

Counterpoints to medical abortion article

I would like to thank *Canadian Family Physician* for initiating the Third Rail series, described by Dr Sarah Fraser as “a space for thought-provoking dialogue on topics that might normally be considered too taboo or controversial to discuss.”¹

The recent Third Rail column by Dr Michelle Cohen in the April issue² certainly made me think, and in the tone of respectful dialogue, I would like to offer the following counterpoints.

Dr Cohen states there were increased calls regarding lack of access to contraception and abortion because of the pandemic.^{3,4} Both articles cited were from April 2020, when the pandemic and related shutdowns were only a few weeks old in Canada. Clinics of all kinds had reduced access in their initial responses and have since learned how to cope and meet patient needs. I have not been able to verify any sustained increase in calls for help with crisis pregnancies in a short survey of regional pregnancy care centres known to me.

Dr Cohen also mentions increased intimate partner violence and this does seem to be verifiable.⁵ She reviews that pregnancy is a well-established risk factor for increased intimate partner violence. This is surely an even stronger argument for access to safe refuge as an essential pandemic service than access to medical abortion; even those who procure the abortion they seek might be going back to a dysfunctional high-risk relationship and might be in need of safe shelter.

Dr Cohen states that the “pressure not to go out means that patients cannot access medical care in the same way.”² However, even in the most severe of lockdowns, going out to seek health care has been an exemption.

Finally, Dr Cohen references “conscientious objection and anti-choice attitudes among primary care physicians.”² I think I understand what she is saying, but I offer some objections here as well.

With respect to “anti-choice,” Dr Cohen might as well apply that label to me. However, this is not how I self-identify.

I consider myself to be in awe of the wonder of human life at all stages. I can get quite delayed when a newly pregnant, distressed patient comes in, and tells me they feel they have “no choice.” It takes much longer than the standard allotted 15-minute appointment to unpack their distress and to truly discuss all the pros and cons of all the very real choices before them. This is not anti-choice. I do not call Dr Cohen “anti-life” or “pro-death”; I respect that she is sincerely passionate about reproductive health issues. I do ask that she consider not applying anti-choice labels to others.

With respect to “conscientious objection,” conscientious derives from *conscience*, which is defined as “the inner sense of what is right or wrong in one’s conduct or motives.”⁶ I am certain that Dr Cohen likely values the ability to practice and treat patients according to her conscience, her sense of right and wrong, as much as I do. We should all tremble at the concept of medical dystopia that could ensue if physicians are asked to disregard the guidance of conscience! Perhaps someone should tackle that in a future Third Rail!

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Competing interests

None declared

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