



ABORTIONS

MONA SALEH · SEPTEMBER 17, 2017

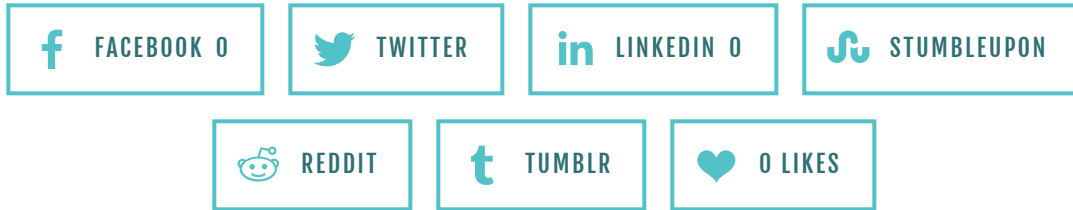
I've always been an advocate for a woman's right to choose to terminate a pregnancy, but there is a distinct difference in being someone who believes in this versus being the physician who performs the procedure. It is easy to support something passively, but a different mindset is required to be an active (or the main) participant in this process. So the first abortion in which I took part was not too difficult to make peace with; there was some type of fetal tissue in this patient's uterus, but her pregnancy hormone levels were far too low for one to say this was a normal pregnancy. The pregnancy had already begun to pass spontaneously by the time we performed her abortion. I felt uniquely fulfilled after that case. I always knew performing abortions would be fulfilling, but I was so deeply at peace with myself and what we had facilitated that day. The next abortion was a bit more advanced. This was a woman who experienced an intrauterine fetal demise due to infection and was fairly far along in her second trimester. This was a very desired pregnancy, and she was devastated at the loss. This, again, was an easy thing for me to make peace with because the fetus had already died inside her, and we were doing her a medical service by removing the products of conception that were not passing spontaneously.

All of these abortions were easy to make my mental peace with; the women were simply unlucky. They desired these pregnancies, but it just didn't go as planned. Who wouldn't want to help them? I felt happy and thankful that we live in a state where these are routine, legal medical procedures.

Finally—and I knew this was coming—it came time for me to assist in an elective abortion on a fetus who had Down syndrome. In reading her chart, the woman clearly desired the abortion only because the baby had Down syndrome. This is a common occurrence; the vast majority of women who receive a prenatal diagnosis of Down syndrome will elect to terminate that pregnancy. The reason I make particular note of this situation is because my little brother (who doubles as my own personal sunshine) has Down syndrome. He's 22 years old and works in an office for people with disabilities. He is lovely and cute.

I was nervous about meeting this woman, and I was worried that I wouldn't be able to sympathize or empathize with her. I met her, vulnerable in her hospital gown. She was nice, educated, and nervous about her procedure. What sticks with me is how, when she was on the operating table, all strapped in and waiting to be put under anesthesia, the staff (as part of their safety check) asked her what procedure was going to be performed today. She yelled out, "AN ABORTION!" She clearly didn't know how loudly she was speaking, but all her vulnerabilities rang through in that word. I finally began to see this woman as my own mother, who would very likely have gotten an abortion if she knew my brother would have Down syndrome before he was born. Because all of my patients are women, I always try to find that

little nugget of each patient that reminds me of my mother, whether it's her nervousness, her kind and trusting nature, her status as an immigrant to this country, her imperfect English, or just that warmth that so many mothers have. When I can see a patient as my mother, it's a done deal—I'm going to advocate for that patient like I would advocate for my mother. When the woman on the operating table became my mother on the operating table, I could not decline participating in her care just because the reason for her abortion made me a little bit sad. I aided in performing her abortion. And I felt fine. I still felt fulfilled, and I still felt happy. This woman has the right to choose, and I am proud to have the duty to facilitate this choice. And I have the right to go home and hug my brother endlessly and assure him he is still the most special person in the world to me. And that is how I make peace with this.



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