



## Save Them Both: Maternal-Fetal Conflicts

Disturbing trends in rhetoric surrounding abortion and maternal-fetal conflicts point to the terribly mistaken idea that it can be ethical to use direct abortion as a means to save the life of a pregnant mother. I wrote earlier about the [bioethics of high-risk pregnancies](#) pointing out that there can be extreme circumstances where the Principle of Double Effect is applicable to treat a health condition of a pregnant mother without incurring moral fault for the unwanted but foreseen death of her child. This is an indirect abortion. Direct abortion, however, is not health care and can never be ethically justified.

A prime responsibility Catholic health care professionals and hospitals must pursue is the treatment of all patients to the best of their abilities, born and unborn. One must do what is possible to save them both. That is the highest quality of ethical medical care and what patients deserve. Unfortunately, especially in secular contexts, there is often a default tendency to sacrifice the lives of preborn children by abortion when risks are detected for the health or life of the mother. A case that came to the NCBC from California sticks in my mind. The mother was diagnosed with a pregnancy that presented numerous complications. The doctor wanted to schedule a “termination” immediately. When the woman said she would not have an abortion, the doctor did not know what to do. He had no experience helping mothers go through such a high-risk pregnancy.

As the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs) points out, it can be ethical to induce labor after the fetus is viable if there is a proportionate reason to do so (Directive 49). The danger to the life of the baby must be weighed against the danger to the life of the mother and her child from allowing the pregnancy to progress further. The difficult clinical question is how to estimate those risks and the care that needs to be provided to get to the point of fetal viability outside the womb. Risks are an intrinsic part of any health care intervention, but modern medicine in the US tends to place a high priority on avoiding lawsuits rather than on doing what is most ethical.

Since the *Dobbs* Supreme Court decision allowed states to ban abortion, doctors in many states now fear prosecution or lawsuits if they perform an abortion that cannot be shown to have been done to save the life of the mother. Pro-abortion propaganda has been spread in state referenda that abortion is necessary to save the lives of women or that natural miscarriages will be investigated by law enforcement. This is false, and I believe that when maternal mortality statistics are available from states that made abortion illegal after *Dobbs*, they will show that women did not die in greater numbers because abortion was not practiced. Historically, the Republic of Ireland had some of the lowest maternal mortality numbers in the world in the era when abortion was illegal there.

The ethical case against every abortion is very clear. The deliberate killing of the innocent is never justified, even if done to save the life of others. One cannot ethically kill one patient to preserve the life of another. It is also a fact that inducing the birth of a fetus before he or she can live outside the womb is a form of direct abortion. This was in fact the most common technique for aborting children until the modern era, when surgical aspiration or dilation and curettage became the preferred methods. Today, the abortion pill starves the preborn child to death and then labor is induced if necessary.

It is heartbreaking when a preborn baby, his or her mother, or both are at risk. The emotions caused by such a terrible situation can cloud judgment and lead to mistaken ethical decisions. The Church helps us with objective moral guidance on what can and cannot be done. There is no stronger prohibition than the one condemning any form of direct abortion. It is up to our science and skill to save mothers and their preborn children, and when this is just not possible, not to fall into the crime of the unjust killing of the innocent. It is beyond the power of medicine to cure every patient, but the ethical practice of medicine is always possible. The frequent success of the Catholic approach to refuse to simply sacrifice patients should be a shining example of good ethics to the world.

**Joseph Meaney, PhD., KM**