

**NLWJC - Kagan
DPC - Box 069 - Folder-001**

Abortion - Partial Birth ACOG

You have asked whether the so-called partial-birth procedure is ever necessary to save the life of a woman or avert serious harm to her health. Considerable medical uncertainty surrounds this question. The doctors of the women you met with believed the procedure was necessary for this reason, and other doctors agree that the procedure, in certain circumstances, is the safest one to use. Still other doctors dispute that health considerations ever demand use of the procedure.

Perhaps the most reliable opinion is from the American College of Obstetricians and Gynecologists (ACOG), which issued a statement in January addressing the procedure, which it calls intact dilatation and extraction (intact D&X). According to the statement, "A select panel convened by ACOG could identify no circumstances under which this procedure would be the only option to save the life or preserve the health of the woman." (Emphasis in original.) The statement then went on: "An intact D&X, however, may be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman, and only the doctor, in consultation with the patient, based upon the woman's particular circumstances can make this decision." In sum, doctors have other options, but those other options may be more risky or otherwise more undesirable from a medical standpoint.

Other groups of doctors, with a greater stake in the abortion controversy, have taken more definitive positions. The Society of Physicians for Reproductive Choice and Health issued a statement last month saying that "in complex obstetrical situations, dilatation and extraction is the safest procedure to use. It carries the least risk of bleeding, perforation, infection or trauma to the birth canal." On the other hand, a group of mostly pro-life physicians called PHACT has written that "there are absolutely no obstetrical situations requiring the destruction of a partially delivered fetus," and indeed that the procedure involves serious risks of maternal hemorrhage, uterine rupture, and infection.

A recent article in the New York Times notes that the partial-birth procedure is only one of three procedures (all of them "pretty gruesome," as one doctor says) that can be used to end pregnancies after 20 weeks. The article reports that three of the twelve abortion specialists interviewed for the article generally prefer the procedure on the ground that it poses less risk of uterine perforation. The article also notes that one doctor who does not usually use the procedure has done so on occasion because "the woman's anatomy or the fetus's size demanded it."

Given the state of medical evidence on this subject, your longstanding position seems the appropriate one. That position would leave to doctors themselves the complex decision whether the procedure is medically necessary in a given set of circumstances. Allowing the medical community to make clearly medical decisions in this way is the only certain way to protect the health of women.

THE SOCIETY OF
PHYSICIANS FOR



REPRODUCTIVE
CHOICE AND HEALTH

Abortion part L-TH-
Med opinions

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January 24, 1997

To: Friends of PRCH
From: Seymour Romney, MD, Chair
Jodi Magee, Executive Director
Re: The Enclosed Policy Statement

The Society of Physicians for Reproductive Choice and Health is the voice of the pro-choice physician.

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We have enclosed our policy statement which states the position of our organization on the therapeutic Dilatation and Extraction abortion procedure. As you know, this procedure has been under attack in Congress and in many state legislatures.

We developed --- and are distributing — this policy statement as part of our mission to encourage all physicians to become more visible and articulate on reproductive health issues as a professional, ethical and public health responsibility.

This is the first of many such policy statements from PRCH that will address issues of public concern over reproductive health.

Jodi Magee
Executive Director

Legislators are not qualified to make clinical decisions about the medical management of complicated obstetric conditions. Such decisions are a physician's responsibility within the privacy of the confidential doctor-patient relationship. Physicians must make safe and ethical recommendations based on scientific data concerning the benefits and risks to a patient. Legislation that censors therapeutic options will undermine and compromise the quality of medical care and may result in needless injury and death.

No thoughtful woman or doctor makes the decision to have or perform an abortion — or any surgical procedure — lightly. There is no justification in this difficult personal health decision for interference by legislators. As physicians, we are professionally obligated to assure the health of our patients. We are also ethically bound to speak out against any efforts by legislators to limit medical options for non-scientific reasons.

The Society of Physicians for Reproductive Choice and Health is a national organization that believes physicians have an ethical and moral responsibility to ensure that everyone has the knowledge, access to quality services, and the freedom of choice to make their own reproductive health care decisions.



ACOG Statement of Policy

As issued by the ACOG Executive Board

STATEMENT ON INTACT DILATATION AND EXTRACTION

The debate regarding legislation to prohibit a method of abortion, such as the legislation banning "partial birth abortion," and "brain sucking abortions," has prompted questions regarding these procedures. It is difficult to respond to these questions because the descriptions are vague and do not delineate a specific procedure recognized in the medical literature. Moreover, the definitions could be interpreted to include elements of many recognized abortion and operative obstetric techniques.

The American College of Obstetricians and Gynecologists (ACOG) believes the intent of such legislative proposals is to prohibit a procedure referred to as "Intact Dilatation and Extraction" (Intact D & X). This procedure has been described as containing all of the following four elements:

1. deliberate dilatation of the cervix, usually over a sequence of days;
2. instrumental conversion of the fetus to a footling breech;
3. breech extraction of the body excepting the head; and
4. partial evacuation of the intracranial contents of a living fetus to effect vaginal delivery of a dead but otherwise intact fetus.

Because these elements are part of established obstetric techniques, it must be emphasized that unless all four elements are present in sequence, the procedure is not an intact D & X.

Abortion intends to terminate a pregnancy while preserving the life and health of the mother. When abortion is performed after 16 weeks, intact D & X is one method of terminating a pregnancy. The physician, in consultation with the patient, must choose the most appropriate method based upon the patient's individual circumstances.

According to the Centers for Disease Control and Prevention (CDC), only 5.3% of abortions performed in the United States in 1993, the most recent data available, were performed after the 16th week of pregnancy. A preliminary figure published by the CDC for 1994 is 5.6%. The CDC does not collect data on the specific method of abortion, so it is unknown how many of these were performed using intact D & X. Other data show that second trimester transvaginal instrumental abortion is a safe procedure.

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STATEMENT ON INTACT DILATATION AND EXTRACTION (continued)**Page Two**

Terminating a pregnancy is performed in some circumstances to save the life or preserve the health of the mother. Intact D & X is one of the methods available in some of these situations. A select panel convened by ACOG could identify no circumstances under which this procedure, as defined above, would be the only option to save the life or preserve the health of the woman. An intact D & X, however, may be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman, and only the doctor, in consultation with the patient, based upon the woman's particular circumstances can make this decision. The potential exists that legislation prohibiting specific medical practices, such as intact D & X, may outlaw techniques that are critical to the lives and health of American women. **The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous.**

Approved by the Executive Board

January 12, 1997

STATEMENT ON INTACT DILATATION AND EXTRACTION

The debate regarding legislation to prohibit a method of abortion, such as the legislation banning "partial birth abortion," and "brain sucking abortions," has prompted questions regarding these procedures. It is difficult to respond to these questions because the descriptions are vague and do not delineate a specific procedure recognized in the medical literature. Moreover, the definitions could be interpreted to include elements of many recognized abortion and operative obstetric techniques.

The American College of Obstetricians and Gynecologists (ACOG) believes the intent of such legislative proposals is to prohibit a procedure referred to as "Intact Dilatation and Extraction" (Intact D & X). This procedure has been described as containing all of the following four elements:

1. deliberate dilatation of the cervix, usually over a sequence of days;
2. instrumental conversion of the fetus to a footling breech;
3. breech extraction of the body excepting the head; **and**
4. partial evacuation of the intracranial contents of a living fetus to effect vaginal delivery of a dead but otherwise intact fetus.

Because these elements are part of common obstetric techniques, it must be emphasized that unless all four elements are present in sequence, the procedure is not an intact D & X.

Abortion intends to terminate a pregnancy while preserving the life and health of the mother. Where abortion is legal after 16 weeks, intact D & X is one method of terminating a pregnancy. The physician, in consultation with the patient, must choose the most appropriate method based upon the patient's individual circumstances.

According to the Centers for Disease Control and Prevention (CDC) only 5.3% of abortions performed in the United States in 1993, the most recent data available, were performed after the 16th week of pregnancy. Data show that second trimester transvaginal instrumental abortion is a safe procedure. The CDC does not collect data on the specific method of abortion, so it is unknown how many of this 5.3% were performed using intact D & X.

Terminating a pregnancy is indicated in some circumstances to save the life or preserve the health of the mother. Intact D & X is one of the methods available in some of these situations. However, a select panel convened by ACOG could identify no circumstances under which this procedure, as defined above, would be the only option to save the life or preserve the health of the woman. ~~Notwithstanding this conclusion,~~ ACOG strongly believes that decisions about medical treatment must be made by the doctor, in consultation with the patient, based upon the woman's particular circumstances. The potential exists that legislation prohibiting specific medical practices, such as intact D & X, may outlaw techniques that are critical to the lives and health of American women. The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and potentially dangerous.

Additional options

Although other options are available to save the
life or preserve the health of the mother,
whether or not intact D+X is the best or
most appropriate procedure in a particular case
is a decision that must be made
by the dr.

Suggested options:

An intact D+X

~~This procedure~~, however, may ~~not~~ be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman, and ^a doctor should be allowed to make this determination.

mustable

should be allowed to

an intact D+X

A doctor, however, ~~may~~ determine whether ~~This procedure~~ is the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman.

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1/9/97

Kathy Bryant

Physician - can post-vac ab.

except in some health situations

doc: What do Drs. think -

infertility

fetal abnormality

Crime / professional-type sanctio
(like what?)

DEA-abil to write prescriptions.

What else is legal?

Can you provide for no act -
w/ fed backdrop?

ACOG Statement