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## The Hardest Abortion I've Ever Had to Perform

LIFE, DEATH, & THE GOP

'It's my job to keep you from getting sick.' I said. 'This is the safest way we have now.'

Chavi Eve Karkowsky Updated Apr. 13, 2017 4:05PM ET
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Photo Illustration by The Daily Beast

A story for Donald Trump, and all the other Republicans who have <u>ideas about</u> <u>somehow punishing women</u>

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offer her an <u>abortion</u> right away. She came in at 19 weeks, and it was immediately apparent that her water had broken.

I didn't offer her an abortion, then. I did tell her that she was likely to deliver within the next few days; that her chances of getting to a gestational age-23 weeks, 24 weeks—where she could have a live baby that would make out of the NICU were slim to none; and her chances of getting to a gestational age, weeks past that, where she would have a healthy child were slimmer to none. It's possible that her boyfriend cried. It's possible that we cried together.

And then what I did next was very similar to offering her an abortion. Because I was her doctor, because it was my job to take care of her, I reviewed the scientific evidence for her, I reviewed the risks—the

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get into her body through her

uterus, now defenseless.

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Once there, it can make her sick very fast, and won't get better until the uterus is empty. I told her since waiting was unlikely to help the pregnancy survive, the safest thing would be to induce her labor and end her pregnancy.

"It's my job to keep you from getting sick." I said. "This is the safest way we have now."

What I offered her, then, was an induction of labor. No metal tools; no operating room; no terrifying instruments. But I offered her an induction at a gestational age at which the fetus cannot survive, because it is so early.

So really, isn't this an abortion? Should we talk about punishing her, now? Or perhaps just me? Which one of us should go to jail?

At the time, she refused. She

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couldn't really believe this was happening. OK, I said. We'll hold on for right now.

We kept her in the hospital; we started some antibiotics in the hope of buying her some time. And then what happens in most cases happened to her five days later: She spiked a fever; first she was 101, then she was 102. Too early, still too early. The patient was trembling in the bed, her heart rate was fast. She was getting sicker, critically ill, despite the enormous amounts of antibiotic being pumped into her body. And I was getting scared. "This has been the worst week of your life," I said. "But it's my job to keep it from getting even more terrible."

I told her we really didn't have a choice at this point. The pregnancy was infected, and unlikely to last long, and she was becoming critically ill. Patients like her have

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tills live days before.

I counseled her that we needed to start the induction; shivering, trembling, in the bed, she agreed. I ordered the medicine to start her induction; I went to place the medicine to begin her induction.

She agreed to the induction. I started the induction.

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When I did the exam to place the medication, the patient was already several centimeters dilated. I put the medication away. Her body JOIN
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The patient ended up getting sicker and sicker and ended up in the ICU, so very sick because of those five days we had waited, letting the bacteria grow.

Two days later, she started to get better. Six days after that, she is going home—not pregnant, still needing antibiotics for weeks to come—but safe.

Who are we going to punish, today? Is it her, or is it me?

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