Signs of Life: Feticide Prior to Medical and Surgical Abortion

FIAPAC, Nantes, September 2018
Overview

Feticide – general comments
Raise a series of problems
Argument for feticide prior to surgical abortion on the same grounds it is justified prior to medical abortion
Conclude

N.B. Not discussing reduction of multiple pregnancies; I assume some knowledge of abortion procedures
What is Feticide?

The in utero:
- Induction of fetal demise
- Cessation of fetal cardiac activity
- Killing of the fetus
- Ending signs of fetal life
- Ending fetal life

*Prior to or simultaneous with (or after) uterine evacuation*
In What Circumstances is it Performed?

It can be performed at any point in pregnancy
Typically used in 2nd and 3rd trimester
Wide variation in practice and reasons
Variation in Practice - UK

Limited data – DH Statistics
‘In 2017, of the 1,872 abortions performed at 22 weeks and over, 50% were reported as preceded by a feticide and a further 46% were performed by a method whereby the fetal heart is stopped as part of the procedure.’

Large majority of 2nd trimester procedures done by
- MSI: 2nd trimester surgical abortion only: no feticide at any gestation
- BPAS: feticide performed from 22+0 prior to medical, 23+0 prior to surgical
- Both organisations have clinical guidance from which clinicians cannot deviate

USA: 50/50

Why Is It Performed? Primary reason:

Abortion involves
(a) the ending of a pregnancy → ex utero fetus
(b) the ending of a fetal life
(c) disposal of the fetal body

Sometimes (a) results in (b), but in some cases it may not:
The fetus may survive
  *Briefly*
  *Or longer*

Depending on
  *Method of abortion*
  *Gestation in relation to viability*
  *Subsequent intervention*
(Fetal) Life: Biographical vs. Biological

<table>
<thead>
<tr>
<th>BIOGRAPHICAL</th>
<th>BIOLOGICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language/representational cognition</td>
<td>Heartbeat</td>
</tr>
<tr>
<td>Sentience, consciousness, self-consciousness</td>
<td>Breathing</td>
</tr>
<tr>
<td>Social interactions</td>
<td>Gestures of limbs &amp; facial expressions</td>
</tr>
<tr>
<td>Career, family, friends</td>
<td>Crying, gasping</td>
</tr>
<tr>
<td>Autonomy, agency, etc.</td>
<td>Physiological responses</td>
</tr>
<tr>
<td>Attending conferences, going on vacation...</td>
<td>‘Reflexes’</td>
</tr>
</tbody>
</table>
(Fetal) Life: Biographical vs. Biological

<table>
<thead>
<tr>
<th>BIOGRAPHICAL</th>
<th>BIOLOGICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language/representational cognition</td>
<td>Heartbeat</td>
</tr>
<tr>
<td>Sentience, consciousness, self-consciousness</td>
<td>Breathing</td>
</tr>
<tr>
<td>Social interactions</td>
<td>Gestures of limbs &amp; facial expressions</td>
</tr>
<tr>
<td>Career, family, friends</td>
<td>Crying, gasping</td>
</tr>
<tr>
<td>Autonomy, agency, etc.</td>
<td>Physiological responses</td>
</tr>
<tr>
<td>Attending conferences, going on vacation...</td>
<td>‘Reflexes’</td>
</tr>
</tbody>
</table>

‘Signs of Life’
Signs of Life:
The Gestated Human is a Gesturing One

Heartbeat from 5 weeks after LMP
From 7 weeks: responsive head, mouth, hands
16-17 weeks: response to harm, withdrawal, flinching, humoral response (release of hormones a/w sympathetic nervous system)

Stuart Derbyshire, ‘Fetal Pain: Do We Know Enough To Do The Right Thing?’ Reproductive Health Matters, 16 (2008): 119.

How Feticide is Performed (1)

Ultrasound-guided injection of
  Potassium chloride
  Digoxin
  Lidocaine
Into
  Fetal heart
  Fetal body
  Amniotic fluid
How Feticide is Performed (2)

By the process of labour in medical abortion
  Unreliable

By physically destroying the fetus in surgical abortion by D&E
  Unbearable? (Not as a method of abortion *per se*, but as a method of feticide)
Goals of Abortion

Not pregnant
Fetus with no (signs of) life
Disposal/disposition of the fetal body

Distinction between these elements is not always clear
Other Reasons for Performing Feticide

Surgical/technical: reduce operating time and complications
Legal: USA
Fetal pain
Avoid interventions of colleagues to sustain fetal (signs of) life

Patient or clinician preference - related to managing (signs of) life
Reasons to Avoid Feticide

Exposes patient to an invasive procedure

Side effects and risks (comparable to amniocentesis):
  Pain
  Infection
  Distress
  Medication errors

Signs of life should be excluded from consideration (‘not important clinical outcomes’)
  Cf. RCOG Guidance *Fetal Awareness*

Signs of life might be wanted by patient
Argument Against

Advocates of feticide are ‘ethically obliged to demonstrate its merit by performing and publishing randomized controlled trials or prospective cohort studies sufficient to shift the risk/benefit equation in favor of feticide. Until its putative advantages have been established, the procedure must remain experimental.’

Prior to surgical termination - ?Medical termination

Argument For

‘Refusal of feticide can also be seen as contradictory [...] Such contradictory thinking suggests significant impairment of autonomous decision making.’

‘It is reasonable for the physician to require that the pregnant woman accept feticide as a condition for performing termination.’

Professional Guidance in English: Why Perform Feticide?

RCOG (UK): ‘Feticide should be performed before medical abortion after 21 weeks and 6 days of gestation to ensure that there is no risk of a live birth. [...] Inducing fetal death before medical abortion may have beneficial emotional, ethical [...] consequences

SFP (USA): ‘Inducing fetal demise before induction termination avoids signs of live birth that may have beneficial emotional, ethical [...] consequences’

Royal College of Obstetricians and Gynaecologists Evidence Based Guideline #11: Care of Women Requesting Induced Abortion (2011)
Society for Family Planning, Induction of Fetal Demise Before Abortion (2010)
Attention to Terminology Helps Clarify Terrain

Clinical outcomes (Cf. Grimes, Chervenak)
Ethics
Emotions
Signs of Life and Medical Abortion: RCOG Guidance

Signs of life are evident at gestations below 22+0, as early as 17+ (concern regarding viability?)

Key points:
Medical abortion only; signs of life are an ethical and emotional problem


Fig. 1. Duration of signs of life following termination of pregnancy ($P = 0.5$, $r = 2.14$).
But

Arbitrary cut-off

Restriction to medical

- Acknowledges fetal (signs of) life as emotionally and ethically significant
Signs of Life and Surgical Abortion

The beating heart visible on intra-operative ultrasound
Gesture, movement
Response to instrumentation

Unplanned delivery precipitated by cervical preparation agents

Signs of life are ended by the process of physical destruction of the fetal body

- Why no reference to signs of life as an emotional and ethical concern with surgery?
Four Diagrams
1. Medical abortion *without* feticide
1. Medical abortion *without* feticide
1. Medical abortion *without* feticide
2. Medical abortion *with* feticide
3. Surgical abortion *without* feticide

Fetus destroyed and extracted from uterus - Which causes End of signs of life
4. Surgical abortion with feticide
Closer analysis
1. Medical abortion *without* feticide

- Fetus expelled from uterus
- End of signs of life

*Emotion + Ethics*
1. Medical abortion *without* feticide

- Fetus expelled from uterus
- End of signs of life
- Emotion + Ethics
Disappearance of signs of life, taking hours to days
Fig. 1. Duration of signs of life following termination of pregnancy ($P = 0.5, r = 2.14$).
Disappearance of Signs of Life

Not a moment but a process

- Invokes all the philosophical questions were are circling around (life/death)

It is a process in which we play a part
3. Surgical abortion *without* feticide

Fetus destroyed and extracted from uterus - Which causes End of signs of life
3. Surgical abortion *without* feticide
During this time signs of life persist while the piecemeal removal of the fetus is taking place.

3. Surgical abortion *without* feticide
3. Surgical abortion *without* feticide

During this time signs of life persist while the piecemeal removal of the fetus is taking place.
What are the differences between the (signs of) life encountered in medical abortion vs surgical abortion?

The fetus is inside the woman’s body, in the uterus

Mediated by ultrasound

Qualitative and phenomenological differences between surgical and medical procedures

These may modify but do not eliminate any emotional or ethical dimension
Does Feticide Solve Any of These Problems?

No

It is also an event, a procedure, a process

It is subject to the same problems

It remains essential to the sustainability of my own practice

At the level of some qualitative analysis it might be possible to articulate or provide evidence of what it changes, in ethical and emotional terms, in the context of surgical abortion
Conclusions

If feticide is justifiable on *emotional* and *ethical* grounds prior to 2\(^{\text{nd}}\) trimester medical abortion it is justifiable on those grounds prior to 2\(^{\text{nd}}\) trimester surgical abortion.

It may be possible to provide an account of these ethical and emotional dimensions that is commensurable with the vocabulary of evidence; it may not be possible.

If we limit ourselves to the vocabulary of scientific evidence we limit our capacity to respond to life, rendering ourselves, as so-called biographical lives, in some sense mute. This muteness is a good example of the collapse of any distinction between biographical life and the mute biological life about which it cannot speak.