

Abortion and Euthanasia (Part 2)

Difficult Questions

In closing and perhaps in anticipation of some of the questions you may have in mind I want to say a few words about the difficult questions these issues raise. More detail can be found in my papers 'Deadly Questions on Abortion' and 'Twelve Reasons why voluntary euthanasia should not be legalised' both of which are on the CMF internet website at www.cmf.org.uk.

Reasons why euthanasia should not be legalised

1. Voluntary euthanasia is unnecessary because alternative treatments exist

This is not to deny that there are many patients presently dying in homes and hospitals who are not benefiting from advances in palliative care. There are indeed many having suboptimal care either because facilities do not exist in the immediate area or because local medical practitioners lack the training and skills necessary to manage terminally ill patients properly. The solution to this is to make appropriate and effective care and training more widely available, not to give doctors the easy option of euthanasia. A law enabling euthanasia will undermine individual and corporate incentives for creative caring.

2. Requests for voluntary euthanasia are rarely free and voluntary

Patients with a terminal illness are vulnerable and may well be suffering from fear about the future and anxiety about the effect their illnesses are having on others. Those who regularly manage terminally ill patients recognise that they often suffer from depression or a false sense of worthlessness which may affect their judgment. Their decision-making may equally be affected by confusion, dementia or troublesome symptoms which could be relieved with appropriate treatment. Patients who say 'let me die' usually, after effective symptom relief, are most grateful that we didn't accede to their requests. Terminally ill patients also adapt to a level of disability that they would not have previously anticipated they could live with and come to value what life they have left. Many elderly people already feel a burden to family, carers and a society which is cost conscious and may be short of resources. They may feel great pressure to request euthanasia 'freely and voluntarily'. These patients need to hear that they are valued and loved as they are. They need to know that we are committed first and foremost to their well-being.

3. Voluntary euthanasia denies patients the final stage of growth

It is during the time of a terminal illness that people have a unique opportunity to reflect on the way they have lived their lives, to make amends for wrongs done, to provide for the future security of loved ones and to prepare mentally and spiritually for their own death. Those involved in hospice work often observe a mending of family relationships and rediscovery of mutual love and responsibility that may not have been evident for years. It is often through facing the hardship that terminal illness brings, and through learning to accept the practical help of others that human character and maturity develops most fully. Death, if properly managed, can be the final stage of growth. It can

also be a time when words are spoken and strength imparted that will help sustain 'those left behind' through the years ahead.

Losing the opportunity of caring for vulnerable people denies us an essential part of our humanity. We conquer suffering, not by being insulated from its realities, but by facing it. Voluntary euthanasia, by artificially shortening life, denies these possibilities.

4. Voluntary euthanasia undermines medical research

One of the major driving forces behind the exceptional medical advances made this century has been the desire to develop treatments for previously fatal illnesses, and the eagerness to alleviate hitherto unmanageable symptoms. Medical research is essential if medicine is to advance further. When the focus changes from curing the condition to killing the individual with the condition, this whole process is threatened. The increasing acceptance of prenatal diagnosis and abortion for conditions like spina bifida, Down's syndrome and cystic fibrosis is threatening the very dramatic progress made in the management of these conditions, especially over the last two decades. Rather than being employed to care and console, funds are being diverted to fuel the strategy of 'search and destroy'.

If euthanasia is legalised we can expect advances in ktenology (the science of killing) at the expense of treatment and symptom control. This will in turn encourage further calls for euthanasia.

5. Hard cases make bad laws

Legalisation of euthanasia is usually championed by those who have witnessed a loved one die in unpleasant circumstances, often without the benefits of optimal palliative care. This leads to demands for a 'right to die', but allowing difficult cases to create a precedent for legalised killing is the wrong response. We need rather to evaluate these difficult cases so that we can do better in the future. This was clearly demonstrated in the case of Nigel Cox, the Winchester rheumatologist found guilty of attempted murder after giving a patient with rheumatoid arthritis a lethal injection of potassium chloride in August 1991. Had he consulted more widely he could have relieved his patient's symptoms without killing her.[36]

The European Association for Palliative Care recently registered its strong opposition to the legalisation of euthanasia.[37] If care is aimed at achieving 'the best possible quality of life for patients and their families' by focusing on a patient's physical, psychosocial, and spiritual suffering, requests for euthanasia are extremely uncommon. The answer is not to change the law, but rather to improve our standards of care.

6. Autonomy is important but never absolute

Autonomy is important. We all value the opportunity of living in a free society, but also recognise that personal autonomy has its limits. Rights need protection, but must be balanced against responsibilities and restrictions if we are to be truly free.

We are not free to do things which limit or violate the reasonable freedoms of others. No man is an island. No person makes the decision to end his or her life in isolation. There are others who are affected: friends and relatives left behind, and the healthcare staff involved in the decision-making process. Western society no longer recognises suicide as a crime, but still appreciates that a person's decision to take his or her own life can have profound, often lifelong effects on the lives of others. There may be guilt, anger or bitterness felt by those left behind. Personal autonomy is never absolute. The effect of personal decisions on others now living or in future generations must also be considered.

7. Voluntary euthanasia gives too much power to doctors

Calls for voluntary euthanasia have been encouraged either by the failure of doctors to provide adequate symptom control, or by their insistence on providing inappropriate and meddlesome interventions which neither lengthen life nor improve its quality. This has understandably provoked a distrust of doctors by patients who feel that they are being neglected or exploited. The natural reaction is to seek to make doctors more accountable.

Ironically, voluntary euthanasia legislation makes doctors less accountable, and gives them more power. Patients generally decide in favour of euthanasia on the basis of information given to them by doctors: information about their diagnosis, prognosis, treatments available and anticipated degree of future suffering. If a doctor confidently suggests a certain course of action it can be very difficult for a patient to resist. However it can be very difficult to be certain in these areas. Diagnoses may be mistaken.[38] Prognoses may be wildly misjudged. New treatments which the doctor is unaware of may have recently been developed or about to be developed. The doctor may not be up-to-date in symptom control.

Doctors are human and subject to temptation. Sometimes their own decision-making may be affected, consciously or unconsciously, by their degree of tiredness or the way they feel about the patient. Voluntary euthanasia gives the medical practitioner power which can be too easily abused, and a level of responsibility he should not rightly be entitled to have. Voluntary euthanasia makes the doctor the most dangerous man in the state.

8. Voluntary euthanasia leads inevitably to involuntary euthanasia

When voluntary euthanasia has been previously accepted and legalised, it has led inevitably to involuntary euthanasia, regardless of the intentions of the legislators. This was demonstrated in Nazi Germany and also more recently in the Netherlands where as early as 1991 there were over 1,000 non-voluntary euthanasia cases reported.

Summary

We need to recognise that requests for voluntary euthanasia are extremely rare in situations where the physical, emotional and spiritual needs of terminally ill patients are properly met. As the symptoms which prompt the request for euthanasia can be almost always managed with therapies currently available, our highest priority must be to ensure that top quality terminal care is readily available.

While recognising the importance of individual patient autonomy, history has clearly demonstrated that legalised euthanasia poses serious risks to society as a whole. Patients can be coerced and exploited, the search for better therapies is compromised and involuntary euthanasia inevitably follows.

Legislation allowing voluntary euthanasia should be firmly resisted on the grounds that it sidesteps true compassionate care (because effective alternatives exist) and ultimately undermines rather than protects patient autonomy.

Deadly Questions...on abortion

1. How can a non-sentient being have value?

Peter Singer, editor of the *Bioethics Journal*, puts the secular view of humanity in a nutshell: 'Once the religious mumbo-jumbo surrounding the term 'human' has been

stripped away... we will not regard as sacrosanct the life of every member of our species, no matter how limited its capacity for intelligent or even conscious life may be'.[39] To Singer and many influential thinkers like him, man is nothing but the product of matter, chance and time in a godless universe, nothing but a highly specialised animal. The value of an individual human being is determined by his level of rationality, self-consciousness, physical attributes or capacity for relationship. Human life that has less of these qualities is of less value and can be disposed of. This 'Darwinian' ethic with its aim of 'survival of the fittest' puts the demented, the mentally handicapped, the brain-injured and the unborn in great danger.

By contrast the Christian view is that all human beings are made in God's image.[40] If they lack the means to feel, think or form relationships as we do they still have dignity by virtue of the fact that they are made and known by God. Biblical morality dictates that the weak deserve special protection[41] and in God's economy, the strong lay down their lives for the weak.[42] After all, protecting the vulnerable is what 'knowing God' is all about.[43] Even if it could be established that fetuses feel nothing, should this really make a difference to the way we treat them? Does anaesthesia legitimise killing?

Having said this, we do not even know that the fetus is 'non-sentient'. We do know that brain function, as measured by EEG is present in the fetus at about six weeks after conception[44] and that responses to tactile sensation (skin tightening, bending, fist forming) can be observed at seven to eight weeks gestation. At nine to ten weeks the fetus squints and swallows and breathing movements begin at eleven to twelve weeks. By sixteen weeks he will respond violently to stimuli that you or I would find painful. Pain is a peculiarly personal and subjective experience and there is no biochemical or physiological test we can do to tell us if fetuses (or any other persons) experience it. By the same token we lack any proof that animals feel pain, but judging by their responses, it seems charitable to assume that they do. No one would dare suggest dismembering newborn kittens (which ironically are born blind, deaf and helpless at nine weeks gestation!).

2. Don't women have a right to choose?

Any woman with an unplanned pregnancy will understandably feel under pressure, especially if the father of the child is not supportive. Whether she opts for abortion, adoption or keeping the baby the decision will change her life forever. She needs to know that the fetus is not just 'part of her body'. It is a genetically distinct and vulnerable human being, which has come into existence, almost always, because of choices she and her partner have made.

Some argue that only women can decide about abortion because only women understand what it is like to be pregnant. While this has a certain validity it also has shortcomings. It is rather like arguing that only drivers should be able to decide about road rules because only drivers understand the pressures of driving. However the actions of motorists can have profound effects on passengers, bystanders and the drivers of other cars as well. In the same way there is a 'passenger' in the womb and other parties outside it to consider.

No man (or woman) is an island. We all value the opportunity of living in a free society, but also recognise that personal autonomy has its limits. Rights need protection but they are not absolute. They must be balanced against responsibilities. We are not free to do things which limit or violate the reasonable freedoms of others. In the human community abortion is not simply a matter between a woman and her doctor. There are others to consider: the father, any other citizens who may be affected by the decision and, not least, the unborn child herself.

Although there are exceptions, most unwanted pregnancies result from a conscious decision to engage in sexual intercourse by people who are equipped neither for

pregnancy nor parenthood (67% of women having abortions in Britain have never been married).[45] It is only natural to regret wrong decisions made in the heat of the moment, but killing an innocent human being to avert the consequences of choices we have made is never morally justifiable. The right to life is the most fundamental right of all.

Solo mothers will need support, and adoption even with its difficulties is always an option to be considered. There are many childless couples spending thousands of pounds on infertility treatment because babies they could have provided a home for have been among the 4.8 million terminated in Britain since 1968.

4. Won't refusing abortion simply mean that women suffer?

A common myth is that women will not change their minds about having an abortion when offered practical help and given the facts about fetal development. Many do, and pregnancy counselling organisations like *CARE for Life*[46] have made a substantial contribution in helping women whose turning to abortion is simply a cry for help. But even women refused abortions do not necessarily seek them. An early Swedish study[47] of 4274 women refused abortion showed that 85.6% completed their pregnancies and only 10% sought an abortion elsewhere.[48] Another similar study followed up 249 such women for 7 to 10 years finding that 73% were satisfied with the way things had turned out, and 69% were taking care of the child.[49] Most unwanted pregnancies, if not aborted result in wanted children. Conversely most abused children come from wanted pregnancies. Since the Abortion Act came into force in Britain in 1968 the incidence of child abuse has doubled.[50]

Many believe that women refused abortion are at risk of mental illness. However Representatives of the Royal College of Psychiatry giving evidence to the Rawlinson Commission[51] have stated that there are no psychiatric grounds for abortion. This is in spite of the fact that most abortions are carried out on alleged grounds of damage to the mother's mental health. In fact for suicidal pregnant women abortion will increase depression and the risk of post-abortion psychosis.[52] What they really need is proper psychiatric treatment. As a general rule pregnancy enhances rather than damages mental health; the incidence of suicide in non-pregnant women of childbearing age is 18 times that in pregnant women.[53]

While first trimester abortions are usually physically safe (for the mother) complications do however occur: Uterine perforation, haemorrhage, sepsis, cervical lacerations and retained placentae in the short term; and chronic pelvic inflammatory disease, subfertility, cervical incompetence, rhesus isoimmunisation and menstrual disturbances in the long term. The prospective and joint RCGP/RCOG study showed that 10% of women had complications within 3 weeks of the procedure.[54] As complications should be reported by one week on the statutory 'yellow' form and most occur after this time the true complication rate may well be higher. Women damaged by abortion are unlikely to return to the institution which damaged them simply to be counted.

Early psychiatric morbidity appears to be about 10%.[55] The long term sequelae are difficult to evaluate as follow up rates are low for a variety of reasons, not least that many wish not to be reminded of their experience. In some patients post-abortion psychosis can be crippling,[56] and those who feel ambiguous about the decision are particularly vulnerable.

5. Surely we can't return to the days of back street abortionists and abortion tourism?

The argument that 'safe and legal' abortion is necessary to stop 'thousands of women' dying at the hands of back street abortionists is ill-founded. Claims about death rates have been wildly exaggerated; take for example, the pro-choice newspaper which

claimed in 1989 that 600,000 Brazilian women died from illegal abortions each year.[57] A look at UN statistics reveals that there were only 2,507 *maternal* deaths in Brazil in 1988 - from all causes![58] Similarly the figure of 200,000 abortion deaths worldwide promoted by leading politicians (such as Baroness Chalker) has been acknowledged to be hugely exaggerated. The UNFPA Report 'The State of the World's Population', published in August 1994, put the figure at 60,000. Even this is a guesstimate. Dr Bernard Nathanson, who was a major figure in the effort to legalise abortion in the US and presided over 60,000 abortions before having a change of heart, gives some insight into the reasons for the disparity between the real and the claimed:

'...we emphasised the frame of the individual case, not the mass statistics, but when we spoke of the latter it was always "5,000 to 10,000 deaths a year". I confess that I knew the figures were totally false... but the overriding concern was to get the laws eliminated, and anything within reason that had to be done was permissible.'[59]

The truth is that, throughout the world, abortion deaths have fallen steeply in line with maternal deaths, owing to advances in medical science. According to WHO figures this trend has occurred regardless of whether abortion is legal or illegal in particular countries.[60] Ireland, which has maintained an absolute law against abortion, has the lowest maternal mortality rate in the world.[61] Prior to the Abortion Act mortality from criminal abortion in Britain was very low (approx 20 per year); compared with the 180,000 unborn children who now die annually. This was because many so-called back street abortions were performed (albeit illegally) by doctors in relatively 'safe' circumstances.[62]

It's also claimed, by pro-choice law 'reformers', that women denied abortions at home will simply travel to other countries to obtain them. While this did happen to a limited extent in the past, it was never in numbers approaching those in countries where abortion is legal. Legalisation has increased abortion rates dramatically, to the extent that deaths (of unborn children) from abortion worldwide now number 55 million per year.[63] Abortion rates among Irish women (who can easily travel) are still only a third that of British women.

6. What about abortion for rape?

If life before birth has the same status as life after birth then it follows that if we wouldn't approve of infanticide in a given situation, then neither should we approve of abortion. Would we sanction the destruction of a *neonate* who was grossly deformed, conceived as a result of rape or the child of a minor? Wouldn't we rather look for some way to make the best of a bad situation by using our medical skills, helping practically or financially, or perhaps by arranging adoption?

These difficult cases must be seen in this light. Rape is a very serious crime that itself was a capital offence in the Old Testament. However pregnancy arising from rape is extremely rare; and even alleged rape is a factor in less than 1% of abortions. In the USA in any one year, one in a thousand women report rape and of these a similar proportion become pregnant. Furthermore in the only major study of pregnant rape victims ever done, 75 to 85% chose against abortion.[64] This is because many women who have been raped believe that abortion is immoral, that the child is simply a second innocent victim, and that if they get through the pregnancy they will have conquered the rape. Giving birth in such circumstances is a display of courage, strength and honour. Abortion, by contrast, simply sacrifices a second innocent party to the crime.

I am forced to the conclusion that the Christian solution, difficult though that may be, is to care for the child at least until birth when adoption can be considered (especially if the mother is young). However, one cannot advocate this without at the same time realising

that it puts every onus on us as Christians to do everything we can to help an equally innocent (and much sinned against) mother.

7. What about abortion for fetal handicap?

Abortions for fetal handicap make up only 1.1% of the total in Britain, but over 90 are performed on infants of viable age each year. This puts the issue in sharp perspective. Whereas profoundly handicapped 26 week old neonates are (quite rightly) given every chance of survival, older babies still in utero can be legally killed in Britain for less serious abnormalities. Many women will not now consider having a child with any form of handicap, so biochemical screens, preimplantation diagnosis, chorionic villous biopsy and amniocentesis are increasingly available. Apart from the small number of tests done in order to prepare parents in advance for the arrival of a child with special needs, or to identify surgically correctable anomalies, most screening is performed to identify handicapped fetuses so that they can be aborted. This is a form of discrimination that would not be tolerated in any other group apart from unborn children. While no one is denying the huge psychological and financial cost of raising a handicapped child, we would not use this as an excuse for killing in any other field of medicine. Our obligation is to do the very best with what we have to 'strengthen what remains'.

This is not to deny the often extreme hardship incurred by those who have to care for children with special needs. It's a responsibility that the community must share; but it is sheer nonsense to assert that people with spina bifida, Down's syndrome, or some worse anomaly cannot, with the right support, live useful and fulfilling lives. Even those whose anomalies are incompatible with life can make a valuable contribution to the world and to others; and they are undoubtedly precious in the eyes of God.[65]

8. What about abortion to save the life of the mother?

Usually when the mother's life is at risk, the baby is viable and so can be saved simply by bringing forward the time of delivery. On very rare occasions it may be necessary to terminate a mid-trimester pregnancy in an emergency in order to save the life of the mother. Here we are not saying that the baby's life is less important than that of the mother, but simply (since the baby will die regardless) that it is better to intervene to save one life rather than to stand by and watch two die. Even in these situations it is usually possible to deliver the baby in such a way that the parents can have some short time with it. In the UK only 0.013% of all abortions are performed 'to save the life of the mother' and it is even questionable whether many of these require such radical action. Ireland's leading obstetricians stated in 1992:

'... we affirm that there are no medical circumstances justifying direct abortion, that is, no circumstances in which the life of the mother may only be saved by directly terminating the life of her unborn child'.[66]

This was not unsubstantiated. The National Maternity Hospital in Dublin investigated in detail the 21 maternal deaths which occurred among the 74,317 pregnancies managed in 1970-1979. The conclusion was that abortion wouldn't have saved the mother's life in a single case.[67]

Alan Guttmacher, former President of the pro-abortion US Planned Parenthood Federation has said:

'Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal illness such as cancer or leukemia, and if so, abortion would be unlikely to prolong, much less save life'.[68]

In fact, women with cancer will often forego chemotherapy for the sake of the baby[69] and this brings us back to our starting point. When we recognise how precious human life before birth really is, we begin to see the evil of abortion in all its stark reality.

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Abortion and Euthanasia (Part 1)

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