

Complications: Abortion's Impact on Women by Angela Lanfranchi, Ian Gentles and Elizabeth Ring-Cassidy published by The de Veber Institute for Bioethics and Social Research. Toronto. 2013. pp 433. \$29.95 www.deveber.org

This book covers the adverse impact of abortion on women. The main focus is on the medical conditions found post abortion among the women. But there is also some preliminary review of the social context discussed in the first 89 pages with chapters on such topics as Healing after abortion, maternal and infant mortality as a background concern, sex selective abortions, the question of abortion leading to crime and informed consent in relation to abortion.

The book is especially useful as a reference for those engaged in debates or litigation because it provides 668 references to papers in medical journals or other scientific publications.

Some of the known health risks post abortion are well established and acknowledged even by the abortionists who claim to make a proper declaration for their client women so that their consent to abortion is informed. Chapter 15, on "Premature or preterm births after abortion", has some valuable discussion of cerebral palsy that is especially common among children born prematurely.

These scientific references have worldwide validity and we can usefully cite them. But also, in a British context, we might note that there are legal and cultural distinctives that apply here. Our law, based on the 1967 Abortion Act, requires two doctors' signatures for every legal abortion. There is supposed to be some sort of health gain from British abortions. The heading Therapeutic Abortions can be found on Scottish abortion statistics. British women who are sick post abortion have iatrogenic sickness in a way that American and French women do not have, as the latter have access to abortion without medical approval. It is understood that most British abortions are approved for reasons of mental health, whether of the pregnant woman or her children. So it is understandable that our medical professional bodies and health authorities are particularly reluctant to acknowledge the adverse impact of abortion on the mental health of women. And there have been a significant number of British abortions where medical approval has been given out of concern for the mental health of children. This makes a British reluctance to acknowledge or study the adverse impact of legally induced abortion on family life more understandable. Chapter 17, on "Psychological outcomes: Abortion and family formation", opens up the subject of the adverse demographic and social impact of abortion which is inimical to marriage. None of the references in this chapter and few in the whole book seem to be British.

The defensive stance of British medical authorities in relation to legally induced abortion seems also to be one reason why no British cancer epidemiologists wish to acknowledge the increased risks of breast cancer among women who have had abortions and they prefer to explain the increased modern incidence of female breast cancer only in vague terms. While the aetiology of the modern breast cancer epidemic is not clearly resolved, breast cancer is overtaking lung cancer as the most common cancer, yet breast cancer prevention is much less of a priority for our public health authorities now than the prevention of other cancers such as lung cancer.

Chapter 7, titled “Biology and epidemiology confirm the abortion-breast cancer link”, gives a good account of the modern debate on both fronts.

The book is quite comprehensive. There are chapters on “Physical complications: Autoimmune diseases”, “Physical complications: Maternal mortality from abortion”, “Medical or drug-induced abortion: How safe?”, “Multi-fetal pregnancy reduction (MFPR)” and “Pain during and after abortion.”

The final section of the book, headed Women’s Voices, has two chapters. One is “Who are the experts? What 101 women told us.” The last chapter has the title “Women’s voices: Narratives of the abortion experience.”

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