

Correspondance

Abortion perils debated

In publishing the abortion opinions (not facts) of David Reardon and associates,¹ you have damaged the credibility and reputation of your journal. Shame on you.

Denise Sevier-Fries
Edmonton, Alta.

Reference

1. Reardon DC, Cogle JR, Rue VM, Shuping MW, Coleman PK, Ney PG. Psychiatric admissions of low-income women following abortion and childbirth. *CMAJ* 2003;168(10):1253-6.

Planned Parenthood Federation of Canada would like to express its disappointment with *CMAJ*'s editorial group for publishing an article that draws misleading conclusions from poor-quality research. Not only is the article by David Reardon and associates¹ flawed in its methodology, but the authors, particularly the lead author, have a specific and known political bias against abortion rights.

CMAJ is a prestigious and well-respected academic journal. By publishing an article that does not adhere to high standards, we feel that *CMAJ* has done a disservice to our field, not to mention women and their families across the nation.

Linda Capperault
Executive Director
Planned Parenthood Federation of
Canada
Ottawa, Ont.

Reference

1. Reardon DC, Cogle JR, Rue VM, Shuping MW, Coleman PK, Ney PG. Psychiatric admissions of low-income women following abortion and childbirth. *CMAJ* 2003;168(10):1253-6.

In response to those who have taken issue with *CMAJ* over publication of the article by David Reardon and associates,¹ I would like to point out that in medical ethics the concept of informed consent is of paramount importance. Regardless of one's opinions about the

abortion issue, educating patients about the benefits and risks of an intervention is integral to good medicine. Thus, physicians should be willing to inform their patients of the risks associated with abortion. Aside from the usual risks associated with a surgical procedure, these include increased risks of psychiatric illness,¹ future preterm birth² and breast cancer.^{3,4}

I commend *CMAJ* for refusing to allow politics to trump the scientific progress of women's health care.

Shauna C. Hollingshead
Medical Student
University of Alberta
Edmonton, Alta.
Canadian Physicians for Life

References

1. Reardon DC, Cogle JR, Rue VM, Shuping MW, Coleman PK, Ney PG. Psychiatric admissions of low-income women following abortion and childbirth. *CMAJ* 2003;168(10):1253-6.
2. Henriot L, Kaminski M. Impact of induced abortions on subsequent pregnancy outcome: the 1995 French national perinatal survey. *Br J Obstet Gynaecol* 2001;108:1036-42.
3. Brind J, Chincilli VM, Severs WB, Summy-Long J. Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis. *J Epidemiol Community Health* 1996;50:481-96.
4. Daling JR, Malone KE, Voigt LF, White E, Weiss NS. Risk of breast cancer among young women: relationship to induced abortion. *J Nat Cancer Instit* 1994;86:1584-92.

The study by David Reardon and associates¹ is seriously flawed and presents misleading conclusions. The authors compared 2 groups of women as if the only difference between them was whether or not they had had an abortion. However, many factors were unknown, for example whether the women in the control group were in stable relationships and whether they had planned their pregnancies. The women in the case group had not had a psychiatric admission in the previous year, but the reasons for their abortions were unknown. These women may have been troubled before they got pregnant. Women who are mentally ill, under stress and without social supports constitute the group most

likely to need an abortion (because they cannot cope with a pregnancy or having a child), but these women will also have the most difficulty coping with an abortion.² The fact that the most common diagnosis for those admitted (after their abortions) was psychotic depression strongly suggests that some of these women had a previous history of mental illness.

Reardon and associates bolster their alarmist conclusions by quoting a select group of studies that have supposedly also found major negative consequences, ignoring the thorough reviews by both the American Psychological Association³ and the Surgeon General of the United States (Koop CE. Surgeon General's report on the public health effects of abortion. Unpublished report to Congress, 1989), who found no evidence of harm.

It is surprising that *CMAJ* would publish such poor-quality research.

Gail Erlick Robinson
Professor of Psychiatry
University of Toronto
Toronto, Ont.

References

1. Reardon DC, Cogle JR, Rue VM, Shuping MW, Coleman PK, Ney PG. Psychiatric admissions of low-income women following abortion and childbirth. *CMAJ* 2003;168(10):1253-6.
2. Blumenthal S. Psychiatric consequences of abortion. Overview of research findings. In: Stotland NL, ed. *Psychiatric aspects of abortion*. Washington: American Psychiatric Press Inc; 1991. p. 17-38.
3. Beckman L, Harvey SM, eds. *The new civil war. The psychology, cultures and politics of abortion*. Washington: American Psychological Association; 1998.

In response to Barbara Major's critique¹ of the study by David Reardon and associates,² I would like to point out that other prominent medical journals have published research reports on harmful effects associated with abortion. One study found that women who aborted a first pregnancy were at greater risk of long-term clinical depression.³ Other studies have found higher rates of substance abuse⁴ and death within 2 years⁵ among women who underwent abortion compared