

Combined Methotrexate and Misoprostol for Early Induced Abortion

I read the abortion article¹ with some interest and noticed under "Methods" that a significant step was missing.

The first paragraph deals with how patients were recruited for the study with a 10-step procedure. Unfortunately and sadly, none of the 10 steps involved any type of counseling as to whether these women truly wanted an abortion and had given the repercussions full consideration.

In my personal practice, 3 or 4 women present annually requesting abortion. I take ample time to sit down and gently discuss personal problems and alternatives to abortion, always allowing the woman to make her own choice. As a result, I have had no women who went ahead with an abortion after giving the whole situation further thought. Unfortunately, no counseling was done in this study.

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1. Schaff EA, Eisinger SH, Franks P, Kim SS. Combined methotrexate and misoprostol for early induced abortion. *Arch Fam Med.* 1995;4:774-779.

I am writing to strongly object to the publication of the article "Combined Methotrexate and Misoprostol for Early Induced Abortion"¹ in the September ARCHIVES. I firmly believe that the majority of family physicians in this country are not in favor of abortion as a choice, and those who are can easily find such information in many other sources, including most liberal daily newspapers. As family physicians we are dedicated to helping people, treating disease, and relieving hurt and suffering; not to the destruction of life at any time.

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1. Schaff EA, Eisinger SH, Franks P, Kim SS. Combined methotrexate and misoprostol for early induced abortion. *Arch Fam Med.* 1995;4:774-779.

The recent article¹ concerning chemical abortion using methotrexate and misoprostol calls for a response from family physicians who are opposed to elective abortions of any type. Most family physicians,

indeed most gynecologists, refuse to perform abortions.² Supporters of abortion are now touting chemical abortion as effective and safe. Do the authors believe that family physicians who will not perform surgical abortions will find chemical abortions any less objectionable?

Research into the use of methotrexate and synthetic prostaglandins for abortion has been presented in the gynecologic and pharmacologic literature for the past 4 years, and earlier this year to the medical community at large.³ Since discussion of chemical abortion has now entered the family practice literature, I would like to present another view.

Physicians have a unique position in the abortion debate. We are scientists who have intensively studied human life: its beginnings, its weaknesses and strengths, its wonders. Equally as important, members of our own profession carry out the deed—salvific to some, evil to others—that is abortion. While some physicians are treating the unborn as full-fledged patients,⁴ others are actively destroying these youngest humans at the rate of almost 2 million each year. This dichotomy hinges solely on the decision of the mother (does she or does she not want the child?), and places some physicians in the position of either preserving or destroying a human life based on the mother's wishes, not on the physician's concept of the value of human life.

My colleagues who support abortion tell me, "The right to abortion is the law of the land; I cannot deny this right to my patients." Many physicians adhere to the philosophy that that which is legal must be morally right and must be made available to patients regardless of the physician's own beliefs on abortion. The same notion of legal justification prevailed in 1857 when the US Supreme Court, in its Dred Scott decision, legalized slavery by declaring that the black slave was not a person but the property of the owner, who had the right to buy, sell, even kill the slave. Who today believes that "law of the land" was morally acceptable? That which is legal is *not* always ethically right.

In the same year that the Supreme Court legalized slavery, the American Medical Association (AMA) appointed the Committee on Criminal Abortion "with a view to its general suppression." The committee's resolution, presented in 1859 to the 12th Annual Meeting of the AMA, stated:

The heinous guilt of criminal abortion, however viewed by the community, is everywhere acknowledged by medical men . . . We are the physical guardians of women and we, alone thus far, of their offspring. As a profession we are unanimous in our condemnation of the crime.⁵

Add to this pro-life policy of the 19th-century AMA the World Medical Association's Declaration of Geneva, which in 1948 stated, "I will maintain the utmost respect for human life, from the time of conception."⁶ Are we more enlightened in 1995, or simply more expedient and selfish?

Should we family physicians separate our morality from our medical practice? Can we practice medicine as