

Abortifacients

Until 1965 it was agreed that pregnancy began at conception, the union of sperm and egg, also called fertilization.

However, in 1965 the American College of Obstetricians and Gynecologists redefined "conception" to mean implantation of the early embryo in the lining of the uterus, and identified this as the beginning of pregnancy.

Thus, while the ACOG continued to assert that "pregnancy begins at conception," its meaning is, in fact, that pregnancy begins at implantation. Rather than a "moment," it began to be argued, conception should be seen as a "process," beginning with fertilization and ending, several days later, with implantation, when, according to the 1965 usage, pregnancy begins.

This change in terminology has not been universally accepted. However, there is no dispute that the early embryo will implant in the lining of the uterus five to seven days after fertilization, and that disrupting a pregnancy after this point is an abortion. The Project restricts the use of the term "abortifacient" to products that may have this effect.

Contraceptives

To define contraceptive as "that which prevents pregnancy" caused no problems while pregnancy was acknowledged to begin at conception, understood to mean fertilization. However, once the American College of Obstetricians and Gynecologists redefined conception and pregnancy in 1965, conception, in the new usage, was extended to include the entire period beginning with fertilization and ending with implantation five to seven days later.

If one thus expands the definition of conception, one also expands the definition of contraceptive, from a product that

prevents the union of sperm and egg (fertilization) to a product that prevents either fertilization *or* implantation. Changing definitions in this way does not affect the underlying biological realities, but it can significantly complicate discussion of the ethical issues involved.

For the purposes of addressing the freedom of conscience issues that have arisen in this context, the Project bases its position on what is not in dispute. The union of sperm and egg forms a zygote, a unicellular human embryo.

Preserving the customary, embryologically correct terminology, we refer to this event as fertilization or conception, and confine the use of the term "contraception" to mean the prevention of fertilization.

Embryocides

Some products may *either* prevent fertilization (thus preventing an embryo from coming into existence), or prevent implantation (which causes the death of an existing embryo). One cannot be morally certain, in advance, which of these mechanisms of action will be in play at any given time, even if one is more probable than the other.

Those who have adopted the 1965 ACOG terminology usually refer to these products as contraceptives. Nonetheless, to prevent an embryo from coming into existence is one thing; to cause the death of an *existing* embryo by preventing implantation quite another. It is more akin to abortion, in that it causes the death of an embryo or fetus.

The use of the term 'abortifacient' in this context can be supported, and it continues to be used in this sense by many who object to causing the death of an embryo. However, the description of these products as abortifacients is highly controversial

because of widespread use of the 1965 ACOG definitions of conception, pregnancy and contraception.

This controversy makes it extremely difficult to discuss the exercise of freedom of conscience in health care in relation to products that may cause the death of an embryo. The Project originally described these as *potentially* abortifacient, intending thereby to capture the uncertainty about the method of action, as well as the morally significant possibility of doing greater harm by causing death. However, even this approach was unsatisfactory.

Once more attempting to resolve the problem of terminology by reference to what is not in dispute, the Project adopted the term 'potential *embryocide*' to describe products that, like the IUD, may cause the death of an embryo before implantation. However, it was later noted that drugs or devices are marketed as contraceptives - not *potential* contraceptives - even though it is acknowledged that there may be some doubt about the mechanism of action.

For the sake of simplicity and consistency, then, the Project describes products that may cause the death of an embryo before implantation as 'embryocides', though it is frequently desirable to acknowledge that a product may act either as a contraceptive or embryocide. This maintains a clear distinction between such products and abortifacients (which, it is universally admitted, act after implantation), while keeping attention on one of the issues that is of concern to conscientious objectors: causing the death of a human embryo.

'Morning After Pills' & Birth Control Pills

Since "post-coital interceptive" is unwieldy in popular communication and "emergency contraception" is loaded and contentious, the Project continues to use "morning-after pill"

as a generic term for birth control drugs used after intercourse.

In the case of the morning after pill, its proponents and those who object to it, citing various professionally acceptable sources - and sometimes the same sources - agree that the drug may sometimes have an embryocidal effect, the probability of this in a given case being a matter of conjecture.

There is a growing awareness that some birth control pills may also have an embryocidal effect. This is causing more health care workers to question their involvement in prescribing or dispensing them, and there is increasing acknowledgement that the principle of informed consent requires that the potentially embryocidal nature of a product be brought to a patient's attention.

Questions about the potentially embryocidal effect of the morning after pill or birth control pills must begin with an evaluation of scientific claims. The evidence on this point is somewhat unstable, and those for whom such evidence is important must keep abreast of current research on the subject.

However, disagreement, when it arises, is not usually about scientific findings, but about the correct moral or ethical response to them. Typically, the central issue is whether or not the probability of causing the death of an embryo is morally significant. Such questions cannot be resolved by appeals to science because they are not scientific questions.

Summary

To minimize controversies that complicate discussion of freedom of conscience in health care, the Protection of Conscience Project uses terminology based upon what is not disputed even by those who hold radically different moral positions.

- There is no dispute that the union of sperm and egg forms a zygote, a unicellular human embryo. We refer to this event as fertilization or conception, and confine the use of the term "contraception" to mean the prevention of fertilization.
- It is agreed by all parties that the early embryo will implant in the lining of the uterus five to seven days after fertilization, and that preventing implantation will cause the death of the embryo. The Project uses the term *embryocide* to describe products that may cause the death of an embryo *before* implantation.
- It is common ground that causing the death of an embryo or fetus by disrupting a pregnancy *after* implantation is an abortion. We restrict the use of the term "abortifacient" to products that may have this effect.

It should be noted that a product may have more than one mechanism of action, and it may not be clear which is operative in a given case.

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

Protection of Conscience Project

7120 Tofino St., Powell River,
British Columbia, Canada V8A 1G3

Tel: (604) 485-9765

E-mail: protection@consciencelaws.org

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ISSUES OF CONSCIENCE

Clearing Rhetorical Minefields: Abortifacient vs. Contraceptive



The Protection of Conscience Project

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