

Supporting pro-life nurses since 1998

Editor's note: Sometimes it boggles my mind!! What won't they think of next? For some "scientists," we are just commodities.

'Fetal containers': Bioethicist proposes using women in vegetative states as surrogates

By Cassy Fiano-Chesser

A bioethicist has argued for using women in a persistent vegetative state (PVS) as surrogates, calling it, "whole body gestational donation."

Anna Smajdor, of the University of Oslo, wrote in the journal *Theoretical Medicine and Bioethics* that women who are brain dead shouldn't have their wombs going to waste, when people who want children can use them.

"We already know that pregnancies can be successfully carried to term in brain-dead women," she said. "There is no obvious medical reason why initiating such pregnancies would not be possible.

But the ethics of such a decision seems to have been overlooked by Smajdor.

Though women with PVS could possibly recover, Smajdor argued this kind of surrogacy should still be allowed. "I suggest that—all other things being equal—it should be an option for anyone who wishes to avoid the risks and burdens of gestating a foetus in their own body," she said, adding, "I suggest that brain stem dead men would also have the potential to gestate, meaning that the pool of potential donors is further increased—and that certain feminist concerns might thus be assuaged."

The donor would have to give consent ahead of time, Smajdor said, but overall, she said government policies should support it.

"States and health services should adapt their policies and procedures to allow for WBGD among other donation options," she said. "If WBGD is viewed as a straightforward means of facilitating safer reproduction, and avoiding the moral problems of surrogacy, we should be ready to embrace it as a logical and beneficial extension of activities that we already treat as being morally unproblematic."

Smajdor acknowledged the process is "straightforwardly the use of the body as a foetal container." But like many apologists for surrogacy, she still argued it should be allowed if the donor agrees—despite the inherently exploitative nature of surrogacy.

Furthermore, in recent years, researchers have been able to restore brain function in a patient who had been PVS for 15 years, and have also found that as many as 20% of people declared PVS may actually not be PVS at all—and are fully aware of what is happening around them.

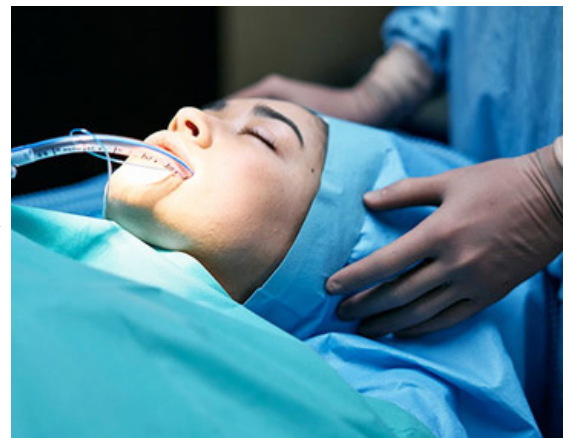
Though someone may have consented beforehand, there would be no way to ensure they still were willing to have their body used as an incubator, and it only further leads to the commodification of children—with women's bodies forced to be the tools to create the products wealthy adults want.

—National Right to Life News Today, January 26, 2023



HAVE YOU RENEWED YOUR MEMBERSHIP?

Reminder: MNFL membership renewals have been sent out and are due NOW.



Michigan Nurses For Life

Our Purpose:

...To raise the consciousness of the nursing profession to protect all human life from conception until natural death

...To form an educated core of nurses who can speak for their profession by acting as a community resource for life issues

...To promote public education and awareness about life issues on both ends of the spectrum, from abortion to euthanasia

...To uphold and defend human life in all stages and conditions of development

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FROM THE PRESIDENT

Dear Colleagues,

As I write this, our state is solidly in the "abortion destination camp." Michiganders and women from neighboring states can now come to Michigan and obtain an abortion at any time during their pregnancy. Our governor calls this a great "economic opportunity for Michigan." Somehow, when I read those words, all I can think of is the horror of monetary profits from the killing of unborn children. This is truly an example of "blood money."

Continuing the effort to embroil Michigan in abortion, we know that those who supported Proposal 3 are now making every legal effort to erase any hint of laws that provide safety and protection to women and their babies.

How did it come to this? I hate to say it, but too many people just did not realize how drastic Proposal 3 really was. Or, they bought into the empty promises of those who said that certain protections would still be in place. The very last line of the proposal showed that no protective measure could stand. The very language of the proposal stated that no law could be passed that would conflict with the provisions of Proposal 3. Perhaps folks just did not read the entire proposal.

We must continue to advocate for Life. We must do our best to educate those with whom we work about the reality of the proposal and its effects. We must encourage those who respect life to be open and share those beliefs. In short, it seems like we are beginning all over again from where we were 50 years ago, and in some regards we are. But now we have more technology, more scientific understanding of the unborn child and more resources for the woman who is facing a difficult pregnancy.

And we still have the will!! That may be our strongest weapon. We can, and will, restore dignity and protection to all human life. There are simply no alternatives.

Love Life! Diane

50th Annual March for Life, Washington, DC—Jan. 21, 2023

Mary Lou Temple

A friend and I went to DC for the March for Life on Jan. 23. We flew (which was much better than taking a bus) and traveled with a group of 50+ high school students from Valley Lutheran High School in Saginaw and their chaperones. We stayed in a hotel in Alexandria, VA and took the subway to the Mall where we attended the Rally at noon and then walked down Pennsylvania Ave. to the Capitol, and went behind it to the Supreme Court.

The day before the March, we visited the Holocaust Museum and the Museum of the Bible, which is about five years old and three blocks from the Capitol. Some of the others visited the monuments or went to the Smithsonian museums.

It was great to be there this year as we celebrated the overturning of *Roe v. Wade* in June of 2022. The battle will now be in the states! It was exciting to see so many young marchers, most of them in their teens and twenties. Every group had a different color hat so they could see each other and stay together.

We attended a Youth for Life conference at our hotel, and heard some inspiring speakers, including a young woman who was able to get out of human trafficking. Every life is valuable, and the work goes on!



SAVE THE DATE! MNFL 25th Anniversary Conference

Saturday, October 21

For updates, check our website: mnfl.org

Chemical Abortions are Dangerous

continued from back page

A group called Percuity, headed by a former executive of Marie Stopes International (sort of the Planned Parenthood of Britain and much of Europe and Africa) checked directly with administrators of British hospitals. They found that 5.9% of women having chemical abortions between June of 2019 and May of 2021 visited National Health Service hospitals and were treated for complications connected to an incomplete abortion with "retained products of conception."

Three percent of women required surgery to deal with those incomplete abortions and about one in 44, or 2.3%, were treated at these government hospitals for hemorrhage.

Emergency room visits were reported for 5.2% of chemical abortion patients in a study headed by University of California, San Francisco researcher Ushma Upadhyay, published in the January 2015 issue of *Obstetrics and Gynecology*. But their significance was largely ignored by the press and government officials.

These studies, like the most recent one from Ontario, involved actual broad public populations and government records rather than reports from specially selected clients sets from some abortion network or abortion research center.

It is telling that these studies, reflecting actual conditions on the ground and not the ideal, controlled conditions of a study, found much higher rates of adverse events and hospital visits than the ones the abortion industry has generally relied upon to make the case for looser regulations.

A Warning to the FDA?

This latest study is perhaps even more valuable because it reflects the safety issues under the new sort of protocol just approved by the U.S. Food and Drug Administration (FDA).

Just days ago, the FDA announced new regulations officially dropping the requirement of an in-person delivery of abortion pills and authorizing pharmacies, online as well as brick and mortar drug stores, to fill prescriptions for mifepristone and its companion drug misoprostol. In that critical element, this appears to match the conditions under which these pills were available in this Canadian province.

The authors there note that "Ontario has a universal health care system (Ontario Health Insurance Plan [OHIP]), including provision of free outpatient and in-hospital IA [Induced Abortion] services and the availability of no-cost mifepristone-misoprostol through outpatient pharmacies."

If so, the new FDA rules suggest American women picking up mifepristone from their local pharmacy may be in for some rough times. Canadian results suggest that we could see perhaps more than one in ten women will visit the emergency room and hundreds of women suffering hemorrhages, infections, or other significant adverse events. One odd, and very troubling, thing the Canadian report mentions is that the number of deaths associated with either the chemical and surgical abortions they studied was "fewer than 6." Not "zero," but "fewer than 6." They say in their report that the actual number was "suppressed for privacy policy reasons."

We know from the FDA that there have been at least 28 deaths associated with the use of mifepristone since the drug was approved in the U.S. in September of 2000, along with thousands of recorded complications.

The new Canadian data is a clear indication that the FDA's latest policy change means more danger for women using mifepristone.

—National Right to Life News Today, January 11, 2023

Rite Aid, Walgreens and CVS have recently announced that they will be selling the dangerous abortion pill that kills babies and injures women. Show your displeasure by protesting and boycotting these businesses.

Upcoming Events Spring 2023

NATL. ASSOC. OF PRO-LIFE NURSES SCHOLARSHIP

Application deadline February 14
Visit: nursesforlife.org

40 DAYS FOR LIFE

February 22 – April 2
Find a location, visit: 40daysforlife.com

CROSSROADS CARE CENTER BENEFIT

Friday, March 3 (Lunch or Dinner)
Royal Park Hotel, Rochester
For information: 248-293-0070 x 107
Speaker: Dr. John Bruchalski, Founder of Tepeyac OB/GYN

BE THE CHANGE - YOUTH TRAINING

Divine Child Church - Friday Mar. 3 or
Auburn Hills Christian Center - Saturday Mar. 4
Speakers: Bryan Kemper and Trevor Pollo
For information, Lifespan Youth Director: 248-816-1546

PREGNANCY CENTERS OF SOUTHEAST MICHIGAN CONFERENCE

Friday, March 17
Five Points Community Church, Auburn Hills
For information contact: jennifer@bluewaterbabies.org

LIFESPAN ANNUAL DINNER

Tuesday, May 9 - San Marino Club, Troy
For information: 248-816-8489



More Evidence That Chemical Abortions are Dangerous

By Randall K. O'Bannon, Ph.D., NRL Director of Education & Research

Study after study has shown that chemical or "medication" abortion comes with serious risks. Yet abortion pill advocates and, more troublingly, government agencies, continue to assert that the drugs are "safe" and "effective," arguing for expanded availability and the reduction or elimination of any remaining safeguards.

Now, a new study out of Canada makes clear that serious safety issues with these drugs are being ignored. Complications and visits to emergency rooms are much higher than people have been led to believe. These chemical abortions are consistently and measurably more dangerous than their surgical counterparts.

Results of the New Study

The study, "Short-Term Adverse Outcomes After Mifepristone–Misoprostol Versus Procedural Induced Abortion," was written by Ning Liu and Joel G. Ray, two researchers from the University of Toronto. The study appeared in the online edition of the *Annals of Internal Medicine* on January 3, 2023.

Liu and Ray looked at the records of 39,856 women who had chemical or outpatient surgical abortions of 14 weeks gestation or less in Ontario between 2017 and 2020. They were looking for any notation of "adverse events" (complications) occurring within 42 days of the abortion.

The researchers found records of complications with both surgical and chemical abortion, but decidedly more for those undergoing chemical procedures with mifepristone.

All told, there were 1,978 which recorded any adverse event, but the rate for chemical abortions (28.9 per thousand) was more than twice that for the surgical procedures (12.4 per thousand). These adverse events included complications such as hemorrhage, infection, "retained products of conception," the need for transfusions, and "other." Except for the infections, which were just barely higher for the surgical group, these complications were all markedly higher for women having chemical abortions.

When considered in terms of emergency room visits, chemical abortions came out even worse. Slightly more surgical patients (4,687) visited their local emergency departments after their abortions than those having chemical ones (4,194). But because there were almost twice as many surgical abortions as there were chemical abortions, rates were much higher for those having abortions with mifepristone and misoprostol.

In all, researchers say, nearly 10.3% of chemical abortion patients visited their ER with some concern or complaint.

Consistent With Previous Studies?

Considerable failures, complication rates, and emergency room visits have been recorded in studies before, but not in these numbers.

