

1. **ABORTION IN THE CONTEXT OF HEALTH CARE**

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Abortion issue entails realistic deeper thought and reflection. It is also a matter for tough and delicate debate. Raising the banner of common good, countries like India and China promote abortion to contain population explosion. With the arrival of biotechnological advancement people have easy methods to do away with the unborn. Feminist groups try to ascertain the rights of women over their body and on the foetus they carry. Abortion clinics are clandestinely mushrooming in every corner and offer easy ways to terminate the pregnancy. At this juncture we have two camps. The first one is *pro-life* group which views life as a gift of God and holy. It points out that no one has a right to take away the same from the other. Catholic Church, along with a few movements for this cause speaks out to defend life. The second is *pro-choice* group which emphasizes more the right of the mother and her privacy than that of the unborn. This *pro-choice* group in its extreme position endangers the value of human life. Both attempt to help humanity but are inadequate at times when faced with the true human conditions and basic questions of life. The questions are: When does life begin? When is it a human life? What are all the rights of the mother and the

unborn if what is growing within the mother is just a blob of protoplasm? Or is it human life?¹ Can we justify the direct murder of the unborn? Why do women go in for termination of their pregnancy? Who has given man the sole right to decide on the life of the other?

As a minister of God, I have come across couples coming to me for counselling asking to help them decide in their predicament about the unborn. They are troubled when I do not support them. I feel bad when I do not explain sufficiently the firm stand of mother Church. It occurred to me in one November some years ago when I was confronted with this problem of helping a middle aged couple to decide on this issue, and I accompanied them as they struggled to celebrate the birth of Jesus in the following month. There are people who are quiet callous and there are also others who are meticulous in dealing with this issue without paying enough attention to the exigencies of the people in need and their rights.

The word abortion is derived from the Latin *aboriri* (meaning to perish by untimely birth). Etymologically it means destruction of life. It is the removal of non-viable human being from the mother's womb by human intervention. It is done by killing him or her before removal from the womb. It is the expulsion of a foetus from the uterus spontaneously or by induction before it has reached the stage of viability (in human beings usually about the 26-28th week of gestation). The recent researches accept 24 weeks as the generally accepted point of viability.²

¹ Ilka Varma, 'The Abortion Question in Health Action', *Chai*, (June 1995) 36.

² Victor Thasnevis, *Prenatal Diagnostic Technology Shaking the Basics of Ethics*, (Bangalore: Asian Trading Corporation, 2004) 197.

Health care in perspective leads one to lots of questions with far reaching consequences. Is our humanity healthy? Who destroys health and who cares for it? A deeper glance at abortion debate leads one to further reflections and queries. I would like to respond to this in two parts. The first argument centres around abortion debate from socio-biological and theological approach. And the second is about the *why of abortion*, in a wider context of health care. It is an attempt to enlighten and invite people think louder about the wider spectrum of much neglected health care of the poor women and the needy along with the specific exigence to consider the concerns of the unborn in particular. It is also an attempt to have psychological insight into the abortion issue.

World and Indian Scenario

It is very difficult to get an exact survey of the foeticide but what is given below is a rough survey based available facts for the year 1999.

	World	LDCs	MDCs
Induced Abortions	46 million (22%) rate 35/1000	36 million (20%) rate 34/1000	10 millions (36%) rate 39/1000
Legal Abortions	26 million	17 million	9 million
Illegal Abortions	20 million	19 million	1 million

Source: The World Fertility Survey (WFS) and the Demographic & Health Surveys (DHS)³

³ The John Hopkins University and Henry Mosley's Global Survey estimates of 1999, PFHS. p.380, 665 Family Planning Policies and Programs. See also J. Bongaart & C.F. Westoff, "The Potential Role of Contraception in Reducing Abortion" *Studies in Family Planning* 31/3, 2000, p.193-202.

The *Feminist Daily News Wire*⁴ gives the following statistics about abortion rate in some countries:

Countries	In percentage
Hong Kong	29.6%
United States	24.4%
Canada	24.3%
Australia	23.7%

The Indian context raises lots of health care concerns because the value of human life is less in degree. According to one statistics in one of the Mumbai clinics 7999 out of 8000 aborted foetus were female.⁵

Femicide in Foeticide

Femicide is a general term referring to elimination of female in varied forms like neonaticide, female infanticide, girl child homicide, dowry death, sati, and female foeticide forms a part of it. It is a selective elimination of the female foetus. Presently it is in accelerating speed with the abuse of modern technology using diagnostic tools. Primarily the purpose of *amniocentesis* is to facilitate the detection of foetal abnormalities and to have medical intervention to cure it at that stage. But these are abused for sex pre-selection, sex determination and finally for selective extermination of the foetus, specifically in countries like India and other less developing countries.

⁴ Wong Mei Fung, Phyllis, "A Feminist Ethical Analysis of Abortion", *God's Image - Journal of Asian Women's Resource Centre for Culture and Theology* 24:3 (Sept 2005) 30-38.

⁵ *The Rally*, 82:3 (Aug. 2005) Supplement, p. 3.

According to the report of the Registrar General of India, in 1993-94, there were 3.6 lakh cases of abortion of female foetuses. In the global context abortion ratio is 30-55 million a year or about 40-70 per 1000 women of reproductive age, with an abortion ratio of 260-450 per 1000 live births.

Indian Report⁶

Total Number of Abortions per year	About 6 million, (roughly 60% of these are female foetuses)
Induced	4 million
Spontaneous	2 million

Abortion was legalised and liberalised in India from 1971 but the selective elimination of the female foetus has neither legal nor ethical sanction. As Sanjai Bhatt puts it,

The roots of female foeticide can be traced to the patriarchy system, yet the extent, form and magnitude of femicide in India has no parallel. Interestingly, the problem can neither be attributed to only the economic aspect not to any single religious or caste group. This is evident from the statistics related to sex ratio and women's status in Madhya Pradesh, Rajasthan, Haryana, Punjab. Out of ten districts having low sex ratio, seven belong to Haryana and Punjab which are economically well-off states whereas Bhin, Morena in Madhya Pradesh and Dholpur in Rajasthan have the lowest sex ratio. The worsening sex ratio has its own social consequences and this imbalance is man created...Generally, throughout the first few years of life, male infants experience slightly higher

⁶ Sanjai Bhatt, "Foeticide: The Worst Form of Femicide", *Social Welfare* (January 2001) 13-16.

death rates than female infants so that sex ratio among children is eventually balanced.⁷

Women groups and other social thinkers voice against the discrimination of female foeticide and raise the issue of status of women and reproductive rights. Due to their insistence Indian government came with the Prenatal Diagnostic Techniques (Regulation And Prevention of Misuse) Act, in 1994. It is made to regulate prenatal diagnostic techniques for legal or medical purposes and to stop the misuse of amniocentesis.

Biological Insights

Within 24-30 hours after insemination the first cell division occurs. The tiny being moves down about a week after fertilization and implants in the uterus nutrient lining. After 10 days chemical, hormonal messages are sent to stop the mother's periods. Roughly about the 14th day the blastocyst stage reaches the culmination and it is said to be merging as one or two units. These stages could be called pre-embryonic and not as embryonic. There are varied opinions just coming about this stage, specially in bio-technological research. Modern scientists are of the opinion that a large number of zygotes are expelled spontaneously by nature before implantation takes place and that there is very little natural elimination subsequent to that. And here some writers deny the inviolability of the fertilized ovum before implantation. The following are their queries:

If nature seems so wasteful, why should we not be able to terminate pregnancy at this early stage? Is it possible that this large

⁷ Ibid., 13-14.

number of lives cut off so prematurely by nature are human beings with eternal fates and vocations?

The embryological research has proved the totipotentialities of the embryonic cells. According to Benedict Ashley,

It is not strange therefore that at very early stage of development some cells of an embryo may divide into two equal parts, each of which may develop as two new organisms of the same genetic composition. Such events do not prove that previously no human being existed, but only that this existing human being has given rise to a clone a-sexually or has ceased to exist and given rise to new twins by asexual fission. This occurrence, like any process of multiple birth in the human species, is an accident of development which results from some genetic defect or environmental accident.

The question about what constitutes a human being is important in abortion debate. Authors differ in their understanding of the exact time when a human life cannot be touched. The traditional explanation was to talk about the time when the *spirit* enters the body. Some recent authors who talk about blastocyst stage figure out 12-14 days after the division could be time to stop tampering. There are multiplicity of factors involved here like maturity at a given gestation, pharmacological intervention and thus it is a continuous process beginning with fertilisation. Some authors argue that it would be unfair to allocate a particular time for determining the human existence.⁸ According to modern science right from fertilization a new entity grows through the various stages

⁸ Write up of 'Christian Medical Fellowship', *Don Bosco* (October 2005) 22-23.

of development, a sort of gradual actualisation of the potential. Even in the tiny embryo this process is present. Pro-life activists question any attempt to destroy this life.

Reproductive Cloning: Another Attempt on Embryos

We need to make a distinction between therapeutic cloning and reproductive cloning. In the therapeutic cloning lots of attempts are being made to alleviate the suffering of the unproductive marriage partners. Here clones are made with a purpose of medical application and to switch on and off the cells to curative purposes. When the woman ages, her eggs go down in quality and less fertile she becomes. The desire to establish themselves in a career before going in for a child makes them postpone the need to have a child and finally they land in the centres of in-vitro fertilisation services. And the cells that are used in therapeutic cloning are the ones that are rejected during fertility treatment. They are planted in the mother. Stem cells research makes use of these poor quality embryos. Some experts look for ways of making a cell blank programming the nucleus other than utilising the embryos. On the other hand reproductive cloning aims at generating identical foetuses. Alison Murdoch, director of a fertility centre in Britain, favours the therapeutic cloning and supports the ban on reproductive cloning because it could be scientifically unsafe and might present too many risks to the child. The embryo research also leads us to look at the reality in a deeper way because it could also accentuate the vast socio-economic disparities that already exist favouring few to live at the expense of the suffering of others. According to Dr. Tina Beattie we need to ponder about "a culture that refuses to accept the kind of suffering that should be accepted. We need to discover

the ways in which we are mothers not masters of creation, before we can make a proper ethical judgement of this work.”⁹

Kinds and Notions about Abortion

i. Spontaneous and Induced Abortion

Spontaneous abortion occurs naturally “without deliberation or intent, even if an external cause, such as trauma or disease, is involved; miscarriage is the layman’s term.”¹⁰ A spontaneous abortion is common and occurs probably in 20 per cent of all pregnancies. It is also called ‘miscarriage’. Induced abortion would be “any procedure (or the resulting event or process) by which the normal course of the development of the child before birth is purposely interfered with: the procedure is done with the intention of preventing the continuation of normal development and subsequent normal birth.”¹¹ The former occurs naturally and the latter is done by artificial termination of pregnancy in the interest of the mother’s life and health. Up to 11th or 12th weeks of pregnancy, termination is most often performed by the process of dilation and removal of the cervix and removing the products of conception with a curette or with an apparatus, which sucks them out of the uterus.

ii. Direct and Indirect Abortion

In direct abortion, a living and nonviable foetus is removed from the uterus. The reason for the removal is that the pregnancy

⁹ James Roberts, “Manipulators of the Miracle of Life” *The Tablet* (12 November 2005) 12-13.

¹⁰ Emily C. Moore – Cavar, *International Inventory of Information on Induced Abortion* (New York: International Institute for the Study of Human Reproduction, 1974) 8.

¹¹ Germain Grisez, *Abortion: The Myth, the Realities and the Arguments* (New York: Cleveland Corpus Books, 1970) 7.

adds to some pathological condition from which the mother is suffering and increases her difficulties or even lessens her chance of survival. In indirect abortion the pregnant uterus itself is excised because its condition is such that its removal is necessary. In indirect abortion the immediate purpose is the therapy for the mother and in it the death of the foetus is the side effect which cannot be avoided, e.g. removal of pathological tube in ectopic pregnancy (in which the foetus develops outside the womb, often in one of the fallopian tubes) or the removal of a cancerous pregnant uterus.¹² If the uterus contains a living and nonviable foetus, it will of course inevitably die.

iii. Eugenic Abortion

Eugenics is the science of producing healthy intelligent children. Abortion is recommended in cases where certain defects are discovered in the developing foetus. The causes could be several. Viral infection can cause crippling defects. Exposure to *rubella* (it is also called measles where the body is covered with a red rashes) during pregnancy can cause deafness, cataract, mental retardation and several kind of deformities. It is argued that eugenic abortion is primarily for the sake of the child and only secondarily for the sake of the mother or both parents. Some physicians are sued for their negligence in informing the parents of the abnormal births.

Eugenic abortion is not for the sake of the patient, the defective child, because it does not cure the disease but simply destroys the patient. We all wish we could prevent genetic defects, but the desire does not authorise us to destroy the incipient life. In

¹² Benedict M. Ashley, *Ethics of Health Care...cit.*, 144.

history we have seen defective children performing wonderfully well. There is also a considerable increase in the number of couples adopting the genetically defective children.

Theories and Notions

From anti-life stand “continuum of life” notion views life as a process where sperm and ova are looked upon as important to human life evolution as the zygote itself. It views the zygote as totipotential and does not view it as having any particular distinctness. Refuting this argument the pro-life experts assert that zygote is already a human life and not a potential human life. The second disputed notion is to tell about the unborn as “part of the mother’s body” and hence she has a right to decide for or against what she might do due to serious ailments, infections and cosmetic purposes. Pro-life experts would argue that the unborn is genetically distinct and mother’s role is to provide nutrient and facilitate the growth of the zygote.¹³ The third is the irresolvable tension between those who hold ‘sanctity of life’ and ‘quality of life’ positions. Those who insist on sanctity of life want to safeguard life at any cost, irrespective of the degree of suffering endured by the person concerned. On the other hand those who opt for quality of life, measure the situation to alleviate suffering, avoid seething pain and yield to procedures like abortion on demand or reproductive cloning and so on.¹⁴

¹³ Terry Schlossberg and Elizabeth Achtemeier, *Not My Own, Abortion and the Marks of the Church* (Minchigan: William B. Eerdmans Publishing Company, 1995)129-132.

¹⁴ John Breck, “The Sacredness and Sanctity of Human Life” in Neil Messer (ed), *Theological Issues in Bioethics* (London: Darton-Longmann Todd, 2002) 45-49.

Pregnancy Caused by Rape or Incest

This is cruel and inhuman violence forced upon a woman against her will. It is argued that in these tragic cases the great value of the mental health of woman who becomes pregnant can be best safe-guarded by abortion. The foetus would keep reminding the woman for nine months of the violence committed against her and would just increase her mental anguish. Here the woman's mental health is valued higher than the foetus and in addition, it is maintained that the foetus is an aggressor against the woman's integrity and personal life.

Adding another crime would not solve the problem. *It is assumed that victims of rape should receive immediate medical treatment to prevent conception. But if pregnancy nevertheless occurs, we must deal with the assessment of the opposing values, the life of the foetus and the mental and physical suffering of the woman if she carries the foetus to term.*¹⁵

With regard to the treatment of rape victims, Vincent Genovese explains the position of Church:

It is morally permissible, and even appropriate, to attempt to prevent conception from occurring in such instances; so long as there is a reasonable doubt that conception has occurred, properly indicated medical procedures may be initiated to forestall conception, but nothing may be done once that point in time has been reached when it may reasonably be expected that fertilization has already occurred, if indeed it is going to occur at all. The Church adopts this position because in her eyes from the moment

¹⁵ Andrew C. Varga, *The Main Issues in Bioethics* (New York: Paulist Press, 1980) 67-68.

of conception a new person is present whose life we are fully bound to respect and protect.

In case of rape immediate measures have to be taken to help the victim. Theologians permit a woman to use douche after rape, that is within 24 hours.

Feministic Concerns

Some Feminist call abortion as violation of women's body. According to them no woman would go in for that if the society is more sympathetic and supportive to mothers. In the words of Rachael Richardson, "no woman wants to have abortion. Circumstances demand it; women do it. No woman reacts to abortion with joy. Relief, yes. But also ambivalence, grief, despair, guilt."¹⁶ Abortion cannot be viewed in isolation because it involves a community that compels or leaves the woman in that condition. Number of reasons are there like poverty, abuse, disabled child, sex-selection, desire for career development, lack of security, compulsion from the spouse, and other socio-economic factors compel a woman to opt for abortion. As a consequence women experience sense of shame, fear, loneliness, low self-image and guilt before and after abortion.

The other side of the coin is the feminists' demand of the right of women to choose. In Alison Jagger's view, "woman to choose is not derived from some obscure right to her body; nor is it part of her right to privacy. It is a contingent right rather than an

¹⁶ Rachael Richardson Smith, "Abortion, Right and Wrong" *Newsweek* (March 25, 1985) 16.

absolute one, resulting from women's situation in our society."¹⁷ Knowing the heavy burden of child rearing due to the lack of adequate social support, the woman has to shoulder the responsibility alone. And therefore, according to Jagger, those who are affected this way, that is women, have legally their moral right for abortion. She asks for a shift from individual rights to the emphasis on the fulfilment of human needs. She calls for a move for seeking right merely from the individual status to a community and communal dimension.¹⁸ Another feminist author Mackinnon warns against 'private choice of abortion'. She fears that women would be isolated and disempowered if they make private choices. As against this, solidarity and collective actions while encountering abortion challenges would help them.¹⁹ Modern day feminists are serious about asking the community to respond to the need of the expectant mother in shouldering the difficulties. They view the abortion issue from a wider spectrum of socio-economic and other aspects. Some of them also oppose those conditions that relegate women to choose abortion. They want to protect the rights of wanted foetuses if their mothers are prepared for that. It is a good trend to pursue further. The focus of feminists is to improve the health conditions of the wanted foetus while the anti-abortionist would concentrate on stopping women from heading for abortion.²⁰ What one needs to admire in these feminists is their humanity and the thirst for the

¹⁷ Alison Jagger, "Abortion and a Woman's Right to Decide" in Alison Jagger, *Living with Contradictions: Controversies in Feminist Social Ethics* (Oxford: Westview Press, 1994) 285 as quoted in Wong Mei Fung, Phyllis, *A Feminist Ethical Analysis of Abortion*, p.32.

¹⁸ Wong Mei Fung, Phyllis., p.32.

¹⁹ Catherine A. Mackinnon, "Abortion: On Public and Private" in Alison Jagger (ed), *Living with Contradictions: Controversies in Feminist Social Ethics* (Oxford: Westview Press, 1994) 279 as quoted in Wong Mei fung, Phyllis, "A Feminist Ethical Analysis of Abortion", p.33.

²⁰ Wong Mei Fung, Phyllis, "A Feminist Ethical Analysis of Abortion", p.33.

emancipation of women. Ethical thinking may also raise questions about how far one could justify the right of women as presented by Alison Jagger that a mother who suffered has a right to decide for abortion. Will it not lead to an abuse? It needs further discussion.

Psychological Insights

Modern psychology has provided us with new and important insights into specific behaviours and deliberations. Cognitive behavioural therapeutic school in psychology talks about the power of positive thought and motivation. While considering health care concerns specifically that of abortion the psychological insight would be in preparing the people for healthy decision making process. If we prepare people to have sound emotional maturity they would be able to make healthy and responsible decisions in both personal and social affairs. Due to limited perception of the reality they fail to seek out healthy alternatives of life. They need help to widen their cognitive map (picture of their world reality).

In the usual consideration of abortion we need to take into account the value of the unborn, its mother and the others who are affected by this decision either directly or indirectly. But in psychology we would focus more on the last two groups and the health care workers who accompany this process. In this we would be also helping the unborn indirectly. As we have stated, our primary aim is to promote life for all and decision making for and against the unborn which involves lots of emotions. Guidance and counselling could play a vital role in the decision making process.

Counselling insights invite us to have accurate empathy so as to enter into the world of those who suffer consequences of

abortion and enable them to deal well with their emotions and to work out the negative ones, because they come out with heart searching questions and decision demanding predicaments before and after the decisions. Empathetic attitude would enable us to have intellectual identification with the affected person and understand their conditions. Thus the person would be facilitated to have better adjustment and healthy decisions.²¹ Due to the religious and societal pressures people with unwanted pregnancy are ambivalent in arriving at a healthy decision. I refer here primarily to those who due to their socio-economic constraints opt against life and suffer guilt and depression (Guilt could be very toxic and could paralyse people. It is not the individual affair but involves the whole community to which she belongs. They need healing and could be also prepared to plan out their future so that they do not suffer similar conditions in their lives. And those who with noble motives, or in some instances due to fear and other religious belief systems remain with the pro-life stand. This group also needs supportive care to face the demands of the new born and accept him/her unconditionally. Here we need to facilitate the persons concerned to be pro-active in whatever stand they take. In pro-life stand people have to be prepared to face the life along with the new born. The others who decide for abortion suffer guilt, depression and agony. The guilt is haunting some couples. I helped a lady come out of her guilt that she nurtured for over 35 years after a few failed attempts of abortion. The guilt makes them every failure of the present with that of the past and suffer out of fear and anxiety. There are moments when a minister leaves the couple when they need an understanding response. Can a counselling

²¹ D. John Antony, *Skills of Counselling* (Dindigul: Anugraha Publications, 2002) 202-203

minister give an understanding response in their struggle. There are many health care issues germane to the abortion debate so that it may be viewed in that context only and cannot be analysed in isolation.

They need to be dealt with in a non-judgemental attitude, understanding and love. Thus the psychological insights could go along with the theological insights to uphold human dignity and safeguard human life.

Therapies Suggested Are:

- Ø NLP therapies V.K. Dissociation to remove the negative images and to reframe for healthy perceptions;²²
- Ø Cognitive therapies like rational emotive behavioural therapy;
- Ø Gestalt therapy to remove the guilt.

These therapies would surely help the affected persons but it doesn't mean that the fear of the unknown would be completely removed but the intensity would be reduced. These people need further follow-up reviewing and emotional support.²³ Let us be proactive to safeguard life in a maximum way and heal the wound caused by failures of our brothers and sisters if any.

Moral Implications

The issue of abortion raises many serious questions about the sanctity of life which is the gift from the creator and the person

²². D. John Antony, *Dynamics of Counselling* (Nagercoil: Anugraha Publications, 1994) 190-201.

²³. Sandra L. Berry, "Abortion", in Joy Princeton Clausen, Margaret Hemp Flook (ed.), *Maternity Nursing*, (McGraw-Hill Book Company, 1973) 220-222.

is an inherent centre of the value. In the words of Felix Podimattam, abortion is a severe testing ground for moral reflection.²⁴ From the beginning theologians have had various approaches to address this ever present phenomena and sometime absolute protection and support is accorded to one party. The sanctity of life stand gave lots of clarity and guidance but could not explain and answer all the questions that arise out of human concerns, frailty and helplessness. As a result it became one sided. To see some of the reflections, St. Bonaventure said that the creation contains the footprints of God. And the creature mirrors the Maker and is precious. In the words of Teilhard de Chardin, in the personal life creation becomes conscious of itself, in the person the creation is enabled to be aware of itself to experience itself and contains dignity.²⁵ And to the question when does the human life begin, we need to say that the answer should take into consideration the entire biography of the unique organism. The most important of all functions of the organism is its *potentiality for self-development*. The zygote or fertilised ovum is a complete unified structure, an organism yet to develop further. For that sake we cannot argue that like foetus, the sperm and the ovum are 'potentially' human beings. It is said that although the zygote is genetically individuated, its developmental individuation takes place gradually. But this continuous individuation begins at conception.²⁶

Taking abortion issue on the whole, theologians voice out those decisions could be based on proportionate reason, such as to save the mother or to avert great psychological harm, and according

²⁴ Felix M. Podimattam, *Medical Ethics Vol 4, Abortion & Sex Therapy*, (Delhi: Media House, 2004) 14.

²⁵ Thomas A. Shannon, *An Introduction to Bioethics*, 39-42.

²⁶ Benedict M. Ashley, *Ethics of Health Care*, 149-51.

to Felix Podimattam, "this must truly be grave harm that will endure over sometime and not just a temporary depression."²⁷

According to Thomas Jefferson "the care of human life and happiness, and not their destruction, is the first and only legitimate object of a good government."²⁸ Abortion issue calls for a deeper social analysis of the reality and moral deliberation. Ethical thinking also inspires one to think ecologically about the womb inside the human being as well as outside. Raimundo Pannikar while talking about 'Cosmic Abortion' states, "A certain type of human conscience abhors the idea of taking knife and opening the womb of a woman to extract that living being. We haven't reacted in the same way to the idea of opening the womb of matter."²⁹

A study of UNICEF indicates that around the globe 10% of all children are severely malnourished and about 40% are moderately malnourished. If one is not able to buy 2400 calories worth of food everyday, he is under poverty line. Nothing else comes into the poverty calculations, no education, no housing, no clothing, no medicine. Around 30% of the population is below the poverty line according to the statistics from the planning commission.

American President Dwight D. Eisenhower said in 1953:

Every gun that is made, every warship launched, every rocket fired signifies, in the final sense, a theft from those who hunger and are not fed, those who are cold and not clothed. This world

²⁷ Felix Podimattam, *Medical Ethics* Vol.4, 74-75.

²⁸ John C. Willke & Barbara H. Willke, *Why Can't We Love Them Both* (Ohio: Hayes Publishing Company, 1997) 354.

²⁹ Darryl D'Monte, "Keys to the Kingdom", *The Illustrated Weekly of India* (Oct 30, 1988) 38-39.

in arms is not spending money alone; it is spending the sweat of its labourers, the genius of its scientists, and the hopes of its children. Ironically countries like India spend billions of rupees on warheads (after tsunami & earth quake India is busy in buying more war planes worth millions of rupees; a big deal is made recently to procure them) while majority of their children live in poverty. To give an example we know well that the tropical forests are the home to at least half of the earth's plants and animal species, but they are destroyed at a rate equal to one foot ball field a second. The matter is non-renewable; when we destroy it we cannot replace nor can nature do that by itself. According to Alvin Tofler, the speed of diffusion, the self reinforcing character of technological advance brings in artificial needs and creates a form of psychological pollution, a seemingly unstoppable acceleration of the face of life.³⁰ Both the mother and the would-be-born need a safer habitat which demands realistic preparation to make this world a better and healthier place to live in. Thus radical ecological thinking is also the wider scope of abortion debate.

Church's Stand then and now

From the beginning, even starting with the Apostolic Fathers, Didache which belongs to second century A.D. opposed abortion with the wordings, "Thou shall not murder a child by abortion," and connected it to the love of neighbour. Eastern and Western churches, despite their divisive approaches on other issues, were united to safeguard the foetus. To quote some of the other churches reformists, Martin Luther called the abortionists as murderers and infanticiders because they have no regard for pregnant women

³⁰ Alvin Tofler, *Future Shock* (London: Pan Books, 1975) 388.

and they don't spare the tender fruit.³¹ Calvin said, "It seems more horrible to kill a man in his own house than in a field, because a man's house is his most secure place of refuge, it ought surely to be deemed more atrocious to destroy the unborn in the womb before it has come to light."³² Coming to the catholic tradition the theological need is to be strong where it could be adoptable and where the true situation demands that. But the general opinion about the Catholic Church is that it is obstructionistic and stiff. Earlier arguments of the Church condemned any direct killing of the foetus, even that attempt which tried to give protection to the mother. Pope Pius XI in *Casti Connubii* spoke of the sacredness of foetal life. He wrote, 'there is no question here of what is called the "law of extreme necessity" which could extend to the direct killing of the innocent. Upright and skilful doctors strive most praiseworthy to guard and preserve the lives of both mother and child'.³³ And Pope Pius XII taught "the baby in the maternal breast has the right to life immediately from God Hence there is no man, no human authority which can establish or grant a valid juridical ground for a direct deliberate disposition of an innocent human life...the baby, still not born, is a man in the same degree and for the same degree and for the same reason as the mother."³⁴ Vatican II stated in *Gaudium et Spes* that "whatever is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia ... and other of

³¹ Edward M. Plan, *What Luther Says: An Anthology Vol. 2, no. 2826* (St. Louis: Concordia Publishing House, 1959) 905.

³² *Commentaries on the Four Last Books of Moses* (Grand Rapids: Eerdmans Publishing Company, 1950) 41-42 as quoted in Terry Schlossberg & Elizabeth Achtemeier, *Not My Own Abortion & the Marks of the Church* (Michigan: William B. Eerdmans Publishing Company, 1995) 4-5.

³³ Pius XI, *Christian Marriage in Five Great Encyclicals* (New York: Paulist Press, 1939) 95.

³⁴ Pius XII, "Address to the Italian Catholic Society of Midwives" in *Acta Apostolicae Sedis* 43 (1951) 838-839 as quoted in Noona, *The Morality of Abortion*, (Cambridge: Harvard University Press, 1970) 45.

their like are infamies...abortion and infanticide are unspeakable crimes."³⁵ Pope Paul IV in *Humanae Vitae* also condemns that the direct interruption of the generative process already began are wrong and illicit (HV no.14).

Thus the Church is against the direct abortion and the *indirect abortion* is justified using the principles of double effect and the intention here is to save the mother. In the *Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation*, we read, "recent finding of human biological science which recognises that in the zygote (the cell produced when the nuclei (central part of the human cell) of the two gametes have fused) resulting from fertilisation the biological identity of the new human individual is already constituted."³⁶ The document *Evangelium Vitae* reiterates that "the procured abortion is the deliberate and direct killing, by whatever means it is carried out, of a human being in the initial phase of his or her existence, extending from conception to birth (EV no.58). It gives to the mother a special vocation to protect the life of the child and cautioning against permissivism., it also makes clear the commandment of God that says 'Do not kill' and the authority of the Church in defining it."³⁷

In modern times the Catholic Church tries to address various issues connected to abortion issue. Together with their pro-life stand they also take into consideration the need of the situation and help people to form their conscience. They invite us to view at the abortion issue squarely and avoid callousness and rigidity. Naomi

³⁵ *Gaudium et Spes*, no.27.

³⁶ Congregation for Doctrine of the Faith, "Instruction on Respect for Human Life" *Origins* 16:40 (1987) 697, as quoted in Benedict M. Ashley, 147.

³⁷ Livio Melina, *Corso di Bioetica: Il Vangelo della Vita*, (Roma: Piemme, 1996) 189-192.

Wolf calls "abortion as the necessary evil, something that should be treated with grief, reverence and public mourning."³⁸ Wong Mei Fung a feministic thinker calls minimizing abortion as a goal worth pursuing and cautions us not to blame and put the responsibility on women alone but it is a community concern.³⁹ And finally all that we do must lead to preserve the life and not destroy it. Church's theological concerns are embedded with moral responsibility and sensibility. These days the Church tries to take up the social concerns that are related to health care. It is fitting to note the words of Harrison who invites the Christians and the Church to keep an open mind and listen to the real life experiences of women because moral deliberations proceed inductively from real, given dilemmas: "Our spiritual power emerges when we begin to hear, speak and name our stories. The mutual appropriation of these stories fosters a basic bonding with others. Out of the reciprocal acts of hearing and speaking, the power of relationship is born".⁴⁰ This debate will go on but we need to come out with new and appropriate responses.

Pastoral Concerns

The Church must be evangelically uncompromising and radical but also human and compassionate. As people of faith we must always seek ways to assist women to escape the anguishing dilemmas that pregnancy may bring in certain trying situations but must also show an equal compassion for the helpless child. There are canonical penalties attached to those who procure or aid and

³⁸ Elizabeth Porter, *Feminist Perspectives on Ethics* (Essex: Pearson Education Ltd., 1999) 149.

³⁹ Wong Mei Fung, Phyllis, *A Feminist Ethical Analysis of Abortion*, 35.

⁴⁰ Beverly Wildung Harrison, *Our Right to Choose: Toward a New Ethic of Abortion* (Boston: Beacon Press, 1983) 91 as quoted in Wong Mei Fung, *A Feministic Ethical Analysis of Abortion*, 36.

abet in abortion. This serves to reinforce the Christian tradition. But this should never give rise to the impression that abortion, horrendous though it be, is the ultimate unforgivable sin. There are countries where abortion is legalised and there the church must work towards the repeal of abortion laws. And if it is not possible, she should attempt to mitigate the evil and work towards making abortion unnecessary.

We need to check the utilitarian approach that is so often employed in health care. Let us maintain an ethical demeanour in our decisions about life. There could be two ways to go about: One is short term policy where the needs of the victim are met by way of immediate medical care and practical alternatives. Church has so many institutions that cater to this. And the long term policy would address the 'why' of abortion. It is an attempt to eradicate poverty, illiteracy, unemployment, degrading work and living conditions, male-chauvinism, sexism, racism and classism that not only affect the quality of life, but are causes that contribute to the increase of abortions.

Among all the stands that are being taken by the pro-life group, the stand with realistic consideration of the concrete human frailty could be healthy. But in all this one has to guard against materialistic callousness. It is better always to opt for life than act against it. In this we could also strive to bring quality to life in God's name.