

Legal Liability for Emotional Injury Following Induced Abortion

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The legal liability for personal injury resulting from induced abortion is part of the general malpractice or negligence law of a State. In some States recovery for abortion injury, including emotional injury, has been established by State statute.

Pain and Suffering

Once legal liability has been established for personal injury, the pain and suffering resulting from the injury are part of the damages which may be recovered. Pain and suffering includes the mental anguish accompanying the injury. In the context of malpractice cases resulting in an abortion injury from abortion procedures, a report in *Personal Injury Verdict Reviews* dated September 16, 1985 found that jurors had found for the plaintiffs, i.e. the person alleging the injury, in 67% of cases. These cases involved incomplete or missed abortions, failure to diagnose an ectopic pregnancy, laceration of the uterus or bladder, formation of scar tissue, sexual dysfunction and infertility. The report further stated that *in addition to their physical injuries many plaintiffs sustained severe emotional traumas.* (emphasis added) Compensatory verdicts ranged from \$10,600 to \$608,640 and averaged \$307,373. The verdicts in the cases would include damages for pain and suffering.

Negligent Infliction of Emotional Distress

In addition, virtually all States have recognized that there is legal liability for the negligent infliction of emotional distress. Specific criteria, which may differ from State to State, have been established by which one may successfully assert and prove such a claim. Many States still require some manifest physical injury or require that the party claiming injury be in a "zone of danger" before allowing recovery. Some States, such as New York and California, do not require a physical injury in order to recover for the negligent infliction of emotional distress. The trend in various cases in other States seems to be in the direction of not requiring it at all, or recognizing a minimal physical injury as sufficient. For example, severe pain constitutes a physical injury according to a **North Carolina** court *Ledford vs. Martin*, 87 N.C. App 88,359 SE2d. 505,507 (1987). If severe pain is considered a physical injury, this can be important in recovering for the negligent infliction of emotional distress following abortion, as the woman may have no other physical injury. A physical injury may not be required in order to recover for emotional distress, if there is a breach of an implied contract or consensual relationship between a physician and a patient, which results in the emotional distress. *Taylor vs. Baptist Medical Center* 400 S2d. 369,374 (**Alabama**, 1981) Again, this principle can be very helpful in

recovering for emotional distress from abortion.

The following reported cases illustrate that damages for emotional distress following abortion were allowed

1. when there was negligent counseling, diagnosis or abortion technique which resulted in the injury, or
2. when there was a violation of legal duty owed to a woman who was, or who became pregnant, and which set in motion a reasonably foreseeable chain of events which resulted in an abortion-related injury.

With these criteria, a much wider range of people may be potentially liable for abortion injuries than those who are directly involved in the abortion procedure itself. The cited cases have been placed in certain categories for convenience, but may also fit more than one category.

Interference with Conscience or Religion

An action was brought in **New York** State court by the Plaintiff, Carmen Martinez and her husband Arthur Martinez to recover damages for personal injury based upon medical malpractice. The plaintiff was misinformed by her obstetrician that “massive doses” of a steroid would cause her unborn child to develop a cleft palate and suffer such severe brain damage that it would not be able to breath without machines and would be permanently institutionalized.

The plaintiff was ultimately persuaded, despite her strong religious beliefs to the contrary, to undergo an abortion. Subsequent to the abortion, it was learned that the defendants advice was based upon the erroneous and unverified premise that she had taken 500 milligrams of a steroid 4 times a day over 4 weeks. In fact, the actual dosage was only 0.5 milligram, an amount not likely to harm the unborn child.

At the trial the plaintiff testified, and her psychologist verified that, except under exceptional circumstances, that plaintiff believed abortion is a sin. The plaintiff also testified, that when she discovered that these exceptional circumstances did not exist, that she suffered mental anguish and depression, as she had needlessly committed an act in violation of her deep-seated convictions.

Press reports indicate that, when the plaintiff found out the diagnosis had been incorrect, she felt like a “murderer.” She also said that for 5 years she was in a “state of shock” and could not leave the house. “Not a day goes by that I don’t think of this child,” she said.

The jury found that the abortion was in violation of her firmly held beliefs and returned a \$275,000 verdict in favor of the plaintiff. However, the trial court judge reduced the verdict to \$125,000 for the plaintiff and \$25,000 in favor of plaintiff’s husband.

After a number of appeals, the New York Court of Appeals found that the Defendants had a duty to correctly ascertain the dosage of plaintiff’s medication, and, in the event that the dosage appeared abnormally high, to verify the dosage with the prescribing physician. It was also found:

1. there was a special likelihood of genuine and serious mental distress,
2. that the consequences were foreseeable that it would have a serious psychological impact on the plaintiff, and
3. that the message and the events flowing from it were the proximate cause of the plaintiff’s emotional harm.

The appeals court upheld the verdict, as reduced by the trial court, and ruled that there was sufficient evidence for the plaintiffs to recover for emotional injuries, based on the defendants negligence. *Martinez vs. Long Island Jewish-Hillside Medical Center*, 19 N.Y.S. 2d 53 (A.D. 2 Dept. 1987); 518 N.Y.S. 2d 955 (Ct. App. 1987)

Comments

This is the landmark case recognizing emotional injury without any physical injury in the context of abortion. It was a very difficult case to win, and went through numerous appeals before a final decision was reached. It was difficult because

1. there was no physical injury;
2. the negligence law in New York State did not recognize a cause of action for loss of a child in the context of abortion, stillbirth or miscarriage;
3. it would establish an important precedent, substantially increasing the potential scope of recovery for abortion-related injury.

In allowing recovery for emotional injury, the court relied upon the negligent violation of the plaintiff's conscientiously held religious beliefs that abortion was a sin. The violation of conscience of women who undergo induced abortion is not limited to the facts of this case. Most women who do so, appear to violate their conscience in the process. "Induced Abortion as a Violation of Conscience of the Woman", Association for Interdisciplinary Research Newsletter 8(4): 1-8, Sept./Oct. 1995.

Although the court did not rely on the New York State constitution in arriving at its decision, the rights of conscience and religion are protected under virtually all State constitutions from interference due to government action, and in some instances may protect interference with conscience and religion arising out of private action.

The plaintiff clearly demonstrated that she would not have had the abortion if she had true and accurate information regarding the risk of the drug to her unborn child. For an example of an abortion related case, where the plaintiff sued on a theory of lack of informed consent, but lost as she failed to show that she would not have had the abortion if the risk were known, see *Reynier vs. Delta Women's Clinic* 359 So2d 733 (Louisiana App., 1978)

Missed or Incomplete Abortion

In an **Illinois** case, plaintiff Denise Shirk brought an action for medical malpractice and negligent infliction of emotional distress against the defendant, Judith Kelsey, who performed an incomplete abortion at National Health Care Services in Peoria, Illinois. It was plaintiff's second abortion. After she had the abortion and was in the recovery room, she testified that she experienced a lot of pain, cramping and was crying. She was very upset about the abortion and knew that it was a mistake. A nurse came in and told her she would have to undergo a second suction procedure, because all the tissue had not been removed. The defendant performed a second procedure and afterwards the nurse told the plaintiff there was no chance she could still be pregnant.

After returning home the plaintiff was bleeding heavily, had more severe cramps, unusual clotting and experienced a loss of bladder control. She returned to the defendant who performed a pelvic examination and told her she had a urinary tract infection and prescribed an antibiotic. The defendant did not repeat a pregnancy test or perform an ultrasound. Plaintiff asked the defendant whether she could still be pregnant and the

defendant said that she could not.

Subsequently, after plaintiff's mother determined that she was still pregnant the plaintiff went to the hospital and delivered a baby boy who lived for about 90 minutes. As a result she said, "I've had a lot of nightmares. I wake up nights reliving the baby's birth, the baby's death. I relive having the abortion. I go through a terrible morning (sic) period a month before the baby's death. I'm detached from my husband and my kids for at least a month before and weeks afterward. It puts a lot of strain on my marriage because I'm not really fit to be around." She also testified that she still mourns her son's death every year, and what happened to her was her "worst nightmare," and she felt she was being "repaid" for the two abortions she had undergone.

On appeal, the court held that the defendant was negligent in not repeating the pregnancy test or performing ultrasound and upheld a jury verdict based on negligence for \$300,000, reduced by the jury by 25% for plaintiff's comparative negligence. The appeals court reversed a punitive damage award, because the defendant had not acted willfully or with wanton disregard of the plaintiff's rights. *Shirk vs. Kelsey*, 617 NE2d 152, (Illinois App. 1 Dist. 1993)

Comments

As part of the proof of medical malpractice there was expert medical testimony that, in the Peoria area, a diagnostic ultrasound procedure was a recognized and accepted method to determine whether or not the plaintiff was still pregnant, where scant tissue is found, because it enabled a doctor to rule out an ectopic pregnancy, which can be a life-threatening possibility.

This case is one of the few emotional distress cases where there has been a repeat abortion. The plaintiff's emotional injuries include guilt and grief for both abortions and strain on marital and family life as a result. Various studies have found that emotional and psychological problems increase and marriages are weakened as abortion is repeated.

In a **New York** case, plaintiff Melinda Ferrara presented herself for an abortion at Lincoln Medical Practice, a facility owned by defendant Stanley Bernstein, where about 150 abortions a week were performed. The abortion was performed by Dr. Wyman Garrett, who used the facilities with the approval of the defendant Stanley Bernstein, who was responsible for reviewing the credentials of those who used his facility. The defendant also provided administrative and follow-up services. Dr. Garrett told her he was going to perform the abortion and explained the procedure. After the procedure he did not tell her anything about returning to clinic or the need for any follow-up visits. He did later come into the recovery room, took her blood pressure and asked her how she felt. He told her she might experience some cramps and if they became severe or painful not to take aspirin but Tylenol.

After the plaintiff was getting ready to leave the facility, a nurse in the reception area told her to call and make an appointment for a follow-up visit two weeks later, but did not offer to make an appointment at that time.

One week after her abortion the Lincoln Medical Facility received a pathology report which suggested the possibility that she was still pregnant, but did not advise plaintiff. There was evidence that, if the plaintiff had been advised the abortion had been unsuccessful, she would have undergone a second abortion.

During the week following her abortion, plaintiff called and made an appointment for a follow-up visit two weeks from the date of abortion. However, during the second week after the abortion she felt cramps and took Tylenol.

Plaintiff subsequently rescheduled her appointment, but when her condition worsened she asked her boyfriend to take her immediately to a hospital. While in the hospital she experienced even more cramps and because she felt “pressure” went to the ladies room. While on the toilet, she had a spontaneous miscarriage and delivered a 4 ½-inch fetus, a baby boy, into the toilet. She testified she looked down and saw him hanging from her and started to scream. She was rushed in a wheelchair with the fetus on her lap and still attached to the umbilical cord to an operating room where a doctor delivered the placenta. The doctor held up the fetus and said, “This is a fetus... a baby... it is not just some tissue passed.”

The plaintiff sued the defendant for negligent infliction of emotional distress and alleged she suffered post-traumatic depression, nightmares and sleeplessness. She also became withdrawn and was reluctant to resume intimate sexual relations with men for a substantial period of time. She consulted a psychiatrist who testified at the trial that the plaintiff still suffered from emotional trauma.

The jury returned a verdict of \$315,000 that was reduced by the trial court to \$125,000 representing \$20,000 for pain and suffering and \$105,000 for emotional distress. On appeal the Supreme Court, Appellate Division, held: (1) plaintiff was entitled to an award for physical pain and suffering experienced during the abortion or miscarriage; (2) plaintiff was entitled to damages for emotional distress suffered when she witnessed the miscarriage of her fetus; and proved physical injury distinct from any injuries suffered by the fetus; and (3) the evidence was sufficient in establishing a prima facie case showing that the medical staff, in not advising the plaintiff of the lab report indicating the abortion was unsuccessful, was a substantial cause of events which produced the injury. *Ferrara vs. Bernstein*, 613 NE2d 542 (N.Y. Ct App. 1993)

Comments

Perhaps the most important fact about this case is that the plaintiff faced the stark reality of what she permitted to be done. She could no longer be in denial or be misled by the statements of others.

The case report stated that the nurse had referred to what was in the plaintiff’s uterus as “tissue.” This is a term frequently used by abortion personnel. It was, in fact, false and misleading. The actual fact was that her uterus contained a baby, as described by a doctor in the hospital. Based on fetal growth standards, the crown - heel length of 4 ½ inches would indicate a gestational age of 12 - 13 weeks and a conceptional age of 10 - 11 weeks. A standard of fetal growth for the U.S., WE Brennan et al., *Am. J. Obstet. Gynecol.*, 126: 555, 1976.

Wyman Garrett, the doctor who performed the abortion on the plaintiff, had his medical license to practice revoked by the New Jersey Board of Medical Examiners because the board said he had displayed “a consistent pattern of gross malpractice and negligence and incompetence,” had failed to treat post-abortion complications and had written up “false and inaccurate” medical records. According to the article, Garrett claimed that his problems were the result of professional “burnout”, caused by the stress of performing more than 2600 second-trimester abortions over a period of 4 years. *National Right to Life News*, May 28, 1987, p.4. Thus the plaintiff was only one among many others who was injured by him.

In the case where there is evidence indicating a missed or incomplete abortion, Standards for Abortion Care of the National Abortion Federation require that “there must be an appropriate mechanism for contacting the patient and informing her of the significance of the pathology laboratory’s report.” *Standards for Abortion Care*, National Abortion Federation: Washington D.C. (1987). It appears in this case the defendant did not have such procedures in place, or if he did so, they were inoperable because the plaintiff was not notified of the results of the pathology report.

Negligent Counseling or Diagnosis of Professionals

In a **New York** case the Plaintiff had not had a menstrual period for over 3 months and her home pregnancy tests were negative. Plaintiff consulted with the defendant gynecologist who made a visual examination only, and with no blood or urine analysis, informed the plaintiff that she was not pregnant and prescribed the hormonal drug Provera without explaining any of the attendant risks. Plaintiff had the prescription filled and became aware from the warning label that the drug posed a serious risk of producing congenital defects in the child if taken early in pregnancy. Relying on the defendant's advice that she was not pregnant, the plaintiff took the drug as prescribed.

When the menstruation did not occur, the plaintiff consulted another gynecologist who ascertained from lab tests that plaintiff was pregnant, and cautioned plaintiff about the potentially harmful effects of the drug on a fetus in early stages of development. Fearing that these harmful effects had occurred, the plaintiff had an abortion.

Plaintiff then brought a malpractice action, alleging that the defendant was negligent in diagnosing her as not pregnant, and prescribing a drug without warning of its inherent risks. Plaintiff further alleged that the defendant's negligence forced her to risk having a congenitally defective child or submit to abortion in violation of her personal, moral and religious convictions. The defendant argued that it was the abortion itself that was the superseding cause of the plaintiff's emotional distress, not the defendant's conduct.

The Court of Appeals, in reversing a lower court, ruled that the plaintiff had stated a viable malpractice action, not based upon injury inflicted on the fetus, and that the choice to have an abortion, was not, as a matter of law, a superseding cause. *Lynch vs. Bay Ridge Ob/Gyn Associates*, 72 NY2d 632, 532NE2d 1239 (Ct App 1988)

Comments

In a similar 1990 Ohio case, the defendant doctor had prescribed the drug Provera to induce the plaintiff's menses. When the plaintiff realized she was pregnant, the defendant advised her to get an abortion, because of the possible damage to the fetus. The plaintiff did so and suffered psychological trauma as a result. The jury returned a \$65,000 verdict for the plaintiff, based on the defendant's negligence in failing to perform a conclusive pregnancy test and for prescribing a drug harmful to her fetus. *Gum vs. Golshahl M.D., Summit Co., Ohio* (1990)

In a **California** case, the plaintiff, while driving, was struck in the rear end by the defendant's automobile and sustained minor injuries. The Defendant admitted liability. The plaintiff received x-rays from a chiropractor. She later discovered she was pregnant and had an abortion on the advice of the chiropractor. The plaintiff sued the defendant and contended that the defendant was responsible for the emotional distress as a result of the abortion. The defendant filed a cross-complaint against the chiropractor for negligently advising plaintiff to have an abortion. The plaintiff was awarded \$37,075 against the defendant. The defendant recovered \$10,538 from the chiropractor on the cross-complaint. *Cozzitorto vs. Andrews, Sacramento Co., California* (1989)

Comments

In a similar 1988 **Pennsylvania** case a woman had also been struck from the rear, by defendant's auto. She suffered multiple back strains as a result and underwent an abortion. The case was settled for \$75,000 despite the defendant's claim the abortion was unnecessary and that she had failed to properly inform her doctor about her pregnancy prior to treatment for other injuries.

In a **Kentucky** case, the plaintiff, a patient of the doctor, sued the doctor for physical and mental pain and suffering, when she decided to terminate her pregnancy by abortion, after the doctor had exposed her to diagnostic x-rays while she was pregnant, without testing for pregnancy. The plaintiff had seen various articles, which stated that x-rays administered to a pregnant woman could injure the fetus she was carrying. She also consulted her pediatrician who stated that abortion was “medically indicated,” but refused to advise her whether or not to have an abortion. She discussed the situation with her priest and her family.

At trial, the defendant introduced expert testimony that said that the amount of diagnostic radiation administered did not warrant a therapeutic abortion. The jury found that the doctor had been negligent, but that the negligence was not a substantial factor in causing the injury, and therefore the trial court dismissed the plaintiff’s claim. On review, the Kentucky Supreme Court reversed, and held that: (1) the doctor’s negligence was the legal cause of the patient’s injury; (2) the act of exposing the woman to x-rays was sufficient physical contact to support a claim for mental suffering. The court then remanded the case to the trial court for a retrial, only on the amount of damages, which they stated should not exceed \$250,000. *Deutsch vs. Shein*, 597 SW2d 141 (KY 1980)

Comments

This abortion could have perhaps been prevented if the plaintiff had been provided with some accurate, timely and precise information on the exact amount of radiation she received and its effect, if any, on her unborn child. It appears that the defendant doctor or the plaintiff’s pediatrician could have done that. A recent article provides a number of examples where medical professionals suggest abortion, whenever there is a question of risk to the mother or unborn child, without really being familiar with medical literature on the subject. “Medicalizing Abortion Decisions”, Thomas Goodwin, *First Things*, No. 61, March, 1996, pp. 33-36

Abortions Without Consent

Plaintiff, Colista Gemmel, went to the defendant Joel Lebed for a gynecological case. She told the defendant she thought she was pregnant, but the defendant failed to give her a pregnancy test. He scraped her uterus to remove benign polyps, and, without telling her, aborted her 12-week-old unborn child. Three months later she learned she had been pregnant, when another doctor who had examined the pathology reports on the tissue, asked her: “Why did you have that done when you were pregnant?”

Plaintiff instituted a suit for medical malpractice against the defendant in a Pennsylvania court. “The woman was totally devastated,” said her lawyer. The plaintiff’s husband also died within a year of the abortion. At the time of trial, the plaintiff was 45 years of age and had had the abortion 7 years earlier. A psychiatrist testified at the trial that she would suffer from “obsessive ruminations” about the child “for the rest of her life.” A jury awarded the plaintiff the sum of \$1 million dollars. *Colista Gemmel v. Joel Lebed, M.D.* Common Pleas Court, Philadelphia, PA, October, 1986

Comments

Among the cases examined, this is the largest jury verdict. Among the probable reasons is the fact that the plaintiff’s psychiatrist testified that she would suffer the effects of the loss of her child the rest of her life.

In another **Pennsylvania** case, the plaintiff was in the fifth month of her pregnancy and consulted a doctor who advised her to go to the emergency room of a hospital. At the hospital another doctor diagnosed that a

miscarriage was inevitable and began a drug-inducing abortion, against the wishes of the plaintiff. The doctor then left the hospital leaving an intern in charge. The intern's subsequent treatment resulted in some fetal parts not being removed. The intern consulted the doctor by phone for further instructions. Several hours later, the remaining fetal parts, including the child's head, were aborted on the plaintiff's bed and were seen by the plaintiff. The jury verdict for the plaintiff's emotional distress was \$114,000. *Wright vs. Germantown Hospital*, Common Pleas Court, Philadelphia, PA (1992)

In a **Texas** case the plaintiff, a minor, suffered severe emotional distress after she underwent an abortion performed by the defendant doctor. The plaintiff claimed the defendant failed to get proper consent before performing the abortion. The defendant contended that the parental consent code was unconstitutional and that any emotional distress was caused by the plaintiff's relationship with one of her high school teachers and the football coach. A verdict of \$20,000 for the plaintiff was returned. *Clement vs. Riston, M.D., Jefferson Co., Texas* (1990)

Comments

This plaintiff is at risk for long term emotional injury. Women, who have had abortions as teenagers, are more likely than other women to later join such groups as Women Exploited by Abortion, participate in post-abortion support groups, report stress, or attempt suicide. They are also more likely to lose their sense of innocence and idealism after a traumatic event.

Mistakes of Fact

In a **Federal** case a suit was allowed under the Federal Tort Claims Act where a woman member of the U.S. army donated blood at a blood drive at a military hospital and was informed she had HIV virus. She was also told the baby would be born with AIDS. Based on that information she had an abortion. A later test (misfiled) showed she did not have HIV. She was permitted to sue because the activity, i.e. blood donation was a civilian activity, not a military one. *Johnson vs. United States*, 810 F.Supp. 7 (D.D.C. 1993)

In a 1990 **California** case the plaintiff was sexually assaulted and brought a suit for negligent security against the defendant. Shortly after the rape the plaintiff recognized that she was pregnant and thinking that it was the result of the rape, obtained an abortion. Later she found out that her husband had fathered the unborn child. Her resulting emotional distress required ongoing psychiatric counseling. The husband claimed loss of consortium. The case was settled in 1990 for \$115,775 including the husband's loss of consortium.

In a 1987 **California** case the defendants performed an abortion on plaintiff when she was not in fact pregnant. She claimed the information caused her psychic trauma and that she was negligently treated and the pregnancy tests were misread. A jury returned a verdict for plaintiff for \$15,000. *Pardini vs. Trent, M.D., and Mendocino Coast District Hospital, Mendocino Co., California* (1987)

Intentional Infliction of Emotional Distress

In an Illinois case the plaintiff alleged that she sought medical treatment from defendant, regarding a tumorous growth in her mouth. The defendant urgently and repeatedly recommended that she submit to unnecessary treatment, i.e. the surgical removal of significant portions of her head's internal structure and tissues, as well as the abortion of her 5 ½ month old unborn child. He repeatedly told her, even after termination of their relationship, that if she failed to undergo these procedures, her cancer would spread rapidly. Plaintiff brought

an action against defendant for intentional infliction of emotional distress. The court ruled that the complaint had stated a cause of action, although yet unproven and returned the case to the trial court. Wall vs. Pecaro, 561 NE2d 1084 (Ill App 1 Dist 1991)

Comments

In order to establish legal liability for the intentional infliction of emotional distress it must be demonstrated that the defendant acted willfully, or with such gross negligence as to be in wanton disregard of the rights of others.

There is medical evidence that the abortion was unnecessary. There are methods of administering chemotherapy to a pregnant woman that will not result in risk to her unborn child. One also wonders why a tumorous growth in the mouth, which appears to be localized, requires the destruction of a child in the womb, particularly where the child would be born in 2 - 3 months anyway?

Repeatedly urging abortion as an unnecessary “medical treatment” has arisen in other situations, particularly with minor girls. For example, a Planned Parenthood clinic in **Indiana** was reported to be repeatedly contacting a minor girl several times a day urging abortion and finally arranged for an out of state abortion despite the strong objections of the girl’s mother. National Right to Life News, July 30, 1987, p.5.

Conclusion

The cases demonstrated that emotional distress existed when the woman felt coerced, compromised or fearful to a significant degree and underwent an abortion. These circumstances ranged from abortions being performed totally against her will to abortions being performed because of back sprain. Coerced abortion is a known risk factor for emotional and psychological problems following abortion and the cases confirm it. Also, in some cases, the abortion occurred for a suspected genetic reason, i.e. fetal anomaly. This is also a known risk factor for emotional injury following abortion. In two cases, women were traumatized when they saw the intact body or parts of their aborted child.

Disregard or indifference to the life or health of the child in the womb is not limited to abortionists. In a number of cases there appeared to be almost total disregard for the life or health of the unborn child by medical professionals. The idealism found in the medical profession that the fetus is another patient or that a physician should do no harm was simply not put into practice.

The role of trial judges in reducing some of the jury verdicts, which did not appear to be excessive, is also troubling. Jury verdicts, if they are the result of passion or prejudice, should be set aside or reduced. However, the judges should not impose their own passion or prejudice in the process. This is particularly difficult when the subject is abortion.

As the cases indicate, there is no particular type or kind of mental anguish or emotional distress required for liability, provided it is related to the abortion injury. A licensed psychiatrist or psychologist, knowledgeable about abortion-related emotional injury, is probably required as an expert witness.

Many lawyers lack knowledge about the nature and extent of abortion-related emotional injury. A knowledge of the subject will improve the client interview process, aid in the proper selection of an expert witness, improve the presentation of the case in court, and should result in larger jury verdicts or settlements.