ABORTION IS A MAN'S WORD

TRUDY DEHUE

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AN INTENSE LONGING

For women of childbearing age, the holy grail is not a myth. It is very real indeed. Since ancient times, they have longed for safe and simple means to undo fertilization. This dream of being able to 'defertilize' has always remained deep and intense. Very understandable for those who can imagine forced pregnancy. Carrying and giving birth to a child is physically and emotionally demanding work, and without ultimate reward for yourself, it is unbearable. In other situations, we would speak of slavery.

Some women even experience forced pregnancy as a prolonged rape, a fact that is also reflected in the history of attempts to escape it. For centuries, poisonous substances had the desired effect, but without a comprehensive scientific system, a safe dosage could not be determined, while mechanical methods such as punching and using sharp objects could also be life-threatening. As a result, countless numbers of women throughout time have suffered poisonings and injuries—the price they have paid for their deep-seated desire to gain control over their own bodies, like everyone else. Many have died a painful death or been permanently maimed in the process, but after about three thousand years, the search for safe and reliable self-help resources has finally yielded results.

A MIRACLE PILL

In the 1970s and 1980s, the substances misoprostol and mifepristone became available. Used in combination, they are an easy and inexpensive way to prevent a fertilization from automatically implying childbirth. Consequently, the WHO has even started promoting far and wide that women with an unwanted fertilization should have free access to it for use until the twelfth week after the last menstruation. They should be able to decide for themselves whether they want to be assisted in this by another person, and if so, who that should be.

Doctors Without Borders communicates the same message, but like the WHO, it is a voice in the wilderness. While the grail dreamt of for centuries does actually exist, it has remained completely or partly inaccessible to women, because the authorities put it under lock and key. They did so by referring to it as the 'abortion pill'. The discoverers of misoprostol and mifepristone had come up with designations for them such as 'menstruation-inducer', 'post-fertilization interruption' and 'contragestive' (remedy against pregnancy), because they can be used soon after a missed period. And in 1970, joyful headlines were already appearing in Dutch newspapers as well, such as 'Abortion problem may be a thing of the past thanks to invention of miracle pill'. But opponents came up with headlines such as 'It's definitely an abortion', and they won this battle.

Personally, I avoid using the word 'abortion', as it is a morally, politically and legally charged concept, and has referred to men's control over women from its introduction in the mid-nineteenth century.

ABORTION IN THE CASE OF A DESIRED PREGNANCY

The introduction of the word 'abortion' shows that, in many eyes, women served primarily to provide offspring. It made its entry into the Dutch language with the Latin disease label *dispositio abortiva* or 'the tendency to dispose of the foetus'. It came from the veterinary world, and around 1850, human medicine also began to use the term. It referred to the need for early detection of women at risk of foetus rejection, as it was also called. According to textbooks of the time, doctors had to watch out for 'the nervous, the hysterical, the blonde, the black-haired', and the 'extremely fat' women, as well as those with either 'high or low libido'.

So basically every pregnant woman suffered from dispositio abortiva according to the powerful men of the time. And the most gentle of the many treatments to prevent it was nine months' compulsory bed rest. It would take a full century to realize that spontaneous miscarriages usually indicate that a foetus is not developing properly, but that is an aside, because this is about the further history of the word abortion.

Following on from its use for a miscarriage, doctors introduced the term *abortus provocatus* (provoked miscarriage), which also did not refer to a fertilization that a woman wanted to undo. In the late nineteenth century, the term abortus provocatus replaced established designations such as 'manual operation' or 'artificial procedure' in the case of a pregnancy that had to be terminated to save the woman's life. That could be the only solution in the case of an infection, or severe pregnancy vomiting. A woman's birth canal could also be blocked by a deformity or a growth, or her pelvis could be too small for the child's head. Because the caesarean section only became safe to carry out during the twentieth century, for a long time such a termination had to come at the expense of an early foetus or, to everyone's horror, sometimes even a full-term child that had to be killed internally.

So here it concerns medics who wanted to spare the woman in a forced choice. That they introduced the name abortus provocatus for this was because of opposition to it by Catholic authority figures for whom Latin was always the language in serious matters. These religious men were not even concerned with the dilemma of choosing between preserving the woman versus the child, because shortly after a woman dies, so does her foetus. The point was that Catholicism granted unborn babies a soul of their own, so that gave these spiritual caretakers the most control over them. According to their mythology, unborn babies had to be baptised alive and directly on the head just like newborns, because without that sacrament, the new soul was not allowed to enter heaven.

The church sometimes stated that this ritual could and should happen just after the death of the woman, in the nick of time before the foetus also died. But church regulations stipulated at the same time that no risk whatsoever was to be taken. Better to save the new soul than to spare the woman. Doctors protested that priests cannot determine whether a person has died or is going to die, so when haste was required, it was likely to involve murdering the woman. On top of that, for the sake of that new soul, the church banned life-saving medical intervention that allowed at least the woman to survive. In the case of a full-term child as well as an early life-threatening pregnancy, a doctor had to stand idly by until the woman's death struggle was over, even if she was the mother of a bevy of other children.

ABORTUS PROVOCATUS CRIMINALIS

And so there were three types of pregnancy termination. Along with the time-honoured type as self-care, it became a medical procedure, and a holy sacrament. While the command to carry out the latter type could still be found in Catholic manuals until the mid-twentieth century, this church also went on to prohibit the first two forms through secular criminal law. This happened in the Dutch-speaking world for the first time in 1811 with the translation of the *Code Pénal*, imposed by the Catholic French occupiers led by Napoleon.

It was the pioneering Dutch gynaecologist Hector Treub who took up the fight over this, but only for the life-saving abortion in cases of desired pregnancy and performed by a doctor. His outrage was aroused by the 1901 case of a 10-week-pregnant woman with pregnancy vomiting so severe that she could only be saved by an abortus provocatus. However, her priest forbade this and after the

woman died, nauseous and malnourished, the priest then revealed that the baptism of the foetus had been carried out according to the rules. Treub openly questioned the truth of this, because a foetus dies first when the woman is malnourished. Therefore, if the baptism was conducted according to the rules, they could not have waited until the woman had actually died.

Meanwhile, the oldest type of termination on the woman's own initiative persisted, under designations such as 'inducing menstruation' or 'causing a woman to fall badly'. The church made sex within marriage compulsory, and the extremely strict *Nederlandse Zedelijkheidswet* (Dutch Morality Act) of 1911, once again introduced by a Catholic politician, drove both desperate unmarried and married women into the arms of illegal 'ladies' experts'. These people did not yet bear the name of 'abortionists' because, as stated, an abortus provocatus was a life-saving medical procedure.

Illegal pregnancy termination often went well, especially when performed by midwives with knowledge of infection control. But sometimes the women ended up in hospital with life-threatening injuries and infections. In response, the authoritative Treub introduced the expression *abortus provocatus criminalis* for termination of pregnancy by anyone other than a doctor.

The current Dutch word for abortion, *abortus*, is an abbreviation of the latter phrase in Latin, and it still has the image of a crime attached to it. Abortion, which in France is enshrined in the constitution, still falls under criminal law in the Netherlands. Additionally, many people use the phrase *abortus plegen* in Dutch, which means 'commit abortion', while the word commit is associated with crime and not with any other medical treatment (you don't 'commit' a vasectomy or even a butt lift). It was still some time before the term abortion gained wide acceptance for a termination on the woman's own initiative as well. But today people even say anachronistically that abortion already existed in ancient times when it refers to women's own initiatives.

HEALTHY PATIENTS

In summary, it was via pregnancy termination instigated by priests that the oldest historical line of termination instigated by women themselves became incorporated into termination instigated by medical doctors. After all, it was through the religious duty to baptise the new soul that life-saving medical termination of pregnancy had to be defended.

In the second half of the twentieth century, mental suffering also became a medical matter, and subsequently the *Nederlandse Wet afbreking zwangerschap* (Dutch Termination of Pregnancy Act) of 1984 made some criminal abortions 'medical abortions' as well. Although this law was progress because women who met the legal requirements were now safely helped, it again came as a counteraction from religious quarters. The then justice minister (once again Catholic), who was also prime minister, said explicitly that his law renewal was mainly intended 'to restrict abortion'.

This was because women had meanwhile started helping each other with a vacuum pump or the stomach drug Cytotec aka misoprostol, whose pregnancy-terminating side effects they had turned into its main and intended effect. Progressive doctors had also set up illegal clinics where they terminated unwanted pregnancies. To counter these practices, the 1984 law reinserted abortion into the criminal code, with the provision that it would not be applied if the procedure had been performed by a certified abortion doctor working in a certified abortion clinic. From then on, the doctors had to abide by a series of rules, such as checking whether the woman had made her decision in a morally responsible manner, and imposing a five-day reflection period plus providing information on contraceptives.

As a result, women who were generally healthy came under compulsory medical supervision, while the abortion doctor was given the secondary roles of clergy and law enforcer. The five-day reflection period was abolished in 2023 and today's abortion doctors are skilled and friendly people, who above all reassure, do not moralize and realize that most women are already aware of existing contraceptive methods. Nevertheless, for unintentionally pregnant women, as for everyone else, it is usually true that they would rather take care of themselves than undergo medical treatment—all the more so if this is accompanied by intimidating protesters on the clinic's doorstep.

A BEFORE-AND-AFTER REMEDY

Together with the WHO and Doctors Without Borders, organizations like Women on Waves are therefore still advocating for easy availability of mifepristone and misoprostol, starting with via a GP. Women on Waves also sends these pills with instructions for use by post and its medics guide women online if required.

So history is once again back to inducing menstruation independently, which can now finally be done safely, cheaply and easily. However, the legislation still prescribes medical supervision. That is why mifepristone in the low dose of at most 50 milligrams is also not available, while this, according to Woman on Waves, should be allowed to have a place in every fertile woman's medicine cabinet.

If a woman is sexually active, she could take a pill with a little mifepristone once a week, after which any fertilized egg will be shed as well during the next menstruation. If she only has occasional sex, she could just take this pill shortly afterwards, so that it acts as a new type of morning-after pill. The big advantage of mifepristone as a 'before-and-after remedy' is that this antiprogesterone does not have the hormonal side effects attributed to existing options, where an increased risk of breast cancer has been found in women with a BRCA mutation, and users report side effects such as weight gain, mood problems, and decreased libido.

Even a feeling of tightness in the breasts is a thing of the past with a small weekly dose of mifepristone, and menstruation also lasts only a single day a month. But the heavy word 'abortion pill', with its connotations of immorality and criminality, also gets in the way of this dream. In the US and Europe (with the exception of Moldova), mifepristone in low doses is also not registered as a drug for endometriosis, let alone freely available over the counter to help trigger menstruation. Only the dose of two hundred milligrams as part of the abortion pill exists, and that is supervised by a doctor.

As a result, fertile women remain dependent on medics, behind whose back there is always a powerful legislator. As a result, they are still excluded from the fundamental right to decide for yourself what happens to your own body. It is, in short, high time that the entangled historical lines of termination as self-care, treatment and sacrament are unravelled again. The word abortion, traditionally an instrument of male power, should no longer be used the moment a sperm cell has reached an egg cell.

Then the medication to undo an unwanted conception becomes a 'defertilization pill', or even better an 'all-round pill', because it serves several purposes, is taken around ovulation, AND fulfils a turbulent quest some thirty centuries old.

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Translated by Christine Gardner