



## Moral And Ethical Aspects Of Artificial Abortion-Review.

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### SUMMARY

An assessment of the moral and ethical points of view in performing an artificial abortion has been carried out. The results of studies on society's attitude to abortion, the impact of artificial abortion on a woman's mental health, ethical norms for performing artificial abortion, the medical-economic consequences after artificial abortion and premature birth, as well as scientific evidence on whether the fetus has the ability to feel pain are presented.

**Material and methods:** electronic resources of information in the last 10 years.

**Results:** The main motive for abortion is lack of funds (71.0%) and unwanted pregnancy. Biblical literature does not answer whether the fruit is a "person" or not, and at what particular moment does it have a "soul"? The "European Convention on human rights" extends the right to life to unborn children. But it does not determine the basic question: at what point should the right to life be recognized - from the moment of birth or fertilization?

There is no difference in mental health between women who have not had abortions and women who have had abortions. Mechanical trauma of childbirth usually leads to the death of the fetus by the 21st week of pregnancy. The development of preterm or low-weight babies has poor predictive value for school-age cognitive function, with financial costs 2-6 times higher than those with low birth weight. The human fetus does not have the ability to experience pain until it becomes viable. Signals from peripheral sensory nerves to the brain, as well as the brain structures needed to process these signals, do not develop until at least the age of 24 g.w. A long time after the period of performing artificial abortion (up to 20/22 g.w.).

**Conclusion:** Artificial abortion is a moral dilemma for both women, doctors and legislation. A dual strategy is needed: on the one hand - in the event of an accident, adequate, affordable, safe and legal performance of artificial abortion must be ensured. In emergency situations, a doctor, nurse or midwife must provide treatment to the pregnant woman,

regardless of the objection in conscience! On the other hand - every woman should be given the opportunity to prevent unwanted pregnancy safely. In the gestational age of abortion (up to 20/22 g.w.) the human fetus does not have the ability to feel pain.

**Keywords:** Abortion, Fetus, Moral and Ethical norms.

### I. INTRODUCTION

The abortion data shown on the meter of the Worldometer (<https://www.worldometers.info/abortions>), are based on the latest statistics on abortion worldwide published by the World Health Organization (who). According to the World Health Organization, there are about 40-50 million abortions every year. This equates to approximately 125,000 abortions per day. Of the estimated 205 million pregnancies that occur worldwide each year, 133 million result in live births, 42 million are terminated by artificial abortion, and 30 million end in miscarriage.

Abortion is the most common gynecological procedure - 6 out of 10 unwanted pregnancies and 3 out of 10 of all pregnancies end in artificial abortion [8]. For Bulgaria, in 2019, in 61 882 births, the number of abortions was 21 864. For every 1,000 women aged 15-49, there were 42 births and 15 abortions [4], [5]. Bulgaria ranks first in Eastern Europe and third in the world in the number of abortions performed by girls aged 15 to 19 years [5]. According to studies in Bulgaria, most children are abandoned by their mothers immediately after birth - in the maternity hospital. The main motive for abortion is lack of funds (71.0%). The next most important motives are: social disadvantage (48.0%); lack of a reliable partner (46.0%); uncertainty about the future (45.0%); desire of women to develop a career (21.0%); fear of giving birth to a sick child - 20.0% [3].

Treatment of abortion in society: In many countries, it is accepted that the miraculous termination of pregnancy is a crime against the life of the unborn person and God. In Biblical



literature, it is not possible to find confirmation at what particular moment the soul "enters" the body, and whether the fetus is a "person" or not? The abortion controversy is based solely on theological beliefs and is a matter of faith. [1] There are religions that ban it at any time of pregnancy, such as Islam and Christianity, others such as Buddhism and Hinduism allow it at certain times or circumstances (social and medical). Supporters of legalizing abortion insist on the existence of a woman's privacy rights. Women have the right to privacy, and abortion is a woman's personal choice. A woman should have the right to make decisions about her body.

The issue of artificial abortion has been controversial throughout human history. Artificial abortion has been practiced in all times and by all peoples and has always been associated with ethical and legal issues. The first written accounts of abortion date back to 1760. before the new era, in the Code of Hammurabi. Later in the Roman Empire, canon law prosecuted artificial abortions as infanticide. The first attempt to officially legalize artificial abortion was made in communist Russia on November 18, 1920. by decree of the people's Commissariat of Health and the people's Commissariat of justice, it is allowed to freely perform operations for artificial termination of pregnancy in the conditions of Soviet hospitals.

According to art. Article 2 of the "European Convention on human rights " extends the right to life to unborn children. It does not address the fundamental question: at what point should the right to life be recognized - from the moment of birth or from the moment of fertilization? Government policies and legislation in the field of abortion vary widely, from a total ban to a total permit [1]. The moderate opinion allows for artificial abortion under certain conditions depending on the term of pregnancy, social and medical indications. In Europe, respectively. abortion is legal in Bulgaria. The main advantage of legal abortion is that the unwanted pregnancy is safely terminated by a qualified doctor. Countries such as the UK, Finland and Cyprus have a liberal interpretation of the grounds, while Ireland, Poland and Luxembourg have a restrictive interpretation. Malta is the only EU member state that bans abortion without any exceptions.

In Bulgaria, the attitude towards artificial termination of pregnancy has gone from a restrictive interpretation in the 50s to an upward liberalization in the 90s of the XX century. Despite considerable social experience, humanity has failed to harmonize organically the most important principles concerning women's health, the health of

the unborn child, the autonomy of the individual and the ethical norms prevailing in society [1].

Artificial abortion is a moral dilemma for both women, doctors and legislation. What is often called "Ethics" in everyday life is a complex of moral principles, rules of Conduct, for which religion and various traditions play an important role. According to ethics, it is important to have an abortion as early as possible during pregnancy. Abortion as a moral decision has specific features in minors, in which the decision to abort is legislated with parental participation, which, on the one hand, is beneficial and beneficial, and on the other – leads to a restriction of the Free Will and choice of the individual. The conclusion is that a dual strategy is needed: on the one hand-in the event of an accident, adequate, affordable, safe and legal performance of artificial abortion must be ensured. On the other hand-every woman should be given the opportunity to prevent unwanted pregnancy safely.

## II. RESULTS AND DISCUSSION

Artificial abortion and mental health:

Although some studies suggest a statistical correlation between abortion and depression, anxiety, suicidal behavior, and sexual dysfunction, these studies are usually methodologically flawed and do not take into account blurring factors that influence the results of the study. The highest quality studies revealed only minor differences or no difference in mental health between women who have not had abortions and women who have had abortions. The American Psychological Association also supports these conclusions (APA, 2008). Postpartum syndrome (PAS) is not recognized as a diagnosis in the "Diagnostic and Statistical Manual" of the American Psychiatric Association [6].

Two systematic reviews look at the link between unwanted pregnancy, abortion or childbirth and mental health. In both cases, the evidence suggests that women with unwanted pregnancies are not more likely to have adverse psychological consequences, whether they have an abortion or continue the pregnancy with the birth of a fetus [9]. A cohort study from Denmark published in 2010. it includes 84,620 girls and women who had abortions and 280,930 who had live fetuses between 1995 and 2008. uses the information from the Danish registers of first psychiatric contact (hospital admission or outpatient visit) for any type of mental disorder within 12 months after the abortion or birth compared to the 9-month period preceding the event. [9].



The risk of mental disorder did not differ significantly after abortion compared to before abortion, but increased after birth compared to before birth. The authors conclude that there is no evidence of an increased risk of mental disorders after induced abortion in the first trimester. In 2010 a systematic review of the impact of induced abortion on mental health has been carried out by the National Centre for mental health cooperation in the UK. The review concludes that women with an unwanted pregnancy and a past history of mental health problems may experience additional mental health problems, whether they decide to have an abortion or continue the pregnancy [9].

#### Artificial abortion and ethical norms:

The ethical status of the fetus is discussed in many ancient written sources. Greek and Roman civilizations allowed intentional interruption of early pregnancy. Developing Christian and Islamic cultures strongly condemn the destruction of the fruit. Until the last century, it was more acceptable for abortions in the early stages of pregnancy (usually until the moment the woman begins to feel the first movements of the fetus, t.well. before 16-18 weeks of pregnancy). The attitude of the church and society towards abortion became more unacceptable in the 19th century, when scientific knowledge established that there was no exact gestational age for which the fetus could be said to become a person. The first country to allow abortion for social reasons was in 1920., is the former Soviet Union, as the right to decide on abortion has the woman herself!

Several European countries have since passed laws giving doctors some freedom to perform abortions when a pregnancy threatens a woman's health. Such a law was passed in 1935. in Iceland in 1938. in Sweden and in 1939. in Denmark [2]. The right to decide whether to have an abortion rests with doctors or special commissions, not with the woman herself. As a result, many developed countries have passed laws allowing abortions to be performed at the request of a woman before the age of 10 g.w. Abortion laws are subject to different interpretations by society and abortion providers. In most countries, the law allows abortion only in the first trimester of pregnancy, and in the second trimester it is allowed only if the development of the fetus is impaired or if the woman's condition threatens her life.

Abortions in the second trimester of pregnancy are also rare in most eastern European countries, where they are usually performed only on medical grounds [2].

Objection on conscience and abortion on medical grounds:

Where there is an immediate danger to life or serious harm to the health of the pregnant woman, it is necessary to immediately carry out the termination of pregnancy in order to avoid this risk [10]. Therefore, in emergency situations, a doctor, nurse or midwife should provide treatment to the pregnant woman, regardless of the objection in conscience! A conscientious objection may delay timely access to abortion and care for abortion. In urgent cases, abortion is necessary to save a woman's life, and delaying its performance is unacceptable!

#### Abortion or premature birth?

In a medically induced abortion, neither the ambiguities nor the ambiguities kill the fetus. Mechanical labor trauma usually results in fetal death by the 21st g.w. [7]. However, some of the fetuses at 22 g.w. gestation or beyond may survive childbirth, [7]. According to the guidelines and standards in force since 2017, babies born before 22 g.w. they are rarely treated until the treatment of newborns at the age of 25 g.w. and then it is usually considered mandatory [7]. 23rd. g.w., newborns do not have developed lungs enough to breathe on their own and will die at birth if they do not undergo life-support therapies [7].

Some newborns are simply too small for the smallest breathing tube or have lungs that are too premature to survive, even if the best therapy is provided. [7] At 22-23 g.w., newborns weigh about 1.0 kg and have delicate skin that tears easily if exposed to prolonged contact [7]. The survival rate without moderate to severe disability is very low, ranging from 2.0% (without active treatment) to 9.0% (with active treatment) at age 22.S. up to 30.0% at 24 g.w. [7]. Other studies have found that the development of preterm or low weight has poor predictive value for school-age cognitive function [7].

Studies have found that caring for extremely premature newborns causes parental stress and is associated with a high risk of depression in both mothers and fathers. [7]. This experience may lead some parents to decide not to have other children due to the high economic costs, as well as the time requirement for a disabled child, thus losing the possibility of a new pregnancy and the birth of a healthy child [7]. With regard to the greater impact on society, parents of premature newborns and children with severe disabilities fail to unlock their full economic potential in their careers and contributions to society [7].



On the other hand, the treatment of premature babies in the neonatal intensive care unit is expensive from a financial and economic point of view. A study reports that the cost of children born in 20-25 g.w. they ranged from two to six times more than for the control group of informants [7]. These increased costs are likely to continue beyond the age of six. A 2012 study estimates the average lifetime cost of mild, moderate and severe disability associated with resuscitation of newborns at 20-23 g.w. and 6 days of pregnancy (after premature birth or termination of pregnancy). It provides the following estimates in dollars at cost for 2010.: \$ 52,056 for mild, \$ 578,958 for moderate, and \$ 1,139,657 for severe disability [7].

Evidence that the fetus has the ability to feel pain!

Christian and Islamic cultures strongly condemn the destruction of the fetus and associate abortion with causing pain and suffering to the unborn person, with a crime against their life, but what is the scientific evidence for the fetus's ability to feel pain? In July 2013. The American Congress of Obstetricians and Gynecologists issued a one-page statement titled "Facts matter: fetal pain" [7]. The human fetus does not have the ability to experience pain until it becomes viable. Rigorous scientific research has found that the connections needed to transmit signals from peripheral sensory nerves to the brain, as well as the brain structures needed to process these signals, do not develop until at least the age of 24 g.w. [7]. In fact, the perception of pain requires more than just mechanical transmission and reception of signals.

Pain is "an emotional and psychological experience that requires conscious recognition of a harmful stimulus." [7] This ability does not develop until the third trimester at the earliest, t.well. a long time after the period of abortion (up to 20/22 g.w.). The evidence shows that the neural circuit needed to distinguish touch from painful touch does not actually develop until the end of the third trimester!

The appearance of intrauterine fetal movement is not an indication that the fetus may feel pain [7]. In addition, there is growing evidence that the fetus never experiences a state of true wakefulness in the womb and is maintained, by the presence of its chemical environment, in prolonged sedation. This observation highlights important differences between foetal and neonatal life and the difficulties of extrapolating from observations made in newborn preterm babies to the foetus [7]. The perception of pain requires conscious recognition or awareness of a harmful stimulus. Neither withdrawal reflexes nor hormonal stress reactions to invasive procedures prove the presence

of fetal pain, as they can be triggered by Painless stimuli and occur without conscious cortical processing in the brain.

Awareness by the fetus of harmful stimuli requires functional thalamo-cortical connections in the brain. Thalamo-cortical fibers begin to appear between 23 and 30 g.w. while electroencephalography suggests that the ability to functionally perceive pain in premature newborns probably does not exist before 29 or 30 weeks of gestation [7].

### III. CONCLUSIONS

We can draw the following conclusions: First: abortion is the most common gynecological procedure. The main motive for abortion is lack of funds (71.0%). The next most important motives are: social disadvantage (48.0%); lack of a reliable partner (46.0%); uncertainty about the future (45.0%); desire of women to develop a career (21.0%); fear of giving birth to a sick child - 20.0%.

Second: in Biblical literature, it is not possible to find confirmation at what particular moment the soul "enters" the body, and whether the fetus is a "person" or not? The abortion debate is based solely on theological beliefs. There are religions that ban it at any time of pregnancy, such as Islam and Christianity, others such as Buddhism and Hinduism allow it at certain times or circumstances (social and medical). Supporters of legalizing abortion insist that women have the right to privacy, as abortion is a woman's personal choice.

Third, according to art. Article 2 of the "European Convention on human rights" extends the right to life to unborn children. It does not address the fundamental question: at what point should the right to life be recognized - from the moment of birth or from the moment of fertilization?

Fourth: artificial abortion is a moral dilemma for women, for doctors, and for legislation. Government policies and legislation in the field of abortion vary widely, from a total ban to a total permit. The moderate opinion allows for artificial abortion under certain conditions depending on the term of pregnancy, social and medical indications. In Europe, respectively, abortion is legal in Bulgaria. The main advantage of legal abortion is that the unwanted pregnancy is safely terminated by a qualified doctor.

Fifth: a dual strategy is needed: on the one hand, in the event of an accident, an adequate, affordable, safe and legal abortion must be provided. In emergency situations, a doctor, nurse



or midwife must provide treatment to the pregnant woman, regardless of the objection in conscience! On the other hand-every woman should be given the opportunity to prevent unwanted pregnancy safely.

Sixth: the highest quality studies reveal only minor differences or no differences in mental health between women who have not had abortions and women who have had abortions.

Seventh: mechanical labor trauma usually leads to fetal death by the 21st week of pregnancy. 22-23g.w. newborns do not have developed lungs enough to breathe on their own and will die at birth if they do not undergo life-support therapies, with survival rates without moderate to severe disability being very low, ranging from 2.0% (without active treatment) to 9.0% (with active treatment). The development of preterm birth or low weight has poor predictive value for school-age cognitive function. Caring for these children causes parental stress and is associated with a high risk of depression in both mothers and fathers. Financial costs for children born in 20-25 g.w. they ranged from two to six times more than for the control group of the informants.

Eighth: the human fetus does not have the ability to experience pain until it becomes viable. Rigorous scientific research has found that the connections needed to transmit signals from peripheral sensory nerves to the brain, as well as the brain structures needed to process these signals, do not develop until at least the age of 24 g.w., T.well. a long time after the period of performing artificial abortion (up to 20/22 g.w.). Awareness by the fetus of harmful stimuli requires functional thalamo-cortical connections in the brain. Thalamo-cortical fibers begin to appear between the ages of 23 and 30g.w., therefore, the ability to functionally perceive pain in premature newborns probably does not exist before 29 or 30 weeks gestation.

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