

The Morning After Pill (MAP)

The morning-after pill is a multiple dose of an oral contraceptive. The MAP may prevent ovulation or, if fertilization has occurred, it may ruin the implantation of a newly conceived human being. It is important that the potential for post-fertilization effects be communicated to patients and health-care providers, as many consider human life to be present and valuable from the moment of fertilization.

The common description of the MAP as emergency *contraception* fails to accurately describe its possible abortifacient action (1) and is misleading the public. The confusion is aggravated by the current attempt to re-define pregnancy as occurring after implantation. It is a basic fact of human embryology that life begins at conception.

Impact of MAP Use

Manufacturers have reduced the hormone content of oral contraceptives due to serious side effects and health risks. Now women are being encouraged to use these same pills, in multiple doses, as post-coital "contraception." The potential long-term impact of these high hormone doses, especially when used repeatedly, is worrisome and not being adequately addressed. The potential effect of the drug on children who survive is also a cause for concern.

The policy to make the morning-after-pill available without a doctor's prescription puts women and girls at higher risk for disease and sexual health problems. Physical and clinical examination by a physician are essential to good healthcare: to counsel patients and determine sexually-transmitted diseases, abusive relationships and related health issues.

Obviously increased access to MAP will increase use. The 1998-99 annual report of Planned Parenthood Federation of America showed an 83.5% increase in "emergency contraception (EC) clients." Seventy-eight of its 132 affiliates "offered EC kits to keep at home 'just in case'." Manufacturers stress that the MAP is not intended for repetitive use but offer no realistic plan to prevent this. In Asia, repetitive MAP use (and health consequences) have become commonplace, and health authorities there have become concerned.

Conscience Rights

A related issue raised by increased MAP demand is that of conscientious objection. Our recent correspondence with provincial Colleges of Physicians and Surgeons indicates that, in general, regulating bodies agree that physicians do not have a professional obligation to refer a patient for an abortion. This principle must also apply to the prescription of abortifacients, where referral would violate the conscience and medical good judgment of the physician.

Canadian Physicians for Life affirms the Hippocratic tradition in medicine. We are dedicated to the respect and ethical treatment of every human being, regardless of age or infirmity. Those who hold these principles must not be pressured to act contrary to them as they are foundational to the integrity of our profession and the trust of the public.

Informed Decision Making

Any policy that morally troublesome issues need only be referred to a colleague is oblivious to the principled objections of pro-life physicians. Pro-life practitioners are not merely refusing to prescribe a type of medication but are dedicated to helping patients make fully informed decisions about their health.

The Code of Ethics of the Canadian Medical Association requires physicians to "inform a patient when their personal morality would influence the recommendation or practice of any medical procedure that the patient needs or wants." We suggest that doctors should be required to inform patients when pro-abortion beliefs may bias their approach to a pregnancy, reflecting the same principles expected of pro-life doctors. In other words, doctors who rank unborn human lives as disposable and who believe that abortion does not cause unacceptable harm to women should be expected to inform the patient of this bias during the counselling process.

Canadians are not being well informed due to the media tendency to ignore or misrepresent the facts about the Morning After Pill.