Making Sense of Bioethics
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A Painful Presumption

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The practice of medicine seems to be governed by a general presumption in favor of the goods of healing, comforting, and saving life. When we see somebody bleeding, we presume we should stop the bleeding. When we see somebody in pain, we presume we should remedy the pain. When we see somebody sick, we presume we should heal the ailment. Medicine presumes to operate this way all the time.

Sometimes these common-sense presumptions come to be challenged in unexpected and even disturbing ways within the medical field. A controversial article that appeared in the *Journal of the American Medical Association (JAMA)* a few years ago discussing whether infants in the womb can feel pain early in their development provides a good example of the remarkably convoluted reasoning that is sometime allowed to pass for sound argumentation. The article discussed abortion procedures carried out after 20 weeks of gestation. Many neonatal specialists note that infants around this age do appear to feel pain and respond to noxious stimuli. Yet the authors of the JAMA article attempt to argue that because certain connections in the developing brain of the unborn infant have not yet been established by 20 weeks of age, pain perception by the infant may not be possible. The authors also make a concerted attempt to discount or discredit a number of the standard lines of evidence suggesting that infants *in utero* may feel pain quite early during a pregnancy.

Workers in neonatal intensive care units dedicated to helping premature infants recognize how these "preemies" readily respond to painful stimuli. Surgeons routinely anaesthetize premature babies before they undergo operations. Children delivered as early as 21 weeks can have an audible cry. Some doctors believe that such distress can be felt even as early as 12 weeks. If you stick a pin into the palm of a baby *in utero* who is eight weeks old, she will withdraw from this painful stimulus. In fact, such a baby will open her mouth *in utero* as though she were crying and carry out initial exhalation movements and other breath-type movements. Recent imaging studies have corroborated this "fetal homologue" of infant crying in the womb following painful or noxious stimuli.

What is perhaps most telling about the JAMA article is that the authors recommend that mothers contemplating an abortion should not be given information about

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the pain that their child may experience during the procedure, because of uncertainty about when that child actually begins to experience pain. Two of the article's authors, interestingly, failed to reveal important conflicts of interest when they submitted their article to the editor of the journal. The lead author was a former National Abortion Rights Action League employee, and another was the director of an abortion clinic in San Francisco and also on the staff of the Center for Reproductive Health Research and Policy, a pro-abortion advocacy center at the University of California-San Francisco.

The conclusions of the paper are indeed troubling:

> "Because pain perception probably does not function before the third trimester, discussions of fetal pain for abortions performed before the end of the second trimester should be non-compulsory. Fetal anesthesia or analgesia should not be recommended or routinely offered for abortion because current experimental techniques provide unknown fetal benefit and may increase risks for the woman."

Pain has traditionally been understood as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. So although the infant may be undergoing physical dismemberment during a termination procedure, the presumption somehow ends up being made by the authors that she is not experiencing discomfort until such time as it can be absolutely proven that she is. This amounts to a "painful presumption" in the wrong direction. If there is uncertainty about when the infant *in utero* can begin to feel pain, should we not err on the side of caution? If we had any inkling that a young dolphin or puppy might suffer because of the way we were euthanizing them, we would seek to redress their pain, rather than carry on an academic argument aimed at preventing pain management for these young animals.

Yet a deeper concern remains. By offering pain control during an abortion, we still would not succeed in morally sanitizing the act itself. Pain-free killing is still killing. But at least by encouraging physicians who do abortions, and their pregnant patients, to consider the pain the infant may experience, they may be prompted to consider a deeper dimension of what they are doing. By challenging their highly suspect presumptions about fetal pain, they may ultimately be pushed to look not only at the discomfort implicit in the procedure, but to revisit the more basic question about the practice itself which brings the life of an innocent human being to an untimely and unjust end.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.