The article in this issue by Khitamy, Divergent Views on Abortion and the Period of Ensoulment is not only interesting but also thought provoking. The word abortion (abortion is the termination of pregnancy by the removal or expulsion from the uterus of a fetus or embryo prior to viability) is generally used interchangeably for spontaneous miscarriage and induced abortion. The Royal College of Obstetricians and Gynecologists in the UK recommends the term miscarriage for spontaneous abortion. The term abortion most commonly refers to the induced abortion of a human pregnancy.

Badawy has clearly started with arguments from a philosophical point of view. It is worth noting that from a religious standpoint most religions discourage medical termination for any reason other than maternal welfare. According to the Hindu scholar Chandrasekhar, the Hindu scriptures from the Vedic age down to the Smritis (100 BC to 100 AD) called it "bhrunahatya" ("fetus murder") or "farbhatya" ("pregnancy destruction"), and condemned it as a serious sin. According to Vishnu Smriti (c. 100 BC to 100 AD), "The destruction of an embryo is tantamount to the killing of a holy or learned person" as quoted by Chandrasekhar in his book. The Catholic Church opposes abortion because it believes that life is sacred and inviolable. The Church of England combines strong opposition to abortion with the recognition that there can be strictly limited conditions under which it may be morally preferable to any available alternative. The teachings of Buddhists, Jains and even atheists and agnostics do not authorise abortion. The views of Islam are well known and described in Badawy's article. Most of the religions support the view that 'abortion' to save the life of the mother is acceptable.

It would appear therefore that most religions do not support termination of pregnancy. But then how did medical and surgical terminations come into vogue? The abortion act of 1967, which became a law on 28th April 1968 in the UK, defined the acceptable reasons for medical termination of pregnancy. During the twelve years before the act, abortion was the leading cause of maternal mortality in England and Wales. The first Confidential Enquiry into Maternal Deaths in 1952–54 reported 153 deaths from abortion, which was "procured by the woman herself in 58 instances." The terminal event in 50% of illegal cases was sepsis but in 25% it was air embolus from "the injection under pressure of some fluid, nearly always soapy water, into the cervix or into the vagina." This report commented that most of the women were "mothers of families." After 1968, maternal deaths from illegal abortion fell slowly in the UK but did not disappear until 1982. In India, the Shantilal Shah Committee (1964) recommended liberalisation of abortion law in 1966 to reduce maternal morbidity and mortality associated with illegal abortion. On this basis, in 1969, the Medical Termination of Pregnancy bill was introduced in Rajya Sabha and Lok Sabha and passed by the Indian Parliament in August 1971.

This editorial is incomplete without mentioning the famous cases of Roe v. Wade and Doe v. Bolton. In 1973, the Supreme Court in the USA handed down its landmark Roe v. Wade and Doe v. Bolton decisions legalising abortion in all 50 US states during all nine months of pregnancy, for any reason, medical, social, or otherwise. While Roe declares
that the state may proscribe late term abortions in the interest of protecting fetal life after viability, it adds the caveat “except when it is necessary to preserve the life or health of the mother,” which Doe explains is to include not only physical health but mental health, to be understood to include factors such as age, familial status, emotional state, etc.

From the above arguments, it is very obvious that termination of pregnancy is legally available in many countries and it came into effect to save the lives of mothers.11,12

The time of ensoulment is defined differently in various religions, varying from conception to the seventh month. The Islamic view of 134 days (19 weeks + 1 day of conception) is well described by Badawy;1 but the Greeks believed it occurred during birth.12 However the theories of ensoulment and the legalisation of abortion laws do not always concur. Most of the abortion acts support a maximum limit of 24 weeks and thus they address viability, which is physiologically demonstrable, whereas ensoulment is not.

The case of abortion of a fetus with spina bifida, described by Badawy, is one that is allowed legally in many countries where abortion laws exist, but not here in Oman.1 Although many anomalies can be diagnosed in the prenatal period, it is not always easy to quantify the amount of disability and the burden on a family/society that such anomalies will impose.

The decision to terminate a pregnancy will have to be individualised by the clinician within the confines of the law of the country (if such a law exists) and it will always be up to the individual despite religious views.

References