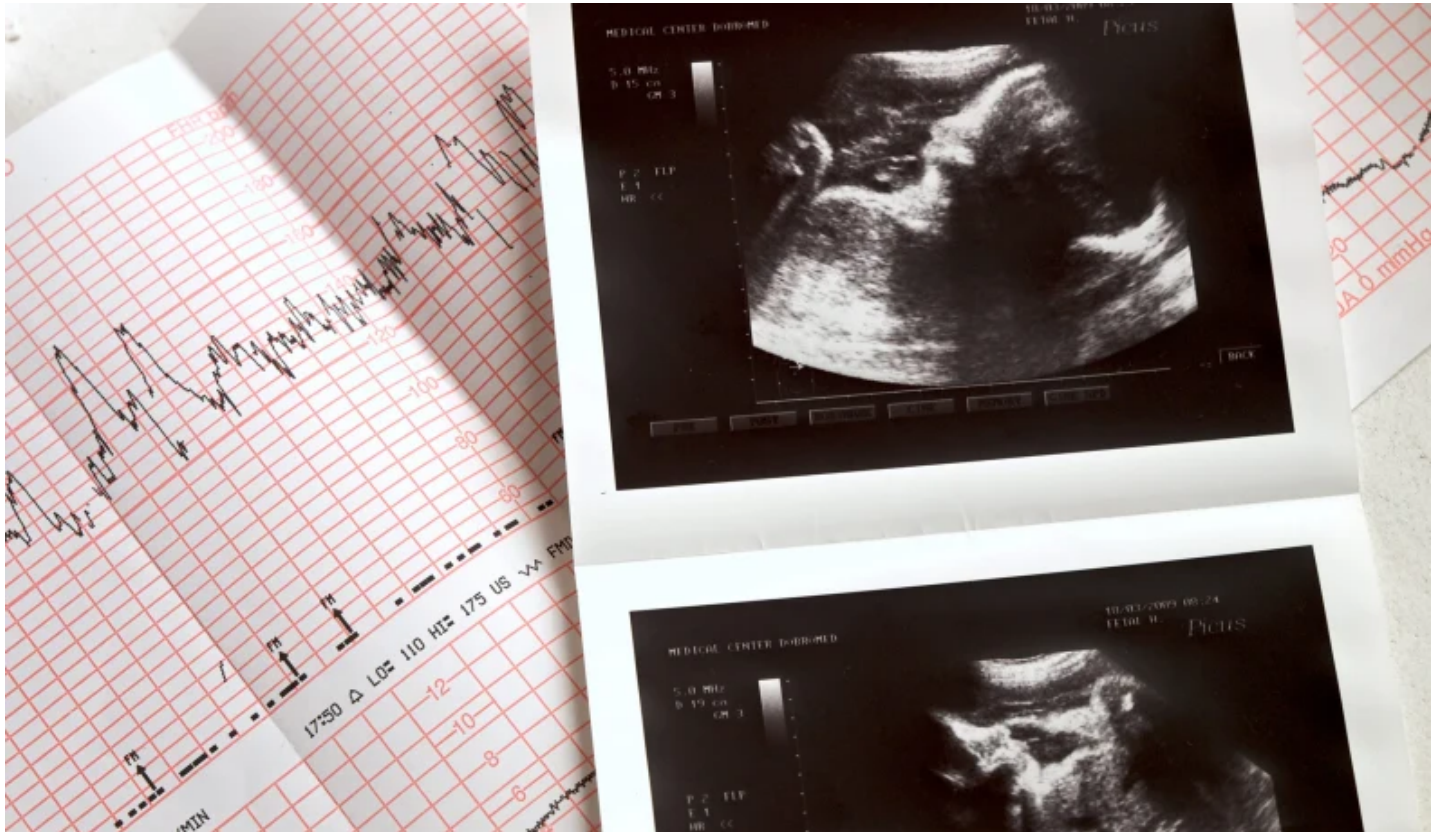


POLITICS & POLICY

The Pro-Abortion Case Is Based on Bad Science

By GRAZIE POZO CHRISTIE | September 21, 2021 6:30 AM



(liseykina/Getty Images)

We've learned a lot in the medical field since *Roe v. Wade*. All of it strengthens the case for life.

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How is our patient?" As a physician specializing in radiology, I'm asked this question all the time. In the case of my pregnant patients, it usually comes after the woman, blooming with life and heavy with child, has left the examining room and I have reviewed the ultrasound images. It's her obstetrician calling, and how glad I am when I am able to say, "Just wonderful. Exactly right for age and very active!"

This very welcome news does not refer to the mother, but to our *other* patient: her little son or daughter.

This is the day-to-day reality of how physicians relate to our youngest patients — those yet to be born. For us, a pregnant patient presents two human persons claiming our protective care and concern: mother *and* child. As the Supreme Court prepares to hear a direct challenge to *Roe v Wade*, the 1973 case that used “science” to deny protection for the fetus before viability, physicians like me are hoping that the Court will take this reality into account. That is why I have **joined** two other woman doctors — a neonatologist and an ob-gyn — in asking the Supreme Court to strike down *Roe* and *Planned Parenthood v. Casey*, allowing Mississippi to ban elective abortions after the 15th week of pregnancy.

We want the justices to know that there have been vast changes in our fields in the decades since *Roe*. We physicians know so much more *about* and can do so much more *for* the unborn babies in our care than we could in 1973. The patient-doctor relationship with our fetal patients has grown and grown, reflecting scientific advances in the areas of **fetal therapeutics**, **fetal imaging**, and our understanding of fetal pain. Our growing knowledge of fetal pain, especially, demands the end of *Roe*, which enshrines the nationwide legality of the breathtaking brutality of second- and third-trimester elective abortion. In short, if *Roe* is based on science, then let it stand or fall today on *modern* science.

At the time of *Roe*, the scientific consensus held that for a fetus to feel pain, her brain cortex had to be developed and connected to peripheral nerves through the spine, and that these pathways were established around 24 weeks’ gestation. Therefore, second-trimester abortion (dilatation and extraction), in which the fetus is dismembered alive with forceps, could not cause the baby suffering. Ethical and moral considerations that would be naturally awakened at the thought of causing even any animal pain when being “put down” could be set aside in the case of the elective termination of a young human. That was then. Now, however, the science presents a drastically different picture, demanding a new judicial response from a compassionate country.

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In the *Journal of Medical Ethics* last year, Doctors Stuart Derbyshire and John Bockmann wrote, “Current neuroscientific evidence supports the possibility of fetal pain before the ‘consensus’ cutoff of 24 weeks.” In fact, Derbyshire and Bockmann conclude that they may experience pain *as early* as twelve weeks.

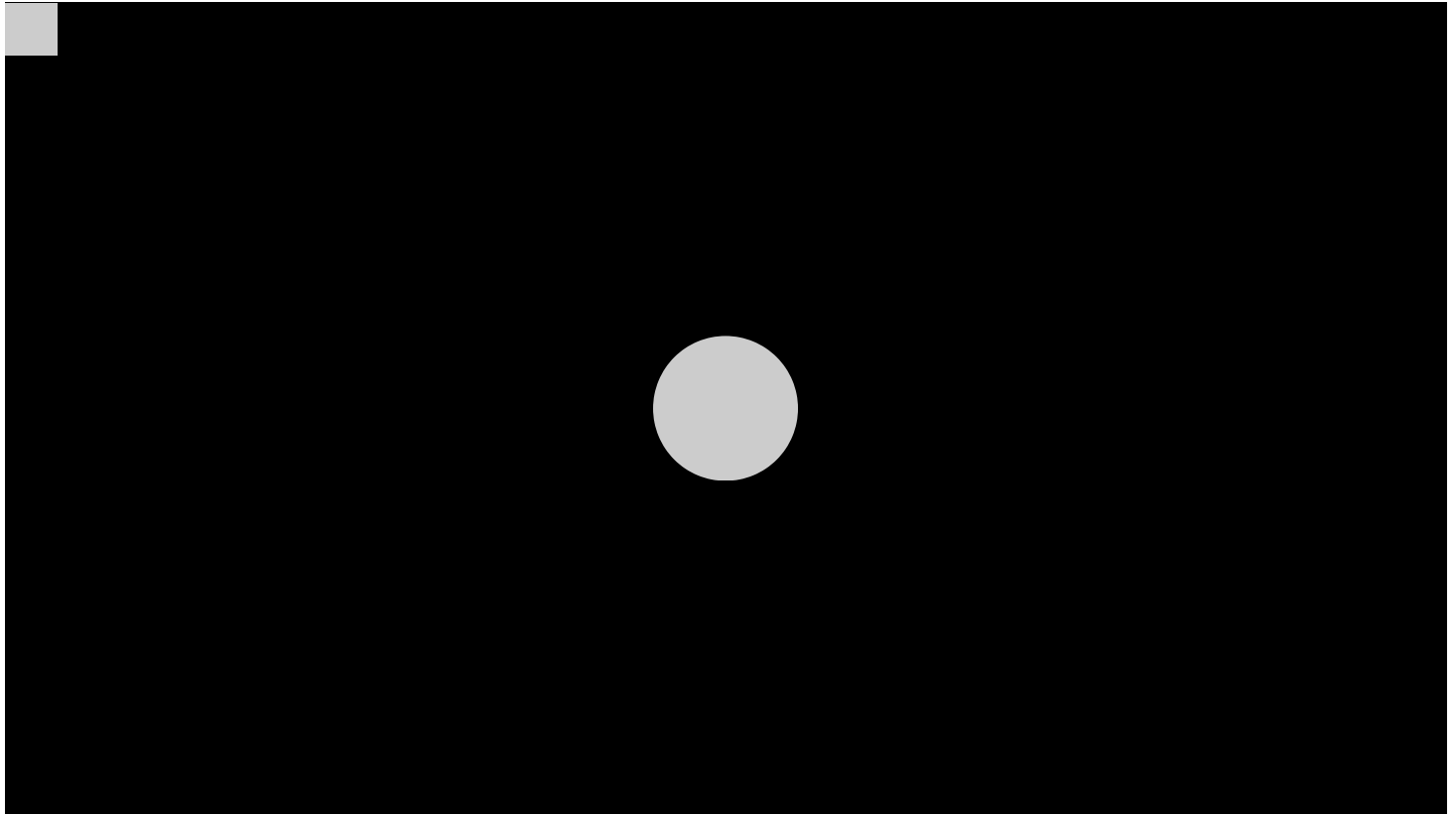
That’s the science from the journals. Clinicians, however, have not waited for the research scientists to reach a consensus on neural pathways and cortical activity in regard to fetal pain. Neonatologists treating premature babies born at 23, 22, or even 21 weeks (something unthought of in 1973 when viability was much later) watch their little patients react with distress to painful stimuli, and they protect them with analgesia and anesthesia just as they do their full-term patients.

Other clinicians who know that babies before the 24th week of gestation feel pain are fetal surgeons. The first successful fetal surgery occurred in 1982, and the field has since exploded. Removing a living unborn child from the womb, operating on him or her, and returning the baby to finish growing inside the mother was also unthought of in 1973. Today during a fetal surgery, a specialist in fetal anesthesia is invariably present to administer a general anesthetic to the baby, as well as a paralytic agent and an opioid. The aim? Preventing unnecessary and gruesome suffering for the fetal patient.

A lot has changed since *Roe* put America in the same class with **North Korea and China** by legalizing second- and third-trimester elective abortion. The undeniable and ever-more plainly visible humanity of the unborn child has since increased our sensitivity to these vulnerable persons’ moral claims on our compassion and respect. Advances in fetal science have made plain just how barbaric and unethical their terminations are. For us as doctors, who establish warm and urgent ties with our fetal patients, who advocate for them, care for them, pray for them, it is crystal clear that *Roe* must pass away and a more humane America be born.



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