Medical Ethics and Unwanted Children

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Where does the responsibility lie for the tragic problems created by the existence of hundreds of thousands of unwanted children in the United States? Quite apart from the parents themselves, is it not true that doctors, hospital administrators, public health officials, and educators all have been guilty of withholding information, distorting medical facts, and allowing their personal prejudices to overrule reliable scientific knowledge?

It seems to me that it is a doctor’s clear ethical responsibility to try to make every pregnancy a planned, joyful event, and to pursue this aim by actively disseminating information and expanding services (including abortion and voluntary sterilization) to all sexually active persons, without regard to age, sex, economic, or marital status. This has not, however, been the course of the decision-makers.

It is now more than 50 years since Margaret Sanger began her campaign to make contraceptive information and services readily available to the poor in New York City. Yet an estimated one-third to one-half of all pregnancies are accidental, producing literally millions of unwanted, or at best unplanned-for, babies. The occurrence of the unplanned birth is closely related to our society’s puritanical anxiety about recreational sex, especially for the unmarried young. The most common reason for refusing honest explanations of contraception to the young seems to be that it will increase sexual activity. It is widely supposed that ignorance and the fear of pregnancy are preferable to knowledge, with possible risk of increase in sexual activity. The results of this folly are painfully obvious to anyone who studies the welfare rolls, the pregnancy drop-outs from school, the case histories of institutionalized patients and prisoners, or anyone who looks into the social costs of unwanted children in any other area. Yet ignorance and superstition still prevail. They flourish, unfortunately, even within the medical profession. Many physicians withhold information and services from young people with the futile hope that doing so will prevent them from engaging in sex. Some even use pregnancy to punish those who break the rules. Such lack of

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concern for the need of the newborn for love and acceptance is unconscionable.

The situation in schools is even more deplorable. General teaching on the subjects of sexuality, marriage, and human development tend to violate both common sense and medical acceptability. Yet this approach is sustained by most of the educational and medical institutions. Ninety-nine per cent of actual human sexual activity is banned from classroom discussion, except insofar as it is brought up by the student, only to be dismissed as undiscussable by the teacher. Even recreational sex within marriage is only grudgingly acknowledged—if that.

Obviously, there are very strong forces at work to prevent accepted medical practices from gaining currency. An atmosphere of puritanical pronatalism is present at every level of the educational system, from grammar school through medical school, and throughout the national medical delivery system. We have all inherited this tradition from our culture. It has been built into each of us by an established yet largely unconscious system of inculturation, and by all dominant institutions in the society. These inhumane attitudes are so deeply entrenched that they receive at least passive acceptance even from some of the more enlightened members of the medical profession. And at the other end of the spectrum, these attitudes extend politically to the hysteria of the far right, which condemns any sex education as a Communist plot, along with water fluoridation and the United Nations.

An enormous number of doctors still feel that they have the right to decide who gets information and services and who does not. This attitude is passed on in medical schools so that physicians continually withhold contraception information from teen-agers, fail to help patients to obtain abortions, and deny sterilization to rational and responsible adults. Yet obviously doctors have neither the moral superiority nor social expertise to enable them to exercise these negative functions. Since so much misery is caused by unwanted children, conception control should clearly be the right of every sexually active individual.

But in spite of the enlightened attitude of many specialists in the field, most physicians either actively or passively promote the puritanical pronatalist position.

Only a ground swell of widely based pressure has even begun to bring about change. Planned Parenthood was started by laymen because doctors would not provide birth control services. Ministers, not physicians, have led the fight for legalized abortion. The two major organizations fighting for the right of all adults to voluntary sterilization, Zero Population Growth, and the Association for Voluntary Sterilization, are lay organizations.

Still, general practitioners, and even some specialists, all across the nation present their pronatalist prejudices with full medical authority even though they do not represent the preponderance of medical opinion and certainly not the most expert opinion. Many doctors routinely withhold facts, delete facts, distort facts, refuse to make referrals for abortion or sterilization, or