Whenever the topic of abortion is raised, the face of one woman pops up in front of my eyes and her words ring in my ears as she said: “Do you doctors understand what it means for a woman to have an unwanted pregnancy?”. I can never forget my encounter with her. It happened in my early professional practice, more than 40 years ago. I was on clinical duty in the emergency room, when a young woman was admitted in extreme distress and agony. On pelvic examination, it was with a sense of shock and horror that I found her intestines in the vagina. It turned out that she had a botched abortion, during which the uterus was perforated and the intestines were mistaken for the products of conception and pulled down into the vagina. Her life was saved by emergency surgery but her damaged uterus had to be removed, together with part of her intestines. When she recovered, I ventured very gently to ask her why she did that to herself. I still recall her pale face, her shriveled hair and her weak voice answering with another question: Do you doctors understand what it means to a woman to have an unwanted pregnancy? From that time I tried to understand.
When good Ikbal Shah invited me to give this speech about abortion in WHO, he kindly left the choice of what I say completely to me. I think he was making an unsafe assumption that an old man will be wise enough to say some right things. Let us see. What I plan is to frame the issue of safe abortion in three broad perspectives: the perspective of women, the perspective of the health profession and the perspective of WHO.

Let us start with the perspective of women and the abortion dilemma.
Many of you probably know the book which Judy Norsigian and the Boston Book Collective publish: Our bodies: Ourselves. This nice title raises a question mark in my mind: Are they really their bodies.
The reality is different. A woman can claim as her own, her head, her hair, her hands, her arms, her upper body, her legs and her feet. She cannot claim the same right to the remaining area of her body, which appears to belong more to certain males of the species, moralists, politicians, lawyers, and others, all of whom claim to decide how this area is best utilized. Within this disputed territory the foetus happens to lie.

Basically, the opposition to abortion was part of the wider spectrum of reproductive subordination of women. Men in the patriarchal societies have always reasoned that if women had control over their reproduction, they would also have the unthinkable: control over their own sexuality. When Margaret Sanger was convicted for opening the first birth control clinic in the USA, the trial judge held that women did not have "the right to copulate with a feeling of security that there will be no resulting conception". Other rationales were simply added over time. The recent right to life argument would have more credibility in a world that does not spend trillions of dollars for tools of human destruction and leaves millions of children and women to die because of lack of basic medical services.

Let me share with you two other claims about who has the right to the foetus: of course, not the woman.
In a passage in the Old Testament, “If men strive, and hurt a woman with child, so that her fruit depart from her, and yet no mischief follows: he shall be surely punished, according as the woman’s husband will lay upon him; and he shall pay as the judges determine”. (Old Testament: Exodus 21:22). Although the ruling admits that the foetus is her fruit, it is the husband who is entitled to compensation when the foetus is lost.
The foetus: A property of the society

The foetus is the socialist property of the whole society…Giving birth is a patriotic duty, determining the fate of the country…Those who refuse to have children are deserters escaping the law of natural continuity.

Nicolae Ceausescu

In more modern times, the foetus was considered in Nicolae Ceausescu Romania to be the socialist property of the whole society, not the woman; giving birth is a patriotic duty, determining the fate of the country; and those who refuse to have children are deserters escaping the law of natural continuity.

Another point I want to share with you about women’s perspectives is the unfair biology. Biology has been unfair to the female mammal. She has to make not only the investment of producing the precious ovum, but also is burdened with carrying the fertilized ovum till the offspring is developed enough to survive on its own. The male of the species has to contribute only his tiny genetic package. In my study of biology, I have often wondered why did Nature not try giving the male this additional responsibility. After digging deep into biology I found him: the pregnant male, and I want to present him to you.
The male seahorse is equipped with a brood pouch on the ventral side, and the female with an ovipositor. When a couple discovers a mutual interest at the beginning of breeding season, they court for several days, even while others try to interfere. They eventually engage in their “true courtship dance” lasting about 8 hours, during which the male pumps water through the brood pouch on his trunk which expands and cleaves open to display an appealing emptiness. The female inserts her ovipositor into the male’s brood pouch, where she deposits her eggs, which the male fertilizes. The fertilized eggs then embed in the pouch wall. Pregnancy lasts two to four weeks. Throughout the male’s pregnancy, his mate visits him daily for “morning greetings”. When the offsprings are ready to be born, the male undergoes muscular contractions to expel them from his pouch. He typically gives birth at night.

For some reason, probably unfortunately, Nature did not like this experiment of trusting the male with the pregnancy and did not repeat it. I recall a statement by Gloria Steinem that “if men could get pregnant, abortion would be a sacrament”. The female of the species had to carry the unfair burden in sexual reproduction.
Then Nora slammed the door behind her

Nora slammed the door behind her in quest for an identity separate from her role as wife and mother and in trust of her ability to earn money “as if she were a man”.

Doll’s house
Henrick Ibsen, Norway, 1879

Before ending this part of the talk on women’s perspectives, I want to say that things have been changing for women and by women. I often recall this vivid and powerful scene from the famous play, “Doll’s House”, by the Norwegian author, Henrick Ibsen (1879), when Nora slammed the door behind her in quest for an identity separate from her role as wife and mother and in trust of her ability to earn money “as if she were a man”. Since then, millions of women all the world have done the same.
Let us move now to perspectives of the health profession.

“We judge not, that ye be not judged.”

New Testament. Mathew 7:1

We in the health profession follow, or should follow, the teaching of Jesus: “Judge not that you not be judged” (New Testament Mathiew 7:1). We do not make judgments about
the morals of our patients. But there is one thing I do know from the practice of the women’s health profession. Women, even the poor and illiterate women whom I know best, are capable of making their own moral judgments, and do not need men in robes to impose these judgments on them.

Abortion: A tragedy of denial

Every year 42 million abortions are estimated to take place, 22 million safely and 20 million unsafely.
Unsafe abortion accounts for 70,000 maternal deaths each year and causes a further 5 million women to suffer temporary or life-long disability.

From the perspective of the health profession, abortion is a tragedy of denial. Some people seem to think that if you move yourself away from a problem that you dislike, shut your ears to the sounds of pain, and close your eyes to the sights of sufferings, the problem will no longer exist. It does not go away. It will be still glaring in your eyes, even more, when you open them.

It is a tragedy of denial when every year 42 million abortions are estimated to take place, 22 million safely and 20 million unsafely. Unsafe abortion accounts for 70,000 maternal deaths each year and causes a further 5 million women to suffer temporary or life-long disability.
ATTENTION PATIENTS!

We are prohibited from informing you that **having an abortion is legal**, or advising you that **there are facilities where the service is available**.

Thank you for not asking.

Poster in a family planning clinic in conformity with the gag rule

Another example of denial is when family planning clinics were prevented by the “gag rule” in the US from informing women about abortion. A poster was proposed in response, saying: ”We are prohibited from informing you that **having an abortion is legal**, or advising you that **there are facilities where the service is available**. Thank you for not asking.”
A third example of denial: WHO IS PERFORMING MOST OF THE ABORTIONS IN THE WORLD? I should have redone this slide. My assistant put it in upper case, and it could read: WHO is performing most of the abortions in the world, a credit which I do not think the World Health Organization is keen on getting.

In the heated abortion debate, many people are unaware that Mother Nature performs by far the vast majority of abortions. Nature is very selective in allowing a pregnancy to continue. More than 50 percent of pregnancies are terminated by Nature. Most of these nature-induced abortions may go unrecognized because they occur before or at the time of the next expected menses. We know that these abortions are done purposely by Nature, and thank God, there is no law to stop Nature from its pro-choice stance. Nature is very good at it. In fact, the medical abortion procedure is based on what Nature does: withdrawal of the hormonal support of the gestation and then stimulation of uterine contractions by prostaglandins. Less commonly, the process may not be that efficient. It may be accompanied with severe bleeding, it may be incomplete or the abortion may be missed after death of the foetus. Intervention is then necessary and medical guidelines are needed.
From a health professional perspective, I can confirm that women may not want abortion, but they need it. They have needed it throughout human history. They have resorted to it when it was not permitted, when there were no reliable methods, and they have often risked their health or life in the process.

The oath of Hippocrates, to be pledged by those who were to take up medical practice, included an injunction against abortion "I will not give to a woman a pessary to cause abortion".
Women may not want abortion but they need it

"When the woman is afflicted with a large wound as a consequence of abortion, or the womb is damaged by strong suppositories, as many women are always doing, doctoring themselves, or when the fetus is aborted and the woman is not purged of the afterbirth, and the wound inflames, closes and is not purged, if she is treated promptly she will be cured but will remain sterile."

Hippocrates, writing in 400 B.C.

However, Hippocrates himself, writing in 400 B.C., could not ignore the reality that women resort to abortion, nor its serious consequences to their health: He wrote that

"When the woman is afflicted with a large wound as a consequence of abortion, or the womb is damaged by strong suppositories, as many women are always doing, doctoring themselves, or when the fetus is aborted and the woman is not purged of the afterbirth, and the wound inflames, closes and is not purged, if she is treated promptly she will be cured but will remain sterile."

As a health professional, I can also confirm what all health professionals know: Unwanted pregnancy cannot be completely averted with the currently available contraceptive method mix.
Estimated yearly accidental pregnancies resulting from contraceptive failure Worldwide

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<thead>
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<th>Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>Perfect use</td>
<td>7 million</td>
</tr>
<tr>
<td>Typical use</td>
<td>33 million</td>
</tr>
<tr>
<td>Total</td>
<td>40 million</td>
</tr>
</tbody>
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It is estimated that, given the contraceptive method mix, about 40 million accidental pregnancies occur every year among current contraceptive users: 7 million under conditions of perfect use and 33 million under conditions of typical use.

The health Profession and Abortion

- Abortion: A tragedy of denial
- Women may not want abortion, but they need it.
- Safe abortion is safe.
As a health professional I can also confirm that safe abortion is safe.

Unsafe abortion - A definition

Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.

WHO
ICPD Programme of Action

The definition of unsafe abortion provided by WHO and adopted by the Cairo International Conference on Population and Development (ICPD) Programme of Action in 1994 is a process definition, not an outcome definition. Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.

Induced abortion is one of the safest procedures in contemporary medical practice, and the availability of manual vacuum aspiration and medical (non-surgical) abortion can further reduce abortion related complications.

But let me qualify the statement that induced abortion is safe.
What is the surgical procedure where the surgeon may be more likely to die than the patient?

My friend, Dr Malcolm Potts, gave this quiz: What is the surgical procedure where the surgeon may be more likely to die than the patient?

This story may provide an answer. On May 31, 2009, George Tiller, a physician from Wichita, Kansas was shot and killed by Scott Roeder, an anti-abortion activist. Tiller was killed during a Sunday morning service at his church. In November 2009 Roeder publicly confessed to the killing, telling the Associated Press that he had shot Tiller because "pre-born children's lives were in imminent danger." Roeder was found guilty of first-degree murder and two counts of aggravated assault on January 29, 2010.
Let us move now to the perspective of our beloved WHO. I borrowed the term Triple Gem from Buddhist teaching: the three basic beliefs that should guide our faith and action.

**WHO, Abortion and the Triple Gem**

- **Constitutional mandate**
The first gem to guide WHO is its Constitutional mandate. Three statements in the WHO constitution should guide its work about Safe Abortion.

The first statement is from the preamble to the constitution: the definition of health:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Preamble

According to this time-honoured definition, a woman with an unwanted pregnancy cannot be considered healthy, even if her pregnancy is progressing normally. WHO will not be honouring its constitutional definition of health if it behaves otherwise.
A WHO Constitutional Mandate

“to provide information, counsel and assistance in the field of health;”

Chapter II- FUNCTIONS Article 2 (q)

The second statement in the WHO Constitution is under its functions. WHO is mandated under its constitution “to provide information, counsel and assistance in the field of health” (Chapter II- FUNCTIONS Article 2 (q)). It is a responsibility which WHO cannot ignore when lives of millions of young women in the prime of their lives are at stake.

A WHO Constitutional Mandate

“In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.”

Chapter VII. The Secretariat. Article 37
The third statement in WHO Constitutional mandate is included under article 37, in chapter VII on the Secretariat. We took refuge in this gem when I was in WHO twenty years ago, and one Member State, which I otherwise love and admire, tried to impose its vision on what WHO should and should not do. The statement is clear: “In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.”

After the constitutional mandate, the second gem that should guide and dictate WHO mission is the international commitment and consensus.
International commitment and consensus

“in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible”.


The United Nations General Assembly in 1999 made this commitment and consensus, as part of Key Actions for the “Further Implementation of the Program of Action of the International Conference on Population and Development”: “in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible”.

What are the circumstances where abortion is not against the law? The overwhelming majority of countries either explicitly permit abortion to be performed when a pregnancy threatens a woman’s life or allow it under the general criminal law principle of necessity. Exceptions include Chile, El Salvador, Malta and Nicaragua. However, even in these countries, it is unclear whether a defense of necessity would be rejected by a court in serious cases involving a threat to the life of a pregnant woman. I submit that WHO guidance is even more needed where access to abortion is restricted to narrow indications. The health profession and services do not have the accumulated experience of handling large numbers of cases, and are more in need of guidance when they have to respond to the need, when abortion is not against the law.
WHO, Abortion and the Triple Gem

- Constitutional mandate
- International commitment and consensus
- Human rights obligations

The third gem to guide and dictate WHO mission is human rights obligations.

The human right to the benefits of scientific progress

“The States Parties to the present Covenant recognize the right of everyone .....to enjoy the benefits of scientific progress and its applications.”

The Economic Covenant, Article 15(1)(b)

I want to single out one human rights obligation. It is the human right to the benefits of scientific progress, as agreed in the Economic Covenant (Article 15(1)(b)): “The States
Parties to the present Covenant recognize the right of everyone …to enjoy the benefits of scientific progress and its applications.”

In invoking this right, I may remind you of the story of RU-486, in which many of us here were more than witnesses.

RU-486: A moral property of women

When RU-486, Mifepristone, was developed, there was an uproar led largely by the American Right (or Wrong) asking for the banning of this abortifacient or ‘abortion pill’…..

The French Minister at the time, Claude Evin, came out boldly and said that the drug was the ”moral property of women” and therefore could not be banned.

When RU-486, Mifepristone, was developed, there was an international uproar led largely by the American Right (or Wrong) asking for the banning of this abortifacient or ‘abortion pill’. The French Minister at the time, Claude Evin, came out boldly and said that the drug was the ”moral property of women” and therefore could not be banned.

The human rights obligation to recognize the right of everyone …to enjoy the benefits of scientific progress and its applications mandates that WHO should update its guidance. “Safe abortion: Technical and policy guidance for health systems”, published in 2003, which has remained one of the WHO Department’s most downloaded documents. It has been in need and demand.

Since 2003, a considerable amount of new data and publications have emerged relating to clinical, service delivery, legal and policy aspects of providing induced abortion services. WHO updating of its “Safe Abortion: Technical and Policy Guidance for Health Systems” responds to a need and is dictated by WHO constitutional mandate, the international commitment and consensus, and the human right to the benefits of scientific progress.
And she said “Do you doctors understand what it means for a woman to have an unwanted pregnancy”.

Let me conclude as I began with the accusing question of my unfortunate patient Aida, as she said “Do you doctors understand what it means for a woman to have an unwanted pregnancy?” I can answer: Yes, we now understand, and our WHO will be doing something about it. Let me end with this proverb from the Old Testament.

She calls out to the crowds along Main Street, and to the judges in their courts, and to everyone in all the land: “You simpletons” she cries. “How long will you go on being fools? How long will you scoff at wisdom and fight the facts?”

Proverbs 1:21-22
Old Testament