

an artful science without an ethical foundation? Of course not. We physicians are bound first and foremost not by statutory law but by our conscience and our perception of natural law. Immanuel Kant's categorical imperative, "So act that the maxim of your act can be a universal law,"⁷ is a daunting but noble goal for our personal and professional lives. I applaud *Archives of Family Medicine* for encouraging on its pages the exchange of ideas about abortion and invite other family physicians to join the discussion, especially in this AMA-sponsored journal.

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I am writing you regarding the article "Combined Methotrexate and Misoprostol for Early Induced Abortion"¹ in *Archives of Family Medicine*, September 1995. I believe that the procedure of abortion, regardless of whether it is chemically or surgically performed, is harmful to the woman and her child. Women who have an unintended pregnancy need compassion and understanding from family physicians. We need to provide these women with viable options and support; abortion is not one of these options. Besides the taking of a human life, there are many studies in the literature that demonstrate long-term psychological sequelae for women who have had abortions.² In addition, there are studies to show physical consequences for the woman, including subsequent miscarriage and infertility.³⁻⁶

There are physicians in academic family medicine who believe that abortion should be promoted in residency training and women's health care. These physicians fail to recognize the long-term consequences of this procedure on the woman and her child.

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In reply

We thank Drs Lichtenhan, Lauber, Camosy, and Danis for their interest and for expressing their convictions regarding our article, "Combined Methotrexate and Misoprostol for Early Induced Abortion."

Dr Lichtenhan questions whether counseling was provided. We neglected to note that our protocol offered abortion counseling to all women before and after the procedure. Most of our study patients were determined to proceed with an abortion and did not wish for extensive counseling regarding their decision. Counseling regarding risks, alternatives, and adverse effects was extensive, as required by the protocol. Our experience is that many women who receive nonjudgmental counseling decide it is in their best interests to proceed with an abortion. Dr Lichtenhan's counseling experience may be biased owing to his practice and small sample size.

Dr Lauber objects to the publication of our article in the ARCHIVES because he believes most family physicians do not support a woman's choice of abortion. We believe that most family physicians would not approve of this form of censorship of research regarding one of the most common surgical procedures in the United States and a source of significant morbidity and mortality of women in developing countries. There is also no evidence to support his claim that the majority of family physicians are not in favor of abortion.

Dr Camosy raises many issues that are far beyond the scope of our pilot study on medical abortion. She asks whether family physicians who do not perform surgical abortions would find medical abortions any less objectionable. We would instead frame the question: Would family physicians provide a nonsurgical procedure that might increase access and may prove to be safer, easier, more private, less invasive, less expensive, earlier, and more acceptable than a surgical abortion? She also raises moral, ethical, and legal concerns regarding abortion. We believe that it is moral, ethical, and legal for women to have the right to control their reproductive fate and it would be immoral to compel a woman to carry an unwanted pregnancy.

Dr Danis believes that all abortions are harmful to women. The literature does not support his claim when appropriate control groups are studied.¹ He states that we need to provide women with options and that "abortion is not one of these." We believe that counseling should be nonjudgmental, patient-centered, and inclusive of all options. Our studies of methotrexate and misoprostol for abortion continue as we search for more effective and simpler protocols. We welcome the opportunity to engage in constructive discussion regarding this important human and health issue.

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