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# **Concerning So-Called "Emergency Contraception"**

**A Statement**

**by**

**The Center for Bioethics  
Catholic University of the Sacred Heart  
Rome**

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There is an increasingly widespread practice of birth control called "emergency contraception", which already has been used for many years in some North European countries and the USA. The promotion and experimentation of this practice is supported above all, but not only, in underdeveloped countries, and in countries with serious problems (war, famine, etc.) by international organizations notoriously engaged in family planning campaigns.

Recently, these organizations have established - in collaboration with other family planning organizations - an international consortium which has stated that it intends to put pressure on both local governments and pharmaceutical companies in order to obtain a greater production of and accessibility to "emergency contraception". There is also a request for distribution at pharmacies with the qualification of an "over the counter" product, to be sold without the need for a written medical prescription. and that it be available at all the women's welfare centers (surgeries, consulting rooms, hospital emergency receptions, etc.) and particularly the adolescent welfare centers.

One of the motivations adopted by the supporters of this campaign in favor of "emergency contraception" is the twofold aim of limiting the failures of so-called "ordinary" contraception and reducing the percentage of women who do not use any contraceptive techniques

and who therefore undergo either occasional or repeated surgical abortions as though it were an instrument of birth control. In certain situations, these are considered "unsafe abortion".

More exactly, when used as an alternative to post-coital contraception or "interception", the expression "emergency contraception" indicates a series of actions carried out in order to prevent an undesired pregnancy, which act in such a way as to hinder the development of the human embryo, once fertilization has taken place. Even though one cannot exclude that, if sexual intercourse took place several days before ovulation, "emergency contraception" can sometimes act by blocking ovulation, it is usually an action aimed at the embryo and is therefore an "abortive" practice.

The term "emergency" is added to indicate: 1. the request to use this practice with an extremely short period after sexual intercourse considered fertilizing; 2. the pressing need, as defined by those who propose it, to spread the use of this practice.

### **Methods**

The approaches used today in "emergency contraception" are: the repeated administration of extremely high doses of estrogens alone or of large quantities of an estrogen-progestin combination or of progestins alone; the administration of Danazole; the insertion of an IUD (Intrauterine Device). In the places where it is on sale, Mifepristone, better known as RU-486, is being tested too: like Danazole, it acts by preventing the implantation of the embryo.

As it is known, the administration of high doses of estrogens (0.5 - 2.0 mg./day, for five days of ethinylestradiol) or of combined estrogen-progestins according to the "Protocol of Yupze" (100 mcg. of ethinylestradiol + 0.5 mg. di levonorgestrel/every twelve hours twice) or progestins (0.75 mg. of levonorgestrel/every twelve hours twice), within 72 hours of the presumed fertilizing sexual intercourse, causes either a luteolytic effect or the modification of the physiological alternation of the phases of endometrial development, with alterations at the cellular and/or enzymatic-receptor level. So the implantation phase of the fertilized embryo into the uterine wall doesn't begin and pregnancy resolves in abortion. To have an idea of the situation, the high doses of estrogen-progestins administered as "emergency

contraception" correspond to the quantity of hormones a woman takes in two years when she uses them as "ordinary" contraception.

Studies carried out on women who had been administered combined estroprogestins just before ovulation have also shown the inhibition of the liberation of the oocyte. This effect, more correctly "contraceptive", and which is not to be expected with the usual modality of administration of the product, only occurs in 20% of cases.

The side effects of taking estrogens and estroprogestins include: nausea, sickness, headache, metrorrhagia which is more frequent with the use of levonorgestrel, but also rare episodes of acute lung edema have been referred, as well as an increased incidence of ectopic pregnancies. The long term risks and effects of hormonal "emergency contraception" are not yet known, particularly when it is used more than once during a woman's fertile life.

An IUD is inserted when more than 72 hours have elapsed from presumably fertilizing sexual intercourse (since the IUD is effective up to five to seven days after ovulation) or if there are contraindications to the massive use of estrogens and estroprogestins.

The mechanism of the IUD is abortive, too, when it is inserted in the uterus a few days after sexual intercourse, if fertilization has occurred. The endometrium no longer allows the implantation of the already formed embryo because it becomes inhospitable for the presence of a foreign body. The side effects of an IUD include: uterine cramps, metrorrhagia, and an increased incidence of inflammatory pelvic diseases.

### **Ethical and Legal Aspects**

It is clear from what has been said up to now that the mechanism of "emergency contraception" is usually to prevent the implantation of an embryo in the uterine wall and the continuation of its development. In other words, one causes an abortion, the suppression of a recently conceived human being. This is a seriously illicit act which harms the most innocent human individuals.

It may not therefore seem to make sense that the specialized literature states that "emergency contraception" does not act with an abortive mechanism or that thanks to "emergency contraception" it is possible to reduce the number of abortions. And yet, this is the case,

so these statements are simply the fruit of a semantic and "anthropological" manipulation which aims to legitimize the suppression of the human embryo in the name of respect for women's autonomy.

This is how the facts are manipulated: it appears that the pregnancy begins with the implantation of the embryo in the uterine wall (therefore not before the sixth day, as a minimum, or not after the fourteenth day, as a maximum); the embryo is called "preembryo"; the abortion is such only if it occurs after implantation. Consequently, "emergency contraception", it is said, does not cause the abortion of a pregnancy which has already begun, since it acts before implantation. The effect is supposed to be simply to prevent the implantation of the embryo in the uterus. This statement is not confirmed by the gynecology and obstetrics texts and has nothing to do with the reality of the fact of the suppression of a human life during the initial phases.

It is therefore necessary to give each term its correct meaning so that everyone knows the reality hidden behind "emergency contraception". This reality has to touch everyone's conscience, in particular health operators (physicians, nurses, pharmacists, etc.) who should make a conscientious objection if, in the name of respect for the truth and dignity of the person, they do not want to cooperate in the killing of human individuals, either by prescribing or dispensing these products. It appears, however, that some hospital directors have begun to issue service orders for managers of the Obstetrics and Gynecological Divisions, stating that the staff should prescribe the "Day After" pill.

The fact that, in some cases, these products can only have an antioviulatory effect or that they have no effect at all, since there was no fertilization, does not alter the ethical opinion about this practice. In fact, in using "emergency contraception", one voluntarily and deliberately risks provoking an abortion. In other words, if there were a pregnancy, the woman or doctor would have decided for an abortion.

Finally, one has to consider the problem of the ruling on access to "emergency contraception", with respect to Italian Law 194/78 which regulates requests for abortion. Some lawyers and physicians have observed that, since these hormones are administered before it is possible to diagnose the state of pregnancy with normal tests, one cannot refer to the procedures set out in Law 194/78, which

prejudicially require the ascertainment of pregnancy (It is therefore an eventuality that the law did not take into consideration and should be controlled.).

As for the possibility of refusing the professional services which involve prescribing and/or administering "emergency contraception" for conscientious reasons, according to the same scholars, this is legitimate, not only from an ethical point of view, but also from a legal point of view. In fact, once the scientific conviction of the abortive action of these hormones has been reached, the subsequent decision not to prescribe them, or not to administer or dispense them, cannot be considered as a dereliction of duty. In other words, no regulations impose an abortion *tort court*, since there are certain procedures including interviews held by the social health personnel for the woman, as well as the time for the woman to change her mind, even in the hypothesis of an abortion during the first 90 days.

And it is not even necessary to conscientiously object to refuse services connected with "emergency contraception" in that there may well be cases of physicians who are in favor of performing an abortion only in accordance with the procedures established by law.

In conclusion, the spreading practice of "emergency contraception" may therefore represent another reason for looking at the whole text of Law 194/78 and setting up a real prevention of abortion, which is always a serious trauma for a woman. Moreover, it is another occasion for pointing out how the borders between contraception and abortion have become finer and finer, since they are both a manifestation of the same mentality against life.

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