

The Nurse and Abortion

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19

"The nurse doesn't need to be concerned about the rightness or wrongness of abortion. The physician makes the decision and the nurse does what she is told," wrote an obstetrician recently.

"Why should nurses discuss the pros and cons of abortion? It's up to the government and the church to adopt a position, not the nurses," said a maternity nurse who was asked to participate in a debate on the subject.

Although these comments reflect the attitudes of some professional people, there are a number of reasons why the nurse cannot ignore the question of abortion: relatively safe abortion is now a reality; laws are changing to make abortion readily available; increasing numbers of women will seek abortions; and nurses are involved frequently and directly with abortion. As members of a profession, nurses have a responsibility to themselves and to society to examine their attitudes toward abortion. Both personal integrity and standards of professional practice demand that the nurse, because of her education and training, participate in the care of patients only in ways that are therapeutic.

I

Nurses are directly involved with abortion in three principal ways:

1. *Nurses are asked for information and advice.* Studies have shown that women and girls in trouble often turn first to the nurse because she is a woman. Nurses who work in schools, in public health departments, or in health education frequently conduct discussion groups for young girls who are seeking information about sex, contraceptives, abortion, and other problems of life. When she is consulted by a woman who is seeking an

abortion, what should the nurse's position be? She is likely to think: "What would my feelings be if I were the one who was contemplating an abortion, or if it were my sister or daughter? How would I decide what was right?" Certainly the nurse has a responsibility to refer the woman to a competent physician; and when she has the opportunity, she should help the woman consider all aspects of the problem before making a decision.

2. *Nurses may help the physician during the procedure of abortion.* In this case the nurse must decide whether her moral, religious, and ethical beliefs make it possible for her to participate. By participating in the procedure, is the nurse giving approval to a life style that places secular and private convenience above moral considerations? If the nurse decides that abortion is morally wrong, she should find a way to avoid participating in the procedure. Many nurses will take this position because their whole orientation to nursing has emphasized saving life, and they cannot take a part in destroying life.

3. *Nurses give care to women who have had abortions.* At this time the nurse must realize that the patients have come for help, not for moral judgment. The nurse must guard against finding out why the decisions were made and then categorizing patients according to reasons which she can accept and those she cannot. Many patients who are admitted for abortion are sensitive to feelings of rejection; one who feels accepted and understood at this time is likely to find ways of coping with her problem that will result in changes in behavior. At this time the nurse has an unusual opportunity to help the patient toward a better adjustment. Abortion is always a very personal and lonely problem for the patient.

II

The nurse must consider some fundamental moral and ethical questions when she determines her position on abortion. The definition of therapeutic abortion in the past presented little problem. The law allowed abortion only when the physical or mental health of the patient was threatened or when there were special circumstances such as rape and incest. However, states are now adopting liberalized laws that permit interruption of pregnancy for reasons other than to save the life of the woman. Some states have removed virtually all barriers to abortion during the first 20 to 24 weeks of pregnancy, leaving the decision up to the woman and her physician. Although there is still considerable opposition to outright repeal of abortion laws, national opinion appears to be moving in that direction,¹ and the number of women seeking abortion is increasing rapidly.

Is abortion the taking of human life? Perhaps the question is not so much "What is life?" as "At what point does this developing group of cells have being or become a human soul?" Some choose to believe that this event occurs at conception and that the worth of the potential individual cannot be determined by length of gestation or ability to survive independently.² Others believe that it is necessary to include in the definition of human being the ability to reason and to respond in a thinking, human way. Since people may lose their reasoning ability through illness, accident, or old age, however, to suggest that reasoning is a necessary part of the definition of a human being raises a whole new set of questions in which genocide, euthanasia, and infanticide would be justified.

One approach to the question of when the fetus becomes a human being could be based on the Genesis account of the forming of man: "Then the Lord God formed man of dust of the ground, and breathed into his nostrils the breath of life; and man became a living being" (Genesis 2:7 RSV). The fetus is not viable until after 20 weeks of gestation. Its growth and life are fully dependent on its connection with and the function of the placenta. According to the Genesis approach, the infant would become a human being when it has taken its first breath and is able to live apart from the mother.

Should this question be solved by society, by the church, or by the individual? As with many other important issues in life, this question does not have an easy either-or answer. The Seventh-day Adventist nurse, along with others in the church, should not expect that this problem will be settled by an edict from church leaders. The nurse needs to resolve these important questions for herself or she will have difficulty helping the troubled person who seeks an abortion or caring for the patient after the procedure.

There are times when the rights of the parents and those of the developing fetus conflict. Nurses need to examine their beliefs about human life and dignity and to develop an understanding of what it means to "save life." The rights and well-being of both parents and child must be considered. The 1970 Bill of Rights for children and youth clearly states: "Every child must be granted the right to be wanted and born well" and to have "loving and continuous adult care."³ Ellen White gave similar counsel when she stated that parents should not bring children into the world if they cannot be well cared for.⁴ In this case a moral choice must also be made and the question answered: Is it better to allow an unwanted, unloved baby to enter the world to be neglected, possibly to be battered as an infant, and perhaps to grow up a social outcast, or to prevent it from becoming a human being?

III

Nursing organizations are restating their positions in regard to abortion. In 1968 the American Nurses' Association supported a proposal to study and possibly help shape abortion laws.⁵ There is also recognition of individual right and responsibility.⁶ For example, excerpts from a statement made by the California Nurses' Association reads: "The provision of competent nursing care is the major responsibility of the nursing profession; nevertheless, as individuals, licensed nurses hold certain moral, ethical, and religious beliefs and in good conscience may be compelled to refuse involvement with abortions. . . . Further, licensed nurses and others must be familiar with the provisions of the California laws relative to abortions. Although determination of the length of pregnancy is a medical judgment, when the licensed nurse is aware that legal limits have been exceeded, participation is an illegal act on the part of the licensed nurse."⁷

Nurses as individuals are divided in their thinking about abortion. A survey of five hundred nurses conducted by *RN Magazine* shows that a high percentage of nurses are opposed to abortion on demand. On the other hand, many nurses concerned about the problems of women carrying unwanted or malformed babies feel that in many cases abortion is justified.⁸

But no matter what the pros and cons of the issue are, a woman involved in an abortion needs help, and nursing exists because there "are people whose conditions, feelings, and situations give rise to needs that they are currently unable to deal with unaided."⁹ The Christian nurse can show genuine concern and compassion for the woman caught up in circumstances that cause her to choose abortion as the solution to her problem.

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