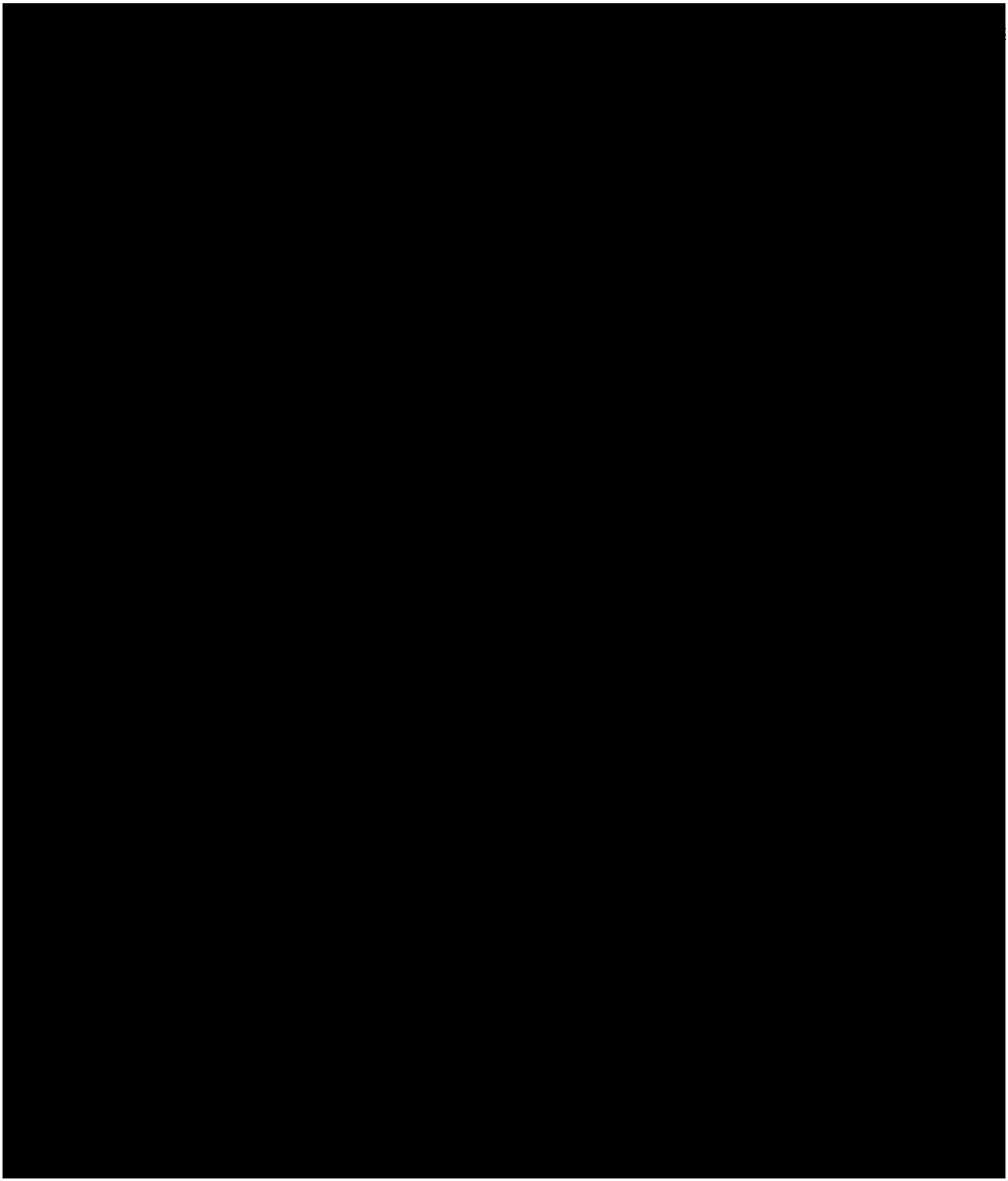


The "trust women" movement would focus on something unquantifiable and inviolable within each woman: her deep, internal knowledge of her own life and body.
Photo: JGI/Jamie Grill, Getty Images/Blend Images

Recently a young woman, 16 weeks pregnant, came to me asking for help. "Please, doctor, you have to save my baby."

Carmen had come to our clinic the day before seeking a surgical abortion. She had been counseled and had signed the appropriate consents. A colleague working that day had reviewed the case with me by phone. She then placed mechanical dilators to soften and open Carmen's cervix overnight, and instructed her to return the next morning to complete the procedure.

Instead, Carmen showed up that morning asking me to "reverse" her abortion.

My colleagues and I hear all kinds of reasons from patients seeking abortion "reversal":

•A husband or boyfriend urged her to have an abortion she didn't want.

•A husband or boyfriend persuaded her to keep the baby.

•Someone told her abortion was wrong.

•A pregnancy crisis center advised it wasn't too late to change her mind.

•She thought about it long and hard, and came to her own conclusion that abortion isn't right for her.

Many expect requests for reversal to become more common. We in the pro-choice movement know antiabortion groups are increasingly targeting women undergoing medication abortion (in which the patient takes one medication in the clinic that blocks critical pregnancy hormones, and a second medication one to two days later, at home, to induce miscarriage). They catch the women as they leave the clinic, telling them about an antidote to the pill they've just swallowed. One prominent website capitalizes on language that has traditionally belonged to our side of the debate: "It is your choice to change your mind."

But to "reverse" any abortion once it's begun is not a simple — or necessarily safe — proposition.

To be clear, we are not talking about restoring pregnancy after an abortion is complete (a biological impossibility), but rather interrupting certain two-step abortion protocols. Such practices (including medication abortion "antidotes") are experimental. Because ethical and practical limitations preclude controlled studies of these situations, we have very little data to give women on rates of live births or complications after an interrupted abortion.

The best we can do is extrapolate from similar, serious conditions in desired pregnancies, such as cervical incompetence (where the cervix starts to open prematurely), preterm rupture of membranes, and endometritis (inflammation of the lining of the uterus). Given that Carmen's cervix had been dilated for nearly 24 hours, I felt that what she was asking me to do was unlikely to end well, and I told her so.

"That's OK," she said. "At least I'll know I tried."

We in the pro-choice movement must decide how we will respond.

To fall back on the argument that we don't have enough scientific evidence on reversal methods is a

cop-out. Eventually, even if only through retrospective case studies, we will learn more about the safety and efficacy of these options. At that point, if certain protocols prove to be safe for mother and fetus, patients will be left with two morally equivalent choices: the choice to have an abortion and the choice to try to reverse it.

To keep women at the center of our movement, we must find an ethical and responsible way to care for them, to support their decisions and to stand by our cause. I believe the answer lies in reframing the movement and its values. That is, to move away from the language of "choice" and toward a language of "trust."

The "trust women" movement would focus on something unquantifiable and inviolable within each woman: her deep, internal knowledge of her own life and body.

Putting such an intangible notion at the center of our movement will make many clinicians and activists uncomfortable. They will ask how we are to achieve trust in an environment where ideology is constantly being used to undermine medical expertise and evidence. In particular, how are we to trust women like Carmen, who change their minds overnight, putting themselves and their fetus at risk?

Certainly, the goal of ensuring that each woman's decision is uncoerced — and final — must remain at the center of abortion care. But these decisions are complicated, especially for pregnant women, who face an onslaught of messages from all sides that they are not to be trusted with their own bodies.

When I trust the woman in front of me, I allow that many factors and opinions are influencing her. I believe that she is capable of sorting through it all and making her decision, even if it is not the decision I would make for her.

After our conversation, I concluded that Carmen had been sure of her decision to have an abortion yesterday, and she was sure of the opposite today. My job was to support her decision, safely.

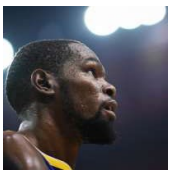
After having her sign yet another consent form, I carefully removed the dilators from Carmen's cervix, wrote a detailed letter to her regular obstetrician, and sent her home.

"Thank you, Doctor," she said, with tears in her eyes. "Thank you for saving my baby."

I never believed I was saving Carmen's baby. I believe she will experience a preterm delivery of a nonviable fetus or severely disabled infant. I made it clear that this was what I expected and feared for her. But in the face of my expert advice and scary-sounding consent forms, Carmen stuck with her

decision. And I trusted her.

Christine Henneberg is a physician in California. To comment, submit your letter to the editor at SFChronicle.com/letters.



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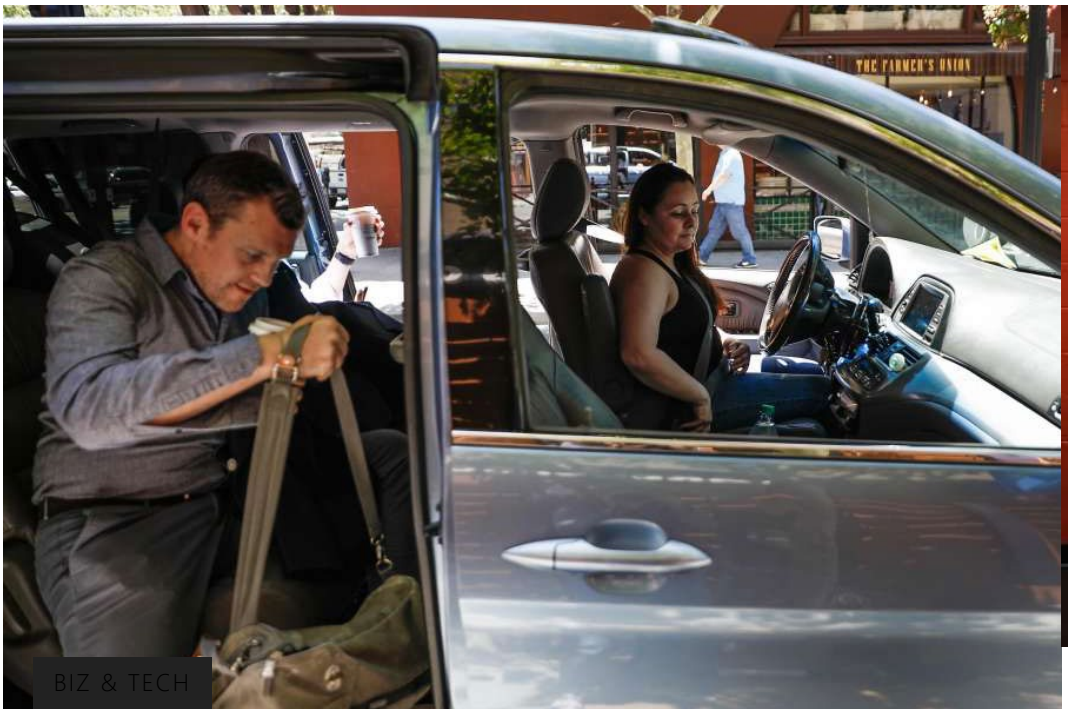

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