

'Quickie' Abortions — The After Effects

By KATHY MORAN
(First of 2 articles)

Are New York abortions a safe solution to unwanted pregnancies? The question weighs heavily on the minds of numerous desperate women who want to terminate their pregnancies. Unfortunately, the desperate state of these women, many of them unmarried, makes them an easy prey for the crop of entrepreneurs who have sprung up to take advantage of the traffic to New York.

Acting as the travel agent, these entrepreneurs tell the women the abortion is a safe, simple operation and arrange the travel plans for "a small fee."

BUT AT LEAST three-area women found the operation was not so safe and simple, and the quickie 24-hour trip was too fast.

One married woman was listed in critical condition for three days after having a legal abortion in which her uterus was punctured. During the ensuing operation to save her uterus and her life, she had to be given seven pints of blood. Six weeks after a single 24-year-old woman had a 15-minute abortion, she was bleeding so profusely that she had to be admitted to an area hospital. She had suffered from cramps and bleeding for the six weeks following her abortion before becoming critically ill.

A 21-year-old single woman was admitted to a local

hospital with a "severe fulminating infection." Her "alleged abortion" was incomplete, and after being treated with antibiotics, she had to be given a "D and C" in which all the products of conception were removed.

AN ESTIMATED 4,500 Michigan women are going to New York each month for abortions. Although there are no figures on the number of women who have complications afterwards, it is thought to be a small percentage.

But three prominent physicians have expressed concern that the number of post-abortion complications has increased.

At least one attributed the increase directly to the

New York is an outlet for desperate women, but the 'assembly line' is bad medical procedure.

liberalization of New York laws and the others agreed New York abortions were a major factor. The increase could also be due to increasing abortion abortions in the Detroit area.

Only administrators from Botsford (Osteopathic) Hospital and Garden City Osteopathic Hospital both refuse to comment on the number of post-abortion complications cases, saying that they had not noticed an increase.

Walter Wheeler, administrator of Annapolis Hospital in Wayne, said the hospital was not experiencing an increase in abortion-related cases.

However, an obstetrician practicing at Annapolis said there has been a definite increase at the hospital.

"We have seen more problems in terms of complications than we have seen before," said Dr. Harry Tarpinian, chief of obstetrics and gynecology at St. Mary Hospital in Livonia.

"If I had one or two cases in a year, that was a lot, but now I have had two in three months," he said.

"WHEN a patient is admitted, aborted and discharged within the same 24-hour period, you are going to have a high instance of complications," said Dr. Richard Jaynes, a well-known obstetrician.

Dr. John Malone, chief of obstetrics and gynecology at Mt. Carmel Hospital in Detroit, said, "Here at the hospital most of us feel that there has been an increase in infected, incomplete abortions than perhaps in the last year or so."

He added that they do not know "whether they were performed here at the corner of Shafter and Six Mile or in New York."

Dr. Alfred Sherman, head of obstetrics and gynecology at Sinai Hospital in Detroit, said, "We have always seen complicated post-abortion cases here, but we've seen better results now than we had before the New York law."

Dr. Sherman said that the liberalized law in New York has provided an outlet for desperate women other than the "back alley physician." The complicated cases are a result of the "nature of the beast," he said.

HE CRITICIZED the "assembly-line basis" in which a woman flies to New York, is transported to a clinic, sees a doctor she has never seen before, has the abortion, and returns home shortly afterwards or early the next day.

"It is just not good medical procedure," he said. "I think it leaves much to be desired. You have to anticipate a certain number of complications—but it is certainly better than having them done illegally in Detroit."

An often-overlooked aspect was brought up by Dr. Sherman, who said it is also not fair to the doctor to have to treat a woman when he does not know her or her medical history.

Because of the woman's desperation, she does not tell the doctor anything about her medical history that could postpone or cancel the abortion, thus leaving the way

open for complications, Dr. Sherman said.

"With normal good medical procedure, the complications of abortions should be virtually zero," he said. "Complications arise from back-alley operations or when they are performed on an assembly line basis. The women do not have the benefit of the best techniques and the best medical judgment."

DR. SHERMAN said that since a therapeutic abortion law was passed in California, the number of infected abortions and maternal deaths has decreased, which "emphasized the value of extensive implementation of the Therapeutic Abortion Act in this state."

Dr. Tarpinian said that some of the complications arise from incomplete abortions in which all the products of conception are not removed by the doctor. Unless the fetus and afterbirth are completely removed, infections or hemorrhaging may result, he said.

He said that there are indications that some doctors in New York abortion clinics are taking the "simplest, easiest" and most "dangerous" route in performing abortions.

The easiest way is to introduce a sharp instrument into the uterus and puncture the bag of waters. The pregnancy is interrupted, but the abortion is not complete, and the woman miscarries later, he said.

"These are the same things we're concerned with in criminal abortions," Dr. Tarpinian said. "These abortions are a threat to life from hemorrhaging and the possibility of rather severe infection."

IN PROPER conditions, a "complete" abortion involves scraping the fetus and afterbirth from the uterus or sucking it through a powerful

vacuum into a tube. In both these processes the fetus and afterbirth are completely removed.

Dr. Tarpinian estimated that together with preparing the women for surgery and putting her under an anesthetic, the process would take 45 minutes — not always the amount of time allotted in some of the New York clinics.

"The woman should be observed at least for 24 hours after the operation with close observation for the first few hours afterwards," Dr. Tarpinian said.

"In an abortion the doctor must be very careful," he said. "It involves removing the fetus and afterbirth without puncturing or damaging the uterus."

One woman is currently suing a clinic in New York on the grounds that she was misled into thinking she had

an abortion but actually miscarried afterwards and New York is the recently proposed

referred to as the hand of profiteering agencies and restricting referrals to non-profit health-related agencies.

Perhaps the first step to better control over the entire

abortion situation in New York is the recently proposed

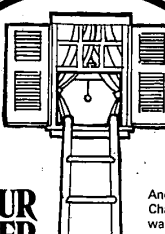
referred to as the hand of profiteering agencies and restricting referrals to non-profit health-related agencies.

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They may pre-register by sending their name, address, telephone number, age and type of doll or pet to: "Doll and Pet Parade," P.O. Box 2387, Livonia, Mich. 48151.

Trophies will be awarded in seven categories: (1) best dressed doll, (2) most unusual doll, (3) best dog 25 pounds and under, (4) best dog 26 pounds and over, (5) best cat, (6) most unusual pet and (7) best unusual pet.

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