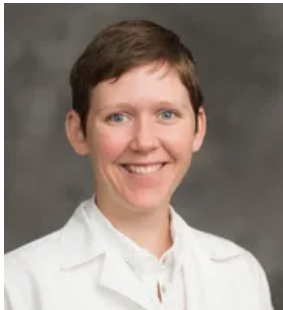


OPINION

Crissman and Owens: Abortion restrictions will harm women's health care and damage lives

Lauren Owens & Halley Crissman, guest writers Published 2:31 p.m. ET Sept. 19, 2019 | Updated 2:55 p.m. ET Sept. 19, 2019



Halley Crissman (Photo: Courtesy photo)

As obstetrician-gynecologists, we care for Michigan women during some of the most important times in their lives. We perform surgeries, offer prenatal care, attend births and provide abortion care.

In our years as physicians, we have seen health care access improve lives, and we've seen restrictions on health care harm women.

This summer, canvassers are collecting signatures for two initiatives that would nearly eliminate access to safe abortion care in Michigan. As physicians dedicated to caring for Michigan women, we are deeply concerned about the impact these initiatives would have on health care in Michigan.

We feel it's important that Michiganders understand what these measures really mean for Michigan women and their families.

One of the initiatives would ban abortion after "cardiac activity is detected," as early as six weeks after a missed period. This means a woman with a positive home pregnancy test whose period is a few weeks late would already have missed the window to access abortion care.



Lauren Owen (Photo: Courtesy photo)

The second initiative relies on non-medical terms to describe and ban dilation and evacuation (D&E). While most abortions occur in the first trimester, when a second trimester abortion is needed, D&E procedures are the safest option.

Many people are surprised to learn that just a few decades ago, abortion was illegal and as a result many women lost their fertility – and lives – in botched or self-induced procedures.

Today, abortion is one of the safest procedures in medicine. Access to safe abortion has saved countless lives. These proposed ballot measures might seem reasonable at first glance, but they would turn back the clock and have serious consequences for Michigan women.

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Abortion care forces us to consider some of the most difficult questions in medicine and life. Faced with these uncomfortable questions, many have sought to impose one-size-fits-all restrictions on abortion care.

As caregivers, we are reminded every day that no two people or pregnancies are the same. Initiatives like these lack compassion for the extremely complex and unexpected situations women and their families may face during pregnancy. For example, both initiatives lack exceptions for rape, incest, challenging medical conditions or severe fetal diagnoses.

One in four women utilizes abortion care. These women come from all walks of life –they are our family, friends, neighbors and coworkers. Many are already mothers caring for young children, and others feel that they aren't yet ready to become mothers.

Each woman faces her own complex circumstances that lead her to end her pregnancy – a decision she should make together with loved ones and physicians based on medical evidence and the unique circumstances of her life and health.

As physicians, we believe it is our duty to help our fellow Michiganders understand the dangers these measures pose to women's health. We know from our years of experience and from history that the people who will suffer most from these measures are Michigan women – the 15-year-old forced to continue her pregnancy, the survivor of rape barred from access to abortion care, the parents desperate for a child who face serious pregnancy complications and cannot access a safe D&E.

In these difficult life moments, women and their loved ones need safe and legal access to quality, compassionate, informed health care so they can make the best decisions about their health care and their lives. These measures will get in the way, making already difficult situations much worse.

When asked to sign these initiatives, we urge you to consider the complex situations Michigan women and their families sometimes face related to pregnancy. Please decline to sign these petitions.

Lauren Owens, MD, MPH and Halley Crissman, MD, MPH

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