

# Shoving abortion down doctors' throats



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Time was, even as abortion became widely available, one's beliefs around the morality of the practice were one's own business.

Today, unconditional support for unfettered access to abortion seems to be the litmus test of an individual's or an institution's moral standing within the community.

Resistance can result in a form of politically correct "shunning" reminiscent of totalitarian regimes. We saw it last week in Bloc Québécois leader Gilles Duceppe's reflexive call for the civic ex-communication of a Conservative party candidate on the basis of her affiliation with a pro-life prelature of the Catholic Church.

But the push for moral clarity around publicly funded abortion stubbornly persists: a Dr. Seuss-like cat in

our cultural house that keeps coming back.

This time, it padded back in with Republican vice-presidential candidate Sarah Palin's serene acceptance of her Down syndrome fifth child, Trig, as a "gift."

The image of a politically ascendant woman drawing strength from two allegedly incompatible female traits — soaring personal ambition and reproductive selflessness — challenges the self-righteous certainties of politically correct ideologues, fuming at the marketing implications of Ms. Palin's story.

This was evident last week in a declaration from the notionally disinterested Society of Obstetricians and Gynecologists of Canada. Their executive vice-president, Dr. André Lalonde, worried aloud, with thinly veiled contempt for Ms. Palin, that "[Her decision to carry Trig to term] will have an implication for abortion issues in Canada."

His subsequent disclaimer that, "We offer the woman the choice ... We're coming down to a moral decision and we all know moral decisions are personal decisions," rings hollow.

For if Dr. Lalonde himself

really believes "moral decisions are personal decisions," Ms. Palin would not have been held up for public chastisement.

More consequential hypocrisy was evident in a draft document by the College of Physicians and Surgeons Ontario (CPSO) on physicians' conscientious objection to performing, or even referring for, abortions. The document's thrust — to be voted on this

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week — is to threaten conscientious objectors with aggressive Human Rights Commission retaliation for failure to co-operate with abortion provision.

This is unconscionable, and the Ontario Medical Association, on behalf of its 25,000 members, quite rightly insists the initiative runs counter to the Charter's protection of freedom of religion.

The CPSO document is riddled with logical inconsisten-

cies, as is usually the case with foregone conclusions arrived at through ideology rather than reason. To wit:

■ We have no abortion law; yet, as liberals often boast, virtually no doctor in Ontario will abort a fetus after 22 weeks' gestation. Why, then, should doctors who are rendered squeamish by late pregnancy be spared a moral ordeal, but not those tortured by extinguishing life from conception forward?

■ The CPSO says refusing abortion violates a patient's right to "treatment." Pregnancy is not a medical illness; it is a natural condition. Doctors in other disciplines routinely refuse to give treatment or write prescriptions they judge unnecessary for healthy patients, or to refer them to other doctors who might. Why the double standard for abortion?

■ The CPSO states doctors must set aside personal beliefs to ensure patients get the "medical services they require." Medically speaking, most pregnant women do not "require" abortion. They *want* an abortion. The word "require" is an ideological construct, not a physiological observation.

The greatest irony is the

CPSO statement that, "physicians [must] provide information to patients about all facets of their health care." If that were truly the case, abortion providers would inform their "clients" (what most are in fact) that abortion is linked to elevated risks of pre-term delivery — and multiple abortions to Cerebral Palsy — in future pregnancies, not to mention an elevated risk for future mental dysfunction, including suicide.

But they don't. Again, their ideological commitment to abortion's political symbolism outweighs their professional ethical obligation to ensure "informed consent."

In the end, the almost cultish aura that has been whipped up around the sanctity of abortion by politicians and medical bodies comes down to the morally irrelevant cause of satisfying consumer demand for a service of convenience. Hardly worth the sacrifice of individual freedom of conscience, the litmus test of a true democracy.

Hear that scratching at the door? It's that cat coming back.

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