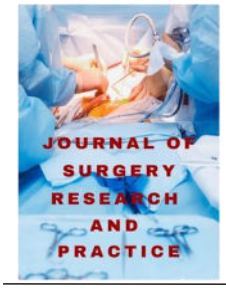

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Editorial

Public Health Concerns Due to Reversal of Roe V. Wade

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Editorial

The reversal of abortion rights by the Supreme Court of the United States has permitted each state to administer its own laws. Some states ban abortion at conception, others restrict it based upon gestational age. People in dire situations are the ones most in need of abortion services but it seems likely that they will bear the brunt of the consequences of these changes and it could worsen the already large gap in medical care between the rich and the poor in the United States.

The Roe v Wade decision by the Supreme Court Of The United States (SCOTUS) on January 22, 1973 stated that a pregnant woman's right to have an abortion was implicit in the right to privacy protected by the 14th amendment of the United States (US) Constitution. The court further qualified these rights for the woman and for the State based upon fetal age in trimesters and presumed fetal viability [1]. Once the right to abortion became the law of the land numerous federal and state laws restricting abortions were struck down. On June 24, 2022, the SCOTUS reversed the previous decision permitting trigger laws of individual states to come into force. Now abortion in the US is being adjudicated legally and politically state by state [2].

States favoring abortion bans believe that life and personhood begin at conception. Therefore, every fetus must have the same legal rights and protections as a person after birth and abortion is murder. It will be interesting to learn how the court rules in the case of Brandy Bottone of Texas, who was cited twice for driving alone in the High Occupancy Vehicle (HOV) lane when she was pregnant. She claimed that her unborn child was a passenger since the Texas Penal Code identifies an unborn child "at every stage of gestation" as an individual [3,4]. It seems likely that a legal decision for or against her will raise other questions.

Matters are complicated further because not all states with abortion bans observe the same criteria. Some do not offer exemptions for conceptions resulting from rape or incest, others exempt for one or the other and some permit abortions in both instances. All these states do have exemptions for emergencies and when there is risk of "substantial harm" to the mother. While this is eminently reasonable in the abstract form it raises questions. Who has the right to decide and when? If a woman's preeclampsia or eclampsia is progressive can the obstetrician decide to abort the fetus based upon what she/he foresees as the eventual outcome or can the decision only be made when the woman is seriously ill? Can the obstetrician make the decision independently or is a second or third opinion required? Would an ethics committee have to be convened to make the decision? Furthermore, what is the legal risk to the physician making the decision if a later reviewer does not agree with the good-faith decision made in the moment? One also wonders whether this uncertainty about a later reevaluation of their decision would affect their choices. Five women have already sued the state of Texas because they had to travel out of state to get abortions although their lives were at risk. In some of their cases, doctors refused to even suggest the option or to forward patient records to a physician willing to care for the patient since anyone who aids her in any way is at risk of being prosecuted. One of these women was informed that she was not sick enough to obtain an abortion. She developed sepsis twice and ended up with scar tissue permanently blocking one of her fallopian tubes [5].

From all reports, women do not make the decision to terminate a pregnancy lightly. Apart from immediate health concerns of the mother or the child during the pregnancy, labor and the postnatal period there are familial and societal concerns that may make the mother and the child vulnerable. Problems such as absence of a spouse or partner, lack of help, an abusive environment, poverty or even the responsibility of caring for family members may affect her ability to care for herself and a child. When under duress she may prefer not to bring a child into the world. Improved health care facilities for mother and child, availability of child care at a reasonable rate, support, guidance and protection for both of them should go a long way to render many of these women better able to care for their children and to not abort them. But we do not have such a safety net in place and assistance for the mother or care of the child do not seem to be on any legislative agenda at present. During the 50 years that abortion was legal in the US, women who wished to take their pregnancies to term were free to do so while those in dire circumstances could safely terminate them with the help of qualified professionals.

According to the 2020 US census there are approximately 64.5 million females of child-bearing age (between 15-44 years old). One in eight (8 million) of them are in families with incomes below the Federal Poverty Level [6]. In addition, approximately another 20 million women are between 45 and 54 years of age. At times they are lax with contraceptive measures since they incorrectly believe that they are no longer fertile. Fifty one percent of their pregnancies are unintended [7]. It is important to clarify that unintended refers to not wanting to have a child at that time because of the underlying familial, economic or societal problems mentioned above. In addition to poverty and increasing age, multiple unintended pregnancies occur more often in African-American and Hispanic women, those who experience a non-voluntary first sexual intercourse especially when young, women experiencing stressful life events, women who had a previous abortion and those participating in the sex trade [8]. One wonders whether carrying these pregnancies to term might put the lives of the mother and child at risk?

Experience from around the world has demonstrated that desperate women will find ways to terminate an unwanted pregnancy even where abortion is banned. According to the World Health Organization (WHO) six out of ten unintended pregnancies are terminated. About 45% of all abortions are unsafe with 97% of them taking place in developing countries. Unsafe abortion is a leading, albeit preventable, cause of maternal deaths and morbidities. It can lead to physical and mental health problems and social and financial burdens not only for the women involved but, by extension, for communities and health systems. On the other hand, early pregnancy abortion can be handled by a wide range of trained health care workers with medication or a simple surgical procedure. In the first 12 weeks of gestation a pregnant woman could even manage a medical abortion in the safety and privacy of her own home. The WHO states that "inaccessibility of quality abortion care risks violating a range of human rights of women and girls, including the right to life; the right to the highest attainable standard of physical and mental health; the right to benefit from scientific progress and its realization; the right to decide freely and responsibly on the number, spacing and timing of children; and the right to be free from torture, cruel, inhuman and degrading treatment and punishment" [9].

Some abortion opponents even disapprove of modalities that prevent fertilization, such as oral contraceptives, emergency contraception (Plan-B One Step), intra-uterine devices and vasectomies and tubal ligations. Condoms, diaphragms and cervical caps are not condoned because they block the natural journey of sperms and the use of douches, suppositories and spermicides, which destroy sperms, are considered tantamount to murder. Acceptable methods for them are abstinence, the rhythm method and Natural Family Planning (NFP). According to the Centers for Disease Control and Prevention (CDC), NFP has a 24% failure rate. Is a ban of contraceptive measures the next step?

In 2020, the CDC obtained abortion data from 49 reporting areas. Of 620,327 abortions reported, 51% were medical abortions ≤ 9 weeks gestation and another 40% had surgical abortions ≤ 13 weeks [10]. This data will change for women in states where abortion is banned. It will take them longer to determine where and how to find a provider that would treat them. They would then have to scrape together the funds and work out the logistics and financing to arrange for care of any children they already have while they travel out of state and they would have to negotiate time away from work to make the trip. Furthermore, as already mentioned, they and anyone aiding them, are at risk of being reported to the authorities for breaking the law. Women being paid minimum wage for hourly work would find it particularly difficult to get an abortion as they would lack insurance coverage and the Hyde amendment prohibits Medicaid and Medicare from offering abortions except under very specific conditions [11]. The Hyde amendment is already being used to hold up the senate confirmation of numerous personnel in the Department of Defense (DOD) as the DOD pays for pregnant female personnel, posted in states where abortion is banned, to

travel to a state where it is legal [12]. Since it would be impossible for women in states where it is banned to get an abortion by qualified personnel, they might choose to go to untrained abortion practitioners in the vicinity regardless of the risk to their health or life. That was the case when abortions were banned in the United States before 1973. Can we expect the situation not to revert back to what it was then? Such back sliding would be particularly unfortunate today since we have fifty years of verified scientific data demonstrating the safety of abortions carried out by trained personnel. In fact, the risk of death is 14 times greater with child birth than with abortion by qualified personnel. Also, serious acute complications of abortions are extremely rare and claims of later development of breast cancer and mental illness have been repudiated [13]. Can we justify ignoring this data for an aspirational goal of preventing all abortions? According to the Pew Research Center, 62% of US adults believe that abortion should be legal in all or most cases while only 36% are of the opinion that it should be illegal in all or most cases? [14].

Maternal and pediatric mortalities in the US, unrelated to the COVID-19 pandemic, have been rising over the past few years [15,16]. It would be unfortunate if the abortion issue adds to them and causes a public health crisis.

Conflict of Interest

The author has no conflict of interest to declare.

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