

## Commentary: Why Do Doctors Withhold Abortion's Medical, Mental Health Risks From Women? (2008)

On every medical procedure done, 95% of recipients want to be fully informed of all statistically related risks (1). If the author is replacing his knee, he would want to know the expected recovery time, pain to expect, pain duration, prosthesis lifetime, possible complications, and possible problems with a metal detector.

This demand occurs even if the casual connection between the procedure and the risk has not been fully proven. But not abortion. It would eliminate business. This procedure is not required for the patient's life, even if it destroys another life. Are the risks are worth it?

A fact noted in (2), 10% of women undergoing elective abortion will suffer the immediate complications of perforation of the uterus, infection, embolism, retained tissue, hemorrhage, cervical injury, endotoxic shock, 'boggy' uterus, or failure to recognize an ectopic (tubal) pregnancy. Tubal pregnancies increase by 30% after one abortion by 160% after two (5).

In another study (3), over 50% of women experienced one or more of the following after abortions: depression, guilt, regret, nervousness, and insomnia. Sleep (4) shows that women are 2x as likely to have sleep disorders after an abortion.

From (6) an abortion results in a 65% higher risk (compared to no abortion) of Clinical Depression, in (7) a 30% higher risk of Generalized Anxiety Disorder (according to BMC Psychiatry, women who have had an abortion typically experience post-traumatic stress disorder[PTSD]), in (8) a 5x higher risk of substance abuse.

Also, in (9 & 15) abortion results in a 160% higher risk of hospitalization for psychiatric treatment, in (10) a 62% higher risk of death from all causes(6x higher risk of suicide), in (11) drug abuse during subsequent pregnancies 5x more likely, with any abortion (12) an increased risk of a future miscarriage by 60%, and in (13) Placenta Privia (the risk of life-threatening bleeding during future pregnancies) is increased 600%.

Even worse, an analysis of 38 studies showed a 30% overall increased risk of breast cancer after an abortion (14). And that risk increases to 90% for abortions to young women after 18 weeks, and to 150% if the woman is under 18.

Per (15), 144% of abortive women were more likely to abuse their children than those who did not have an abortion.

Before the 1960's, the medical community was in agreement that 'almost

without exception, abortion inevitably causes trauma, posing a severe threat to psychological health.'(Mary Zimmerman; Psychological and Emotional Consequences of Elective Abortion).

But with the fear of a population explosion, the sexual revolution, and the rise of feminism, the American Medical Association, the American Psychiatric Association, and the American Psychological Association reversed their opposition to abortion.

Not many would allow their daughter to be exposed to these chances with her life. If one actually calculates the probability of one or more of these disorders affecting a woman after an abortion, the answer is ~ '1'. Just accessing the internet under 'abortion complications' one immediately gets 168,000 hits. The probability listed here is only the tip of the iceberg.

In other words, it will likely happen just when, how severe, and how many, are the only questions. Sounds like a knee replacement would be significantly less risky, and still preserve 'life'.

Of course, the most important element here would be the woman's eternal soul. Without the necessary forgiveness for an abortion, it will likely be quite bad. But many of us only think only a few years down the road.

---

(1) Journal of Medical Ethics (2006)

(2) Abortion Practice/ Warren Hern (1990)

(3) British Columbia Report/ Hag-Ridden by Post-Abortion Guilt/ Celeste McGovern (10/18/93)

(4) Relative Treatment Rates for Sleep Disorders and Sleep Disturbances Following Abortion/ Sleep, Vol. 29

(5) American Journal of Obstetrics and Gynecology, Vol. 160(1988)

(6) Medical Science Monitor/ Depression Associated With Abortion & Childbirth/ JR Cogle

(7) Journal of Anxiety Disorders; Vol. 19(2005) Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion

(8) American Journal of Drug and Alcohol Abuse (2000)

(9) Canadian Medical Association Journal (2003), Psychiatric Admissions of Low-income Women Following Abortions and Childbirth

(10) Southern Medical Journal (2002); Comprehensive Handbook of Psychiatry (1980), E. Sandberg Psychology of Abortion

(11) American Journal of Drug and Alcohol Abuse (2000)

(12) BJOG: An International Journal of Obstetrics and Gynecology (2006)

(13) American Journal of Obstetrics and Gynecology, Vol. 141(1981)

(14) Induced Abortion and Breast Cancer, Joel Brind et al, Epidemiology & Community Health, Vol. 481(1996); Mads Melbye et al, Induced Abortion and Breast Cancer, New England Journal of Medicine, Vol. 336, (1997); Janet Daling et al, Risk of Breast Cancer Among Young Women, Journal of National Cancer Institute, Vol. 86(1994)

(15) Priscilla K. Coleman, et al, Associations Between Voluntary and Involuntary Forms of Parental Loss and Child Maltreatment Among Low-income Mothers, Acta Paediatrica, Vol. 94(2005)

[June 24, 2008, by  
Kevin Roeten, <http://www.lifenews.com/nat3999.html>; LifeNews.com Note:  
Roeten likes the facts over readily displayed emotions. He is an  
editorial columnist who has frequently been published in numerous  
Internet and newspaper forums. Opinion and editorial articles like this  
one do not necessarily reflect the views of LifeNews.com.]