on healthy women and healthy fetuses, and it makes you feel like a dirty little abortionist with a dirty little secret."

Saporta says her group never intended to send this message to doctors.

"We believe that abortion providers are in fact maligned and we work 24 hours a day to try to make the public and others understand that these are heroes who are saving women's lives on a daily basis," she said.

When Fitzsimmons criticizes his movement for its handling of this issue, he points the finger at himself first. In November 1995, he was interviewed by "Nightline" and, in his own words, "lied," telling the reporter that women had these abortions only in the most extreme circumstances of life endangerment or fetal anomaly.

Although much of his interview landed on the cutting room floor, "it was not a shining moment for me personally," he said.

After that, he stayed out of the debate.

Don't get 'sidetracked' by specifics

While Fitzsimmons is one of the few abortion rights activists openly questioning how the debate played out, it is clear he was not alone in knowing the facts that surround the procedure.

At a National Abortion Federation meeting held in San Francisco last year, Kathryn Kohlbert, one of the chief architects of the movement's opposition to the bill, discussed it candidly.

Regardless of procedure type, the public sees 'a distinction between first-trimester and second-trimester abortions,' an ethicist says. 'The law doesn't, but people do.'

Kohlbert, vice president of the New York-based Center for Reproductive Law and Policy, urged those attending the session not to get "sidetracked" by their opponent's efforts to get them to discuss the specifics of the procedure.

"I urge incredible restraint here, to focus on your message and stick to it, because otherwise we'll get creamed," Kohlbert told the group.

"If the debate is whether the fetus feels pain, we lose. If the debate in the public arena is what's the effect of anesthesia, we'll lose. If the debate is whether or not women ought to be entitled to late abortion, we probably will lose.

"But if the debate is on the circumstances of individual women ... and the government shouldn't be making those decisions, then I think we can win these fights," she said.

Public reaction

The abortion rights movement's newest strategy in fighting efforts to ban the procedure is to try to narrow the focus of the debate to third-trimester abortions, which are far fewer in number than those done in the late second trimester and more frequently done for reasons of fetal anomaly.

When the debate shifts back to "elective" abortions done in the 20- to 24-week range, the movement's response has been to assert that those abortions are completely legal and the fetuses are considered "pre-viable."

In keeping with this strategy, Sen. Thomas Daschle (D, S.D.), plans to introduce a bill banning third-trimester abortions. Clinton, who received an enormous amount of heat for vetoing the "partial birth" abortion ban, has already indicated he would support such a bill.

But critics counter that Daschle's proposed ban — with its "health" exception — would stop few, if any, abortions.

"The Clinton-Daschle proposal is constructed to protect pro-choice politicians, not to save any babies," said Douglas Johnson, legislative director of the National Right to Life Committee.

Given the broad, bipartisan congressional support for the bill to ban "partial birth" abortions last year, it's unlikely Daschle's proposal would diminish support for the bill this session — particularly when Republicans control both houses and therefore, the agenda.

And given the public reaction to the "partial birth" procedure — polls indicate a large majority want to ban it — some questions occur: Is the public reaction really to the procedure, or to late-term abortions in general? And does the public really make a distinction between late second- and third-trimester abortions?

Ethicists George Annas, a health law professor at Boston University, and Carol A. Tauer, PhD, a philosophy professor at the College of St. Catherine in St. Paul, Minn., say they think the public's intense reaction to the "partial birth" abortion issue is probably due more to the public's discomfort with late abortions in general, whether they occur in the second or third trimesters, rather than to just discomfort with a particular technique.

If Congress decided to pass a bill banning dismemberment or saline abortions, the public would probably react the same way, Dr. Tauer said. "The idea of a second-trimester fetus being dismembered in the womb sounds just about as bad."

Abortions don't have to occur in the third trimester to make people uncomfortable, Annas said. In fact, he said, most Americans see "a distinction between first-trimester and second-trimester abortions. The law doesn't, but people do. And rightfully so."

After 20 weeks or so, he added, the American public sees a baby.

"The American public's vision of this may be much clearer than [that of] the physicians involved," Annas said.