

Emergency contraception, abortion and informed consent

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What does it mean when advocates of “emergency contraception” assert to congressional leaders that it “cannot interrupt or disrupt an established pregnancy”?¹ Such a claim involves deception on the part of those who seek to hide the fact that this regimen affects human development after fertilization – something many call abortion. A scientifically objective review of human development separates propaganda from fact.

Some medical definitions on early development

Fertilization—the union of a female's egg and a male's sperm—can occur as early as one hour after sexual intercourse. This union normally takes place in the fallopian tube. An individual's complete and unique genetic information is present upon fertilization.

Conception occurs three to five days later, as the multi-cell conceptus enters into the uterine cavity to implant. In most medical texts, fertilization and conception are defined as distinct events separated by a few days.²

Embryo is the term generally applied about the second week after fertilization.

Beginning of pregnancy – well, that depends on the person and their agenda.

Political agendas spur semantics

Those who advocate abortion on demand realize that moving the definition of pregnancy from fertilization to a point later in development facilitates the acceptance of methods that end what others contend is early human life. As a result, the beginning of life becomes a moving target, semantically adjusted to suit the intent of the lobbyist, politician or political activist.

Depending on who is using the terms and for what purpose, some claim that pregnancy begins at *fertilization*, others claim it begins at *conception*, and still others claim it begins at the *embryo* stage.

Given this political situation, the phrase “established pregnancy” begs the question, “Established in *whose* opinion and *why*?” The answer is especially important in protecting the rights of patients.

¹ From a letter by Planned Parenthood and other organizations dated October 10, 2001 and distributed to members of the U.S. House of Representatives.

² McGaughran AL. Informed consent and emergency contraception. *Am Fam Physician* 2000;62:2219-2221.

Medical research indicates post-fertilization effects of "emergency contraception"

Does so-called "emergency contraception" have a post-fertilization effect? In simple terms, does the "morning-after pill" act to end the development of human life after fertilization?

In reviewing various types of emergency contraception, Wertheimer admits that all is not known about the ways these products work. She includes IUDs, RU-486 (mifepristone), and hormones in her review. While RU-486 clearly affects "established pregnancy," the combinations of hormones currently marketed for use after intercourse are cited as having post-fertilization effects.³

In another recent article, Trussell and Raymond examine this crucial question through an analysis of the medical literature.⁴ The researchers sought to learn about the "mechanism of action" of the hormones when given after intercourse. How do the pills prevent identifiable pregnancies? Is it only by preventing ovulation or by also preventing implantation after fertilization?

The authors conclude that the success of these hormones in preventing a recognizable pregnancy *cannot* be explained solely by preventing ovulation. Using conservative estimates, the study concludes that other mechanisms of action are at work up to 38 percent of the time. These mechanisms include post-fertilization effects—actions that prevent the fertilized egg from developing.

Glasier, in writing about postcoital contraception, demonstrates how medical definitions differ from what many patients might understand: "Any device or drug that acts after implantation is conventionally regarded as an abortifacient rather than a contraceptive."⁵ Few patients understand how the term "contraception" includes any device or drug that works up to the time of implantation – even those devices or drug that kill developing pre-implantation embryos.^{6,7} However, for those who consider life to begin at fertilization, these pills invoke mechanisms that are *abortifacient*. Emergency contraception can end a developing human life.

Implications for informed consent

The time-honored medical ethics principle of *informed consent* demands that patients fully understand the implications of drugs they may take. Regardless of what an assembly of experts define, or fail to define, as the beginning of pregnancy, if a patient retains the

³ Werthemier RE. Emergency postcoital contraception. Am Fam Physician 2000;62:2287-92.

⁴ Trussell J, Raymond EG. Statistical evidence about the mechanism of action of the Yuzpe regimen of emergency contraception. Obstet Gynecol 1999;93:872-6.

⁵ Glasier A. Emergency postcoital contraception. NEJM 1997;337:1058-1064.

⁶ ACOG Committee Opinion. Preembryo Research. 136;April 1994.

⁷ ACOG Technical Bulletin. Hormonal Contraception. 198;October 1994.

moral conviction that life begins at *fertilization*, she must be made aware of information relevant to that conviction.⁸

Given the lack of consensus over when human life begins, it is clearly deceptive to assert, "emergency contraception cannot interrupt or disrupt an established pregnancy." What is really meant is that the pill does not dislodge an implanted egg or a developing embryo. To cover up the pills' lethal action on a fertilized egg is disingenuous and irresponsible.

Physicians must recognize that many of our patients hold the conviction that human life begins at fertilization. Physicians and others caring for these patients must lay their personal interpretations aside and provide these patients with relevant information about the pills' potentially abortifacient mechanisms. Legislators must candidly include such morally relevant information in communicating with their constituents on this issue. Abortion rights activists and other pill promoters must avoid deceptive language that obscures the lethal effects of these drugs on what many believe to be early human life.

The purpose of informed consent is not to protect the personal interpretations of the physician, the rhetoric of the politician or the agenda of the lobbyist, but rather the safety, the rights and the convictions of the *patient*.

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⁸ McLaughran AL. Informed consent and emergency contraception. *Am Fam Physician* 2000;62:2219-2221.