

NATIONAL POST

The hidden cost of 'choice'

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by Andrea Mrozek, Manager of Research and Communications at IMFCanada.

In Canada, having an abortion is supposed to be all about "choice." A woman's health after she exercises that choice is a subject no one wants to talk about.

But things are different in other countries. On Oct. 27, 15 prominent signatories wrote a letter to the editor of the Times of London. The group included a past president of the Royal College of Psychiatrists. Others were some of the top general practitioners, psychiatrists and obstetricians and gynecologists in the country. They asked the official bodies regulating obstetricians and psychiatrists to revise their guidance on abortion as it pertains to mental health in young women.

Why? The group referenced a longitudinal study done in New Zealand and published in the January edition of the Journal of Child Psychology and Psychiatry indicating that young women who have had abortions exhibit twice the level of mental health problems, and three times the risk of depression, as those who had given birth or never been pregnant. According to the letter in the Times, "Since women having abortions can no longer be said to have a low risk of suffering from psychiatric conditions such as depression, doctors have a duty to advise about long-term adverse psychological consequences of abortion."

The author of the cited research, New Zealand psychologist David Fergusson, intended to correct design flaws in previous studies in the field. He tracked women from birth to age 25, and found that those who had abortions exhibited elevated tendencies toward suicidal thoughts, depression, drug dependence and other mental health problems even after controlling for prior mental health problems and other causative factors.

Accepted wisdom in Canada is that abortion is benign. So too in the U.K., where the Royal College of Obstetricians and Gynecologists' Web site tells women of limited to no harm from having an abortion. They write that "for most women, an abortion is safer than carrying a pregnancy and having a baby."

In the United States, however, the American Psychological Association had to withdraw their statement on the subject, which cited no evidence of psychological harm to women as a result of abortion, after the New Zealand study was published.

In Canada, there's no statement to withdraw: Since the issue is never even broached, the Canadian Psychological Association has never felt compelled to pronounce on the issue. As a result, we are in an unusual situation vis-à-vis other developed nations: We provide women considering abortion with little health-related research. (On the other hand, perhaps such an anomaly is to be expected: Canada is unique among liberal democracies in that we have no law regulating abortion either.)

The result is that Canadians have no public forum in which to raise legitimate abortion-related concerns, despite the fact abortion affects a large number of women. Canada reports approximately 105,000 abortions annually. Just less than half of all abortions are performed on the age group the New Zealand researcher tracked, or about 50,000 abortions annually. How many of these women have health problems thanks to their abortions? We have no idea.

Canada discusses abortion only in terms of access, funding or choice, as if no women were actually involved. When the New Zealand study came out, no media report were filed, even as the media did

2001 – 130 rue Albert Street Ottawa Ontario Canada K1P 5G4

T 613.565.3832 f/t 613.565.3803 1.866.373.4632

www.imfcanada.org

report on the class action lawsuit launched by the Association for Access to Abortion over private payment required by the Quebec government for abortion.

There should be an open forum for discussion of women's health after abortion. En route to the abortion clinic, or while sitting for counseling in the nearest agency's office, is not the right moment for a young, already distressed woman to learn that depressive episodes and suicide ideation may be the result of her decision to kill her fetus. Bad health news on abortion must not be hidden as if it were always a pro-life ploy to thwart women's freedom.

Doctors in the U.K. took note of the New Zealand study and are asking for changes. Will Canadian doctors do the same?