



Is the Oral Contraceptive Pill an Abortifacient?

1 References

Goodnough J, "Redux: is the oral contraceptive pill an abortifacient?" *Ethics & Medicine* 17 (2001): 37-51
and

Wilks J, "Response to Joel Goodnough MD, 'Redux: is the oral contraceptive pill an abortifacient?'" *Ethics & Medicine* 17:2 (2001): 103-115

2 Introduction

A recent edition of *Ethics & Medicine* contained a critique, by Dr Joel Goodnough, of a book by Randy Alcorn¹. Goodnough's critique essentially seeks to rebut the claim by Alcorn that the oral contraceptive pill (OCP) is indeed an abortifacient.

The following edition contains an article in response to this; John Wilks, a pharmacologist, writes in defense of Alcorn's position, countering Goodnough's arguments with scientific references and ethical discussion.

3 What the author said

Goodnough uses the following scientific arguments to suggest that embryo death cannot be proven and is probably extremely rare.

- **There is no proof that the OCP sometimes fails to prevent ovulation when taken correctly:** Goodnough criticizes Alcorn's belief, based on studies of ovarian function whilst using the OCP, that the OCP may fail to prevent ovulation in 10-30% of cycles. He says that ovarian activity is not synonymous with ovulation. The rate of pregnancy on the OCP is 0.1% per year (the observed rate in the general population is 3%), and the difference according to Goodnough is due to breakthrough ovulation after user error or decreased absorption during illness or medication use. He believes it is wrong to assume that ovulation occurs often, especially when the OCP is taken responsibly and correctly.
- **Even if the OCP changes the endometrium, there is no evidence of embryo death as a result:** He also dismisses claims that the OCP causes abortifacient changes in the endometrium as "speculative". While Alcorn has quoted literature showing a pill-induced hostile endometrium, no literature actually proves that embryo death results. Goodnough then suggests (with no evidence) that the thinner endometrium may be a result of suppressed ovarian hormones, such that perhaps a "hostile endometrium may be absent in cases of ovulation when it matters and present in cases of anovulation when it doesn't".

¹ Alcorn R. *Does the birth control pill cause abortions?* Eternal Perspective Ministries, 1998, 2nd edn.



Goodnough goes on to concede that a lack of evidence of embryo death doesn't prove that it never happens. He then discusses why, in his opinion, embryo death would be of little consequence if it did happen.

- **The OCP is not 'abortifacient' because it was not designed to kill embryos:** Goodnough defines an abortifacient as "anything used to cause or induce an abortion" (Taber's Cyclopedic Medical Dictionary), suggesting that the OCP is instead simply a contraceptive that has a potential for failure, resulting in the death of an embryo. He says "it would be absurd to say that because the gun and the car sometimes kill people, they are in essence agents of homicide", and states that "by design, by intent and by primary function, the OCP, when properly used, is in essence a contraceptive".
- **Medical decisions rely on a 'risk versus benefits' approach:** Since there is an unknown degree of risk to the embryo, and since with every medication, treatment and surgery there is an inherent risk of harm, he suggests that the OCP should be assessed on a 'risk versus benefits' basis. According to his risk assessment, the OCP, and any resulting embryo death, is preferable because "since the risk of death on the OCP is less than the risk of death in pregnancy, the risk is tolerable".
- **Choosing birth control methods that do not endanger embryos is an overly cautious decision, inconsistent with most other normal life decision:** To the argument that there are safe alternatives that do not and cannot cause abortions, he suggests we should choose contraception in the same way that we make other decisions in life. He says that "if our driving sometimes causes the death of innocent human beings, the Christ-like thing to do, perhaps, would be to not drive at all", and claims we are not responsible for the death of an embryo we have killed with the OCP. While he would not criticize someone for choosing to simply not take the OCP, he would "wonder about someone's consistency if they advocated not using the OCP while at the same time driving to work, hunting, taking estrogen after menopause, or engaging in any other activity with potential risks, whether real or perceived".
- **The OCP meets the requirements for application of the Principle of Double Effect:** Goodnough says that "if the desired effect is prevention of conception by prevention of ovulation, it is not accomplished by a bad effect and there are no alternatives that are safer".

4 Ethical evaluation

- **Based on current knowledge, it is incorrect to deny the ability of the OCP to prevent implantation and to assume its function is solely to prevent ovulation:** Wilks' response is that Goodnough has used dated references which do not properly reflect current knowledge of the process of implantation. Wilks cites research demonstrating that motivated, healthy women who take contemporary formulations correctly (daily) do indeed have breakthrough ovulation which is not necessarily attributable to errors in use or reduced absorption. Recent studies also show a pill-induced thinning of the endometrium, such that it is too thin for implantation to occur.



- **The correct definition of an ‘abortifacient’ is anything that causes an abortion, whether or not it was intended to do so:** Goodnough’s definition of ‘abortifacient’ is tendentious. Standard medical dictionary definitions define ‘abortifacient’ more objectively, and without judgment on its intentionality². In any case, pharmaceutical companies state clearly that the prevention of implantation is at the very least a back-up mechanism in their formulations of the pill, while some newer ‘contraceptives’ are solely aimed at prevention of implantation; for example the contraceptive vaccine³.
- **A ‘risk versus benefits’ approach is utilitarian in nature, and does not take into account all the options couples have for birth control:** Goodnough suggests that the decision to prescribe the OCP is all a matter of degree of risk. It is a typical utilitarian response to legitimate the OCP on the basis that the desired positive effects (pregnancy avoidance) allegedly outweigh negative outcomes (such as the deaths of embryos). This perspective suggests that there are only two alternatives for husband and wife; pregnancy or the pill. This is incorrect. There are many other forms of birth control, many of which do not endanger the embryo.
- **The OCP does not meet requirements for the Principle of Double Effect:** The deaths of embryonic human beings as a ‘side effect’ of the OCP are disproportionate to the alleged goods achieved. In any case these bad ‘side effects’ can be avoided and the goods achieved by using a natural birth regulation method.

The title of Goodnough’s article uses the word “redux”, suggesting a link to the Latin phrase *reductio ad absurdum*; a suggestion that he is ‘reducing to absurdity’ the substance of Alcorn’s book. He attempts to use both scientific and philosophical arguments to support prescription of the OCP, which are both refuted by Wilks. However, regardless of any pretence of concern for the well-being of embryonic human beings, Goodnough’s analysis reveals that in his opinion the embryo simply does not signify.

² For example, Dorland’s Illustrated Medical Dictionary, 27th Edition, WB Saunders 1988.

³ Pal R. “Absence of corpus luteum rescue by chorionic gonadotropin in women immunized with a contraceptive vaccine”, *Fertility and Sterility* 76 (2): 332-336, 2001