

## Correspondance

## Abortion perils debated

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

**Denise Sevier-Fries**  
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## 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 associates<sup>1</sup> 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**  
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## 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,<sup>1</sup> 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,<sup>1</sup> future preterm birth<sup>2</sup> and breast cancer.<sup>3,4</sup>

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

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## 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 associates<sup>1</sup> 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.<sup>2</sup> 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 Association<sup>3</sup> 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.

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## 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 critique<sup>1</sup> of the study by David Reardon and associates,<sup>2</sup> 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.<sup>3</sup> Other studies have found higher rates of substance abuse<sup>4</sup> and death within 2 years<sup>5</sup> among women who underwent abortion compared

with those who delivered their babies. Emotional support for and behavioural problems among children of women who have had abortions may also be adversely affected.<sup>6</sup>

It would appear that the study by Reardon and associates<sup>2</sup> published recently in *CMAJ* is not the first to present empirical evidence that abortion is a severe risk factor for substantial emotional and physical trauma.

#### Annie D. Banno

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#### References

1. Major B. Psychological implications of abortion — highly charged and rife with misleading research [editorial]. *CMAJ* 2003;168(10):1257-8.
2. 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.
3. Reardon DC, Cogle JR. Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study. *BMJ* 2002;324:151-2.
4. Coleman PK, Reardon DC, Rue VM, Cogle J. A history of induced abortion in relation to substance use during subsequent pregnancies carried to term. *Am J Obstet Gynecol* 2002;187(6):1673-8.
5. Reardon DC, Ney PG, Scheuren F, Cogle J, Coleman PK, Strahan TW. Deaths associated with pregnancy outcome: a record linkage study of low income women. *South Med J* 2002;95:834-41.
6. Coleman PK, Reardon DC, Cogle J. The quality of the caregiving environment and child developmental outcomes associated with maternal history of abortion using the NLYA data. *J Child Psychol Psychiatry* 2002;43(6):743-57.

One problem with the study by David Reardon and associates,<sup>1</sup> which Brenda Major<sup>2</sup> mentions only briefly in her commentary, is that the most relevant comparison was not performed. Reardon and associates compared women who delivered babies with women who had abortions. Compared with women who are willing to have babies, women who abort their pregnancies may indeed experience greater psychological suffering. However, it might be more appropriate to ask about the differences between women who undergo abortion and those who want to have an abortion but choose not to because of external pressures or guilt. In such a study, it might be found that abortion was in

fact a relatively healthy psychological event.

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#### 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. Major B. Psychological implications of abortion — highly charged and rife with misleading research [editorial]. *CMAJ* 2003;168(10):1257-8.

The health sequelae of abortion are surrounded by enormous controversy, as indicated by the recent article by David Reardon and associates<sup>1</sup> and Brenda Major's related commentary.<sup>2</sup> My colleagues and I have also obtained evidence that women's well-being is adversely affected by abortion. We found that Canadian women who had had an abortion were significantly more likely to experience diminished well-being in the postmenopausal years than those who had not.<sup>3</sup>

However, both research studies (that of Reardon and associates<sup>1</sup> and our own<sup>3</sup>) must be interpreted with caution. Many will rush to conclude that it is the abortion procedure itself that is associated with psychological harm resulting in mental illness or diminished well-being. These studies appear to provide evidence that women who have abortions are significantly less likely to experience health and wellness in the short- and long-term compared with women who have not undergone this procedure. Yet from the data in these studies, it is impossible to determine whether it is the procedure, the life circumstances or demographic profiles of women seeking abortion, or concomitant medical factors more commonly found in women seeking termination of pregnancy that predispose the women to poorer health outcomes. Surely those on both sides of the debate would agree that more research is needed to explore these questions.

Because the abortion debate is highly charged and clouded with ideological, political, religious and eco-

nomical influences, it is sometimes difficult to objectively determine what is factual and credible scientific information and what represents sexual and philosophical ideology. The medical and academic communities are becoming aware that "researcher neutrality" may well be an oxymoron. *CMAJ* is to be commended for allowing both sides to present their evidence. With such open debate, it is less likely that the truth will be stretched for theological or philosophical reasons or that factual evidence will be dismissed or negated for ideological and political reasons.

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#### 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. Major B. Psychological implications of abortion — highly charged and rife with misleading research [editorial]. *CMAJ* 2003;168(10):1257-8.
3. Genuis SJ, Genuis SK, Chang WC. Well-being of women in the post-menopausal years. *J Soc Obstet Gynaecol Can* 2002;22:141-50.

#### [One of the authors of the research article responds:]

With few words to respond to these letters on my article<sup>1</sup> and Brenda Major's commentary,<sup>2</sup> I refer readers to *Forbidden Grief*<sup>3</sup> wherein my literature review provides a context for the interpretation of our results. See also *Stephen's Guide to the Logical Fallacies*,<sup>4</sup> giving attention to fallacies of distraction, ad hominem attacks and appeals to authority.

Our methodology was identical to David and colleagues.<sup>5</sup> Both David and Major were on the American Psychological Association (APA) panel established in 1987 to defend abortion's safety during the inquiry conducted by US Surgeon General C. Everett Koop. All members of that panel have publicly advocated for liberal access to abortion. They especially cited David's study as an example of important research. To dismiss our study one must dismiss the expertise of both David and the APA panel that relied on his work.<sup>6</sup>