

Should the Government Make such Choices?

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May 19, 2005
Star Telegram

During the meeting, the doctor sat at her desk and explained the standard tests that would be performed to determine whether our developing babies were normal.

The exact words have faded in memory, but the gist was this: If there were serious health complications, my husband and I could decide how we wanted to proceed.

After we left the office, we quickly agreed that, whatever the results, we could not see ourselves ending the pregnancy. It was not an option we could contemplate.

We were blessed not to have to confront the possibility. I couldn't then -- and can't now -- fathom the trauma of having to decide whether to end a pregnancy because of an unanticipated medical condition or birth defect.

I wonder about this again because of restrictions on late-term abortions that Texas House members strong-armed onto a lengthy bill involving the state boards that license and police physicians, physician assistants and acupuncturists.

Certainly, the U.S. Supreme Court has said that states can impose some barriers on abortions performed after a fetus is viable, which occurs at around six months.

The further into a pregnancy, the greater the government's interest in protecting the unborn child's life separately from the mother's.

But the House would revoke the license of a physician who performs a third-trimester abortion unless it's needed to prevent the mother's death; unless the unborn child has a "severe, irreversible brain impairment"; or unless the woman has a "significant likelihood of suffering imminent severe, irreversible brain damage or paralysis."

The problem is not that these lawmakers want to make third-trimester abortions - which occur in only 0.08 percent of cases, according to the Alan Guttmacher Institute -- even rarer.

It's that to achieve that end, they're excluding women facing heart-wrenching, potentially debilitating situations that most of us, thank God, will never face.

For instance, an unborn child with a major heart defect, organ abnormalities or a condition that would send it to life support immediately upon birth would not qualify. That's even if the mother didn't discover the condition until the third trimester.

A mother who would require lengthy hospitalization or suffer health impairments short of brain damage or paralysis would not qualify. That's even if forgoing abortion would result in disabilities that would prevent her from working or caring for other children.

These probably would not be cases in which women decided early on that they didn't want the responsibility or couldn't afford a child -- major reasons given for abortions in the first months of a pregnancy.

Nor would these typically be teen-agers seeking abortions; lawmakers are trying to raise the bar for them with a separate provision that requires a parent's consent. (That's another argument entirely, involving different considerations.)

And let me be clear that I'm not arguing in favor of abortion at, say, seven months simply because a woman decides, "Oh, never mind."

According to a Star-Telegram report, state Rep. Will Hartnett, the Dallas Republican who proposed the late-term restrictions, said the state's abortion laws need to be drawn tighter "to protect the children and to give these children an opportunity to be born."

In other words, opting for the child's life over the mother's, regardless of the long-term consequences for both.

Apparently this is a popular choice in the Texas House, given that the third-trimester restrictions passed 118-16.

Surely it's tragic to end a pregnancy late in its term because of an unexpected abnormality or a medical crisis. Surely it's just as tragic to deliver a child with severe problems that might be treatable but might not.

Probably only a small number of families would be affected by the House's late-term limitations, but are we sure we want the government dictating the choice for them?

I have to wonder whether those legislators who believe this is good public policy have thought about those mothers who will struggle with radically changed lives, who will dread bills that they can't pay, who will have to rely on publicly funded social services.

And as we all know, giving children the opportunity to be born is hardly the end of caring about them.

Will these lawmakers also make sure that the children of Texas -- those who might have been aborted but weren't, as well as all the others -- have the opportunity for affordable health care, decent housing, proper nutrition and an adequate education?

Or will they turn their backs and sniff, "Personal responsibility?"