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## This Isn't Meddling — It's Murder

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Wednesday, August 17, 2011

Euphemisms are the refuge of moral cowardice, and no euphemism is so cowardly or so deadly as “reduction” — a word that sounds like math, but really means murder. The August 14, 2011 edition of *The New York Times Magazine* makes this fact clear in its cover story, “The Two-Minus-One Pregnancy.”

Reporter Ruth Padawer first takes her readers into the examination room of an obstetrician who is about to abort one of two fetuses within the womb of a woman identified as “Jenny.” Padawer writes:

*As Jenny lay on the obstetrician's examination table, she was grateful that the ultrasound tech had turned off the overhead screen. She didn't want to see the two shadows floating inside her. Since making her decision, she had tried hard not to think about them, though she could often think of little else. She was 45 and pregnant after six years of fertility bills, ovulation injections, donor eggs and disappointment — and yet here she was, 14 weeks into her pregnancy, choosing to extinguish one of two healthy fetuses, almost as if having half an abortion. As the doctor inserted the needle into Jenny's abdomen, aiming at one of the fetuses, Jenny tried not to flinch, caught between intense relief and intense guilt.*



Of course, Jenny was not “having half an abortion,” for she was aborting a baby who was just as alive as his or her twin. The “reduction” of multiple pregnancies is now part of the practice of obstetrics, though largely kept from public view. Ruth Padawer explains that the demand for reductions is driven by advances in reproductive technologies and the reluctance of many women to accept a multiple pregnancy. Some of the most widely-used fertility drugs increase the likelihood of a multiple pregnancy, as does the usual process of IVF procedures.

The procedure was first proposed as a means of reducing the risk of having three or more babies in a single pregnancy. In more recent years, the demand to reduce twins to a single pregnancy has grown steadily. At one New York City medical center, over half of all reduction procedures were to reduce twins to a single pregnancy. Padawer’s report is largely about that phenomenon, for the reduction of a pregnancy from twins to a single baby is not about increasing the odds of a healthy delivery, but about the ominous rise of what amounts to personal preference.

Jenny makes this clear. She explains that she had conceived through IVF and an egg donor. Had the pregnancy occurred naturally, she said, “I wouldn’t have reduced this pregnancy, because you feel like if there’s a natural order, then you don’t want to disturb it.” Nevertheless, “The pregnancy was all so consumerish to begin with, and this became yet another thing we could control.”

Those words are amazingly revealing. Those who have tried to justify any and all means of controlling reproduction must face squarely the fact that they have created what amounts to a consumer market for babies — and customers eventually find someone to provide what they demand. When it comes to human life, the stage is set for tragedy.

As Ruth Padawer reports, obstetricians were at first reluctant to reduce twins to a single pregnancy on moral grounds, and many doctors who perform reductions refuse to reduce below twins. But the practice is growing, reflecting a shift in medical practice. She profiles Dr. Mark Evans, who at first refused to reduce twins on moral grounds. In 1988 he co-authored ethical guidelines for reducing pregnancies that declared reductions below twins to be unethical. Evans wrote that doctors should not allow themselves to become “technicians to our patients’ desires.”

And yet, in 2004 Dr. Evans reversed his position on the issue. Padawer explains his rationale:

*For one thing, as more women in their 40s and 50s became pregnant (often thanks to donor eggs), they pushed for two-to-one reductions for social reasons. Evans understood why these women didn’t want to be in their 60s worrying about two tempestuous teenagers or two college-tuition bills. He noted that many of the*

*women were in second marriages, and while they wanted to create a child with their new spouse, they did not want two, especially if they had children from a previous marriage. Others had deferred child rearing for careers or education, or were single women tired of waiting for the right partner. Whatever the particulars, these patients concluded that they lacked the resources to deal with the chaos, stereophonic screaming and exhaustion of raising twins.*

Note carefully that the justification offered for killing an unborn baby is clearly identified as “social reasons.” The medical rationale he cited cannot be taken seriously, even as he cites “recent studies” that “revealed that the risks of twin pregnancies were greater than previously thought.” As this article makes abundantly clear, the main risk of a twin pregnancy these days is the risk that one of the twins will be intentionally aborted.

“Ethics,” Dr. Evans told Padawer, “evolve with technology.” That is a foundation for murderous medical ethics. The Culture of Death has worked its way into the logic of modern medical ethics to the extent that these obstetricians justify killing healthy babies just because the parents do not want the burden of twins.

Padawer allows many of the mothers seeking reductions to speak of their intentions without any effort to filter their language. One mother said she felt like her triple pregnancy “was a monster.” She eventually found Dr. Evans, who reduced her pregnancy to a single baby. Padawer candidly reports that some women use reductions to choose the sex of their baby. “Until the last decade, most doctors refused even to broach that question,” she reports, “but that ethical demarcation has eroded, as ever more patients lobby for that option and doctors discover that plenty opt for girls.”

In other words, sex-selection abortions would be unethical only if the demand for either sex was out of balance?

To her credit, Ruth Padawer points to the growing consumer market for babies as the root issue. She writes:

*We’ve come to believe that the improvements are not only our due but also our responsibility. Just look at the revolution in attitudes toward selecting egg or sperm donors. In the 1970s, when sperm donation took off, most clients were married women with infertile husbands; many couples didn’t want to know about the source of the donation. Today patients in the United States can choose donors based not only on their height, hair color and ethnicity but also on their academic and athletic accomplishments, temperament, hairiness and even the length of a donor’s eyelashes.*

“The Two-Minus-One Pregnancy” is one of the most significant articles of recent years. With chilling and unflinching candor, Ruth Padawer virtually forces her readers to see the

twisted thinking that justifies the killing of the unborn, and then she tries to evade moral responsibility by calling the procedure a “reduction.”

There is a story behind this story, of course. The intersection where modern reproductive technologies and legal abortion meet is now a deadly place for many unborn babies. In the name of personal preference and for “social reasons,” some women now demand that their multiple babies be aborted so that they will have only the one baby they want.

Padawer says that many Americans are uneasy about this knowledge, perhaps “because the desire for more choices conflicts with our discomfort about meddling with ever more aspects of reproduction.”

But the procedure so dishonestly called “reduction” is really not about mere “meddling.” It is murder.

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Ruth Padawer, “The Two-Minus-One Pregnancy,” *The New York Times Magazine*, Sunday, August 14, 2011.

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