

Why do some health care workers refuse to prescribe or dispense 'emergency contraception' like the 'morning after pill' (MAP)?

That depends what you mean by 'contraception'.

Contraception means preventing conception, doesn't it?

That depends what you mean by 'conception'.

Conception is the fertilization of the egg by the sperm. Right?

That is what most conscientious objectors among health care workers would say. But if they do, they are accused of 'spreading misinformation' and 'inventing controversy'.

What's controversial about saying that conception is the union of the sperm and egg? They do it in test tubes all the time.

The problem is that drug companies and some medical organizations say that conception is the implantation of the early embryo in the womb, and that pregnancy begins only then.

Why should that make a difference?

Fertilization - what most people call conception - occurs several days *before* implantation begins. That means that a human embryo is present *before* implantation. Many people believe that it is gravely wrong to destroy this developing human individual.

What's that got to do with the morning after pill? I heard that it doesn't cause abortion.

Abortion is technically defined as something that only happens *after* implantation. In this case, objectors are concerned about the destruction of the early embryo *before* implantation.

Is that why some people call the morning after pill an abortifacient?

Yes. They consider this the *moral* equivalent of abortion, so they call it an abortifacient. The Project refers to a drug that may do this as a potential *embryocide* rather than an abortifacient.

Doesn't the morning pill stop fertilization, so that there isn't an embryo to begin with?

There are different kinds of morning after pill. It depends on when the pill is taken and on what is in it.

The best evidence indicates that, if taken *before* ovulation, it prevents or delays the release of the egg, so that conception (fertilization) cannot occur. No embryo is formed, and none dies.

However, if taken *during or after* ovulation, some kinds of MAP may not prevent fertilization. These may cause the death of an early embryo by preventing implantation in the womb. This possibility is acknowledged by experts on contraception.

So some kinds of morning after pill may cause the death of an embryo?

Yes.

Which ones?

Mifepristone (also known as Mifegyne, Mifeprex), Misoprostol, and Methotrexate are actually abortifacients, but are sometimes used as morning after pills. There is evidence that MAPs that include a mix of estrogen and progesterin may have an embryocidal effect.

Are there any MAPs that don't have an embryocidal effect?

The best evidence indicates that MAPs using *only* levonorgestrel do not prevent implantation.

So a morning after pill doesn't *always*

cause the death of the embryo?

No. It is difficult to predict how it will act in a particular case, and the overall frequency of an embryocidal effect is disputed.

Well, if health care workers can't be certain about that, why should they be concerned?

Those who object to prescribing or dispensing the morning after pill for reasons of conscience are concerned because they so highly value the lives of all human individuals. They do not want to jeopardize the life of another.

That sounds pretty rigid.

Actually, it's a very widely accepted principle. For example: hunters are taught that it isn't good enough to be 99% sure that what they are going to shoot is a moose, and not another hunter. Nothing less than 100% certainty is acceptable when what is at stake may be a human life.

Can they be 100% certain about the way these drugs work?

No. And that's one of the reasons for the controversy. It is possible for a moose hunter to find out if the movement in the bush is his friend or a moose. But the actions of drugs can't be observed in the same way. They have to be studied indirectly, and the results of such studies are sometimes ambiguous. The best that can be hoped for is moral certainty based on the most reliable evidence. This is something less than 100% certainty.

Why should a health care worker be able to act when the evidence is less than 100% certain?

Because everybody does, most of the time, even about the most important decisions in their lives. Decisions about what school to attend, what career to follow, whom to marry, whether and when to have children,

etc. are all based on probability, not certainty. So are most moral decisions.

Why should health care workers be able to impose their morality on me?

Objectors are concerned about *their* moral responsibility, not yours. You would act the same way if someone asked *you* to help do something *you* believed to be wrong, such as invading someone's privacy or shoplifting.

Conscientious objectors ask why you think you are entitled to impose *your* morality on *them*, just as you would ask why you should be forced to help someone steal. If you think that freedom of choice is important, why would you deny it to others?

But what if I want the morning after pill?

Take the time to find out where you can get it from sources who do not object to prescribing or dispensing it. Many health care workers are willing to do so. A little forethought will prevent unnecessary anxiety and difficulties for everyone involved.

Those who want to see the morning after pill widely available should be willing to assist you. They can- if they choose - do so *without* violating the freedom of conscience of those who disagree with them.

But this isn't fair to a panic-stricken teenager.

It certainly isn't fair. Playing on these fears is very clever marketing, but it isn't fair to frighten people into taking a drug they may not need.

That they may not need?

Exactly. For example: 12,000 prescriptions given out during a 16 month pilot study were estimated to have prevented only about 700 births. If you do the math, it means that about 94% of the women were sold a drug that they didn't actually need. It is impressive marketing, but it translates into a

lot of unnecessary anxiety for the women.

But is there an alternative?

There are at least two. First: women can learn about their personal fertility cycles. They will then know when they are likely to become pregnant, and avoid taking unnecessary drugs. (This does *not* involve the 'rhythm method'.)

Second: from 24 to 48 hours after intercourse, a test for Early Pregnancy Factor (EPF) can determine if conception has occurred. If the test were improved and reduced in cost it would alleviate anxiety about pregnancy. Some of the profits from the sale of the morning after pill could be applied for this purpose.

This pamphlet is drawn from an essay on the Project website. The full text of the essay (with end notes) and this pamphlet may be downloaded and copied for distribution.

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ISSUES OF CONSCIENCE

The 'Morning After Pill'



**The Protection of
Conscience Project**

**Preserving freedom of choice -
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