INDUCED ABORTION— "SAFER THAN A TONSILLECTOMY?"

A report compiled by Canadian researcher Isabelle Bégin on hospitalisation and mortality due to legally induced abortion in Canada and in the United States

SUMMARY

A per the World Health Organisation's 1994 publication, *Clinical Management of Abortion Complications*, women presenting to hospital with abortion complications must be treated as being in a *highly life-threatening state* (see overview herein). ***It is repeatedly highlighted in that book that the major factor making the very difference between life and death is timely, emergency intervention.***

In 1992-1993, 3,931 women were hospitalised in Canada in just such a state for an average of 2 days with the primary diagnosis codes for complications from legally induced abortion and failed attempted legally induced abortion, or 3.8% of the 103,244 abortions that year: that's 1 woman out of 26.

Furthermore, there were 4,171 other hospitalisations under the primary diagnosis code ICD 637, for "unspecified abortion", or 4% of all abortions performed that year, for a combined total of 7.7%, or 1 woman out of 13. (It is widely recognised that legally induced abortions are rarely specified as legal or illegal on hospital records, and that they automatically fall under the unspecified abortion category in all these cases.)

This document contains never-before-published information on hospitalisation due to legally induced abortion in Canada, based on Statistics Canada's *Hospital Morbidity* and *Surgical Operations* data for 1992-1993.

This document also contains statistics on abortion-related *mortality* in Canada as published in Statistics Canada documents and highlighted through research undertaken by this author, as well as in the United States, as published by the Centers for Disease Control of the United Sates and American researchers Kevin Sherlock and Mark Crutcher. It is shown herein how these deaths never make it into national vital statistics under the legally induced abortion cause-of-death category.

THE CANADIAN EXPERIENCE

In Canada, Statistics Canada's *Hospital Morbidity, 1992-1993* file shows that 3,723 women were admitted for an average two-day stay in hospital that year suffering from complications due to legally induced abortion such as the ones listed above, that's 1 woman out of 28 or 3.6% of abortions that year (103, 244).

An additional 4,171 women were admitted under the code "unspecified abortion" (if it is not specified on the hospital record whether the abortion was legal or illegal, it is automatically unspecified), that's another 4% of abortions performed, for a combined total of 7.7%, or 1 woman out of 13. An administrator of the US National Ambulatory Care Database, Ms. Linda McCaig, explained in an e-mail of November 8, 1999, to this author that the reason there were NO (!) ambulatory cases for abortions in the United States in 1997 (out of 1.2 million abortions) was because they were coded to ICD 637 ("unspecified abortions").

Furthermore, in Statistics Canada's *Surgical Procedures, 1992-1993* database, there are 19,713 procedures under the code for "D & C following delivery or abortion" (analysis underway to distinguish those related to induced abortion from the others) and many thousands more under "A & C following delivery or abortion" and "Removal of retained placenta" (same analyses underway).

Indeed, Dr. Henry Morgentaler, in his book *Abortion and Contraception* (1982), states that the only reason a women would need to be hospitalised would be "haemorrhage due to infection or retained placenta/products of conception, with a *blood transfusion required immediately to avoid shock, coma and death*." (p. 77)

Statistics Canada's *Therapeutic Abortions, 1995* publication only reports a *total complication rate of 1.3% only for 1993*. The reason for this discrepancy is that the *Therapeutic Abortions* database does not include *Hospital Morbidity* records. It is SOLELY BASED on *Therapeutic Abortion Reports* submitted on a VOLUNTARY basis by the provinces, hospitals and clinics. The complications tabulated therein only include hospital complications (clinics have opted NOT to report their complications); and only 76% of hospital complications at that (three quarters of Quebec hospitals and all of B.C. hospitals have chosen *not* to disclose their complication statistics); and only *immediate* complications to boot. The only way to get a complete appreciation of all complications caused by all clinics and hospitals, immediate and delayed, is through *Hospital Morbidity* records.

It is impossible to know how many women did not make it to the hospital in time and arrived *DOA (dead on arrival)*, because such emergency data would be included in a database entitled *Ambulatory Care*, which the CIHI (Canadian Institute for Health Information) would very much want to institute, were there sufficient political support. Pregnancy might not be suspected at all in any of those cases, hence the coroner will not be called in. Even if he is, he might not automatically request an autopsy.

In Statistics Canada's *Selected Therapeutic Abortion Statistics, 1970-1991* publication, there are 66 abortive-pregnancy deaths reported for the period from 1975 to 1991 on pages 38 and 39, whereas on page 37 (data taken from Statistics Canada's *Causes of Death* publication) the total number of abortion-related deaths relayed is 17, for a difference of 49 or 288%.

In Statistics Canada's *Therapeutic Abortions, 1995*, there are deaths due to legally induced abortion reported for the years 1985, 1986, 1988 and 1991 (p. 25), whereas the *Selected Therapeutic Abortion Statistics, 1970-1991* publication shows a total of only two deaths due to legally induced abortion for 1985 to 1991 (p. 37).

In Statistics Canada's *Selected Therapeutic Abortion Statistics, 1970-1991*, there are seven deaths due to legally induced abortion or spontaneous abortion missing from the province of Ontario alone for the three-year period of 1989-1991 (p. 37). (See Bégin, Isabelle. Report to Statistics Canada, June 28, 1999, and "Abortion-Related Mortality and Morbidity Coding Using the World Health Organisation International Classification of Diseases Coding System—Pitfalls and Shortcomings", Nov. 1999).

In 1995 in Canada, Statistics Canada has admitted in writing to this author to 154 "medical-accident deaths" of women of reproductive age that could be abortion-related. For the United States, in 1993, there were 1,623 such deaths.

THE AMERICAN EXPERIENCE

. For the period of 1972 to 1982, the pregnancy surveillance system of the Centers for Disease Control of the United States identified a total of 403 deaths due to abortion, that's 134 more than the 269 reported in official vital statistics for that period, for 41 deaths per year (while only 39 deaths were reported for illegal abortion in 1972). (Atrash, Hani, "The Need for National Pregnancy Mortality Surveillance", *Family Planning Perspectives*, Jan./Feb. 1989. Dr. Atrash is Chief of the Pregnancy Epidemiology Branch of the Center for Health Promotion and Education of the Centers for Disease Control and Prevention of the United States).

. For the four years between 1981 to 1984, the Commissioner of Health of New York City, Dr. Stephen Joseph, identified 176 deaths due to legally induced abortion in the United States (*that's 134 deaths or 320% (4 times) more than the 42 that were reported in official vital statistics for that period), for 44 deaths per year* (memo dated June 5, 1987, addressed to "All Gynecologists, Anesthesiologists, Administrators and Others Concerned with the Provision of Abortion Services", reproduced on page 230 of Kevin Sherlock's book, *The Scarlet Survey* (1997)).

. For the period of 1980 to 1989, in his book *The Scarlet Survey* (1997), Kevin Sherlock identified a total of 193 deaths due to legally induced abortion (p. 201), whereas the official vital statistics showed 108 for that same period, that's a difference of 85 women, or 79%. (One must remember Mr. Sherlock's figures only represent the tip of the iceberg, because his research was carried out in depth only in southern California and Chicago, and superficially in 15 other states only. His search also only identified those women for whom there were press clippings and/or court cases.)

. In a Freedom of Information response letter to Mr. Kevin Sherlock of August 29, 1990, the CDC claimed it could make the 11,000 pages' worth of line listings on women's deaths and injuries due to abortion they had available to Mr. Sherlock for $13,200 US, as 555 man hours (3 months full-time work) would be required to delete all names of women and abortionists from the list (this letter and quote are reproduced on pages 169 and 170 of Mr. Sherlock's *Victims of Choice*, 1996).

. **In a Freedom of Information response letter to Mr. Kevin Sherlock of October 28, 1996, the CDC claimed they could make the 16,600 pages' worth of line listings on women's deaths and injuries due to abortion they had available to Mr. Sherlock for $24,388 US, as 845 man-hours (almost 5 months full-time work) would be required to delete all names of women and abortionists from the list (this letter and quote are reproduced on pages 246 and 247 of Mr. Sherlock's *The Scarlet Survey*). *Now for the six years between 1990 and 1996, that's 5,600 pages' worth of injuries and deaths due to abortion that were added to the CDC's list, or 51% more*...**

. **CDC Pregnancy Surveillance directors Willard Cates and David Grimes stated in an article entitled "Complications From Legally-Induced Abortion: A Review" published in *Obstetrical and Gynaecological Survey*, Vol. 34, No. 3, 1979, that *77,000 women suffered complications from legally induced abortion in 1975* (out of 854,853 abortions, that's 9%).**

CONCLUSION

In view of the *seriousness* and of the *frequency* of induced abortion-related complications and hospitalisation, it is difficult to envisage the operation as "safer than a tonsillectomy". To the contrary, as per the World Health Organisation's warnings to the medical community (but not to patients), Dr. Henry Morgentaler's book, *Abortion and Contraception*, Statistics Canada *Hospital Morbidity* and *Surgical Procedures* data, and the U.S. CDC internal reports (but *not* official vital statistics), it is extremely often *life-threatening* and even *fatal* (deaths due to legally induced abortion rarely make it in national statistics, for a host of reasons highlighted in the report by the present author entitled Abortion-Related Mortality and Morbidity Coding Using the World Health Organisation International Classification of Diseases System—Pitfalls and Shortcomings). This is especially so in light of the fact that the risks of surgery are compounded by the pregnant state (thinner uterine and venous walls allowing for easy perforation, upset in blood clotting factors easily leading to thrombosis, reflux of gastro-intestinal contents, doubling of blood volume in the first 7 months, stressed renal function easily leading to renal failure; see "Pregnancy" in Encyclopedia of Human Biology").

The hospitalisation data described herein for Canada applies when 93% of abortions were performed using what is considered the *safest* procedure, namely vacuum curettage, and 91%, in what has been deemed the *safest* period of gestation, namely the first 12 weeks.

It is nothing short of a tragedy that women enter unsuspectingly in such a game of Russian roulette with their very lives. The entire notion of real choice evaporates when the true risks of a procedure, especially an *elective* procedure, are deliberately kept from a patient and remain unknown to her.

It is especially imperative to sensitise clinic abortionists to the life-threatening nature of complications from induced abortion. These medical workers are thoroughly convinced that abortion complications are benign. A prominent Pro-Choice person e-mailed to this author on November 28, 1999, that the view prevalent among clinic abortionists is that "hospitals overtreat abortion complications, when we simply advise patients with complications to stay home and rest, maybe take some medication". Tragically, each and everyone of the hundreds upon hundreds of women who died from legally induced abortion in the United States and whose case is fully documented in the books *Lime 5*, *Victims of Choice*, and *The Scarlet Survey*, had attempted to obtain medical attention from their clinic abortionists, and many times at that. The latter did everything in their power to discourage them from going to the hospital (certainly, casualties from their work and ambulance calling do no wonders for their reputation). Lives can be saved if this very tragic attitude is changed and clinics are *indeed* made aware of the extremely serious complications their work entails. At this very moment, clinics in Canada are gloating about their complications record being "better than hospitals'", based on a "private survey" conducted by the RCPSO. Clinics have to be made aware that women will not necessarily come back to the medical worker for *repair* of the life-threatening complication he caused her. In any event, if she needs a blood transfusion or a repeat abortion, she can only obtain it in a hospital (unless she wants to pay again at the clinic). If clinics are made to understand that *no abortion complication is "benign"* and that all require immediate, emergency hospital attention, then needless deaths will be avoided.

This paper is all about appropriate, *life-saving*, follow-up care. It is all about women being made aware of the seriousness of the complications so that they may stay close to a hospital in the weeks following the procedure, *and not leave the city nor the country for example*, in case of life-threatening haemorrhage or infection because of retained products of conception or placenta (incomplete abortion or failed attempted abortion).

It is quite likely the woman may not appreciate being told of this one in 28 to 1 in 13 risk *after* the fact, however. Especially when she will have been reassured of the extreme safety of the procedure before consenting to it. Ideally, she will be informed of these risks prior to the intervention, so that she may offer her fully enlightened informed consent. In this way, the abortionist will not suffer any negative reaction she may have once the life-saving measures are explained to her.