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## Dr. Timothy RB Johnson: How abortion crackdown risks more lives - Detroit Free Press

In 1972, a visionary physician I knew named J. Robert Willson was one of 100 obstetricians and gynecologists who recognized that the coming legalization of abortion would pose a major challenge to U.S. society.

They signed a groundbreaking Statement on Abortion in the respected American Journal of Obstetrics and Gynecology, warning of "an imminent problem of rather staggering proportions" and calling on their peers nationwide to take action right away.

They were both right and wrong about what was coming. They thought the issue would be one of hospital capacity in beds, space and supplies, because they predicted, correctly, that the 1973 legalization would lead women to request about a million legal abortions per year, 1 in every 4 pregnancies. U.S. hospitals would be able to handle that demand "with careful planning, conscientious effort and modern techniques," they wrote, because "the requisite space will soon be freed by the lessened number of septic abortions and puerperal (post-abortion) cases."

In other words, they thought safe and legal abortions would prevent many of the unsafe abortion attempts that were then filling hospital beds with desperately wounded and dying women. They were right about that. The number of abortion attempts did not change – it was and is 1 in every 4 pregnancies – but the U.S. maternal mortality rate has declined from 20 deaths for every 100,000 live births in 1972 to half that now.

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Where those physicians were wrong was in thinking legal abortion would be universally welcomed as the public health benefit that it is. Instead, ideological backlash now threatens to overwhelm medicine's historic and critical concern for women's health.

That is why, 40 years later, I have followed the example of my mentor and role model, Dr. Willson, and signed a second Statement on Abortion that will soon also be published in the American Journal of Obstetrics and Gynecologists. Dr. Willson died in 1993, but I know he would have signed the new statement again.

"We have had 40 years of medical progress but have witnessed political regression that the 100 professors did not anticipate," the new statement says. "Forty years later, the change is not liberal. Its effects will threaten, not improve, women's health and already obstruct physicians' evidence-based and patient-centered practices."

Waiting periods that can endanger women are now law in 26 states. In addition, "laws in 27 states force physicians to provide deceptive counseling," our statement says. "Many hospitals enforce fetal and maternal health restrictions that are not based in the law." As one result, 90% of abortions are now done in private facilities, not hospitals. "In our view, hospitals have disregarded the responsibility that our academic predecessors expected them to assume."

Such erosion of abortion rights is continuing daily, and it is extremely alarming. History shows conclusively that when abortion is made illegal, women do not have more babies; they simply seek unsafe abortions. In Romania, for example, abortion was legal from 1959 to 1966 and illegal until 1990, when it was legalized again. During the illegal period, which included a government campaign to promote childbearing, the number of babies born rose only slightly. The number of abortion attempts did not change much, despite being illegal. But maternal deaths and reproductive morbidities skyrocketed — more than 9,000 in that 30-year period.

That is the grim result that ideologues ignore in demanding an abortion ban: It will not reduce the number of abortion attempts, but it will kill many more women. I have seen it in my own practice here and abroad. I have trained obstetrician-gynecologists in Ghana for 30 years in a model program that has saved the lives of many women there. For 20 years, I have taught an undergraduate reproductive health course at the University of Michigan, imparting the hard facts of abortion demand and supply.

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Our responsibility as physicians is to teach all methods of contraception and abortion; to provide evidence-based information to all patients and legislators; to insist that our hospitals admit abortion patients, and to ensure that all methods of contraception are widely available in order to reduce the need for abortion.

Dr. Willson's statement of 1972 insisted that the priority in the abortion debate must be women's safety. We are channeling him and his 99 colleagues in our statement of 2013 that reaffirms that priority.

*Timothy R. B. Johnson is chairman of the Department of Obstetrics and Gynecology at the University of Michigan Medical School and Von Voigtlander Women's Hospital.*

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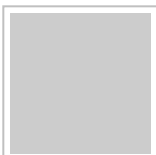
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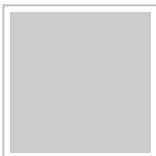


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