

Fetal Pain: Real or Relative?

The worlds of philosophy and humor often intersect so that philosophers can sometimes be mistaken for comedians and *vice versa*. To the age-old question, “If a tree falls in the forest and no one is around to hear it, does it make a sound?”, one might not be certain whether to respond with a frown or a smile. A contemporary variant of the question leaves no doubt about the appropriate response: “If a husband says something and his wife is not there to correct him, is he still wrong?”

But there is decidedly nothing humorous about the question, “Does a human fetus feel pain during an abortion if no one is there to verify the pain scientifically?” We like to think that we citizens of the 21st Century are compassionate people. And we place this most humane disposition, if not at the top, surely near the top of all human virtues. Being sensitive to the pain of another seems to be a clear sign of one’s humanness. Not to feel the pain of another is considered cold, distant, and callously impersonal.

It is rather curious, then, that the subject of fetal pain, rather than activating the springs of compassion that exist in all of us, is often politicized, depersonalized, trivialized, and relativized. If a person is truly compassionate, it would seem that his sensitivity to another’s pain would not be subject to ideological compromise. It appears disingenuous to say, “I will feel your pain as long as it is politically correct to do so.”

President Ronald Reagan, in a 1984 address to the National Religious Broadcasters, made a most provocative as well as politically incorrect statement in saying, “When the lives of the unborn are snuffed out, they often feel pain, pain that is long and agonizing.” The president’s statement was reported by *The New York Time* (Jan. 31, 1984).

In response to the chief of state’s remark, a group of professors, including pain specialists and two past presidents of the American College of Obstetricians and Gynecologists, wrote a letter to President Reagan in support of his statement:

We state categorically that no finding of modern fetology invalidates the remarkable conclusion drawn after a lifetime of research by the late Professor Arnold Gesell of Yale University. In *The Embryology of Behavior: The Beginnings of the Human Mind* (1945, Harper Bros.), Dr. Gesell wrote, “and so by the close of the first trimester, the fetus is a sentient, moving being. We need not speculate as to the nature of his psychic attributes, but we may assert that the organization of his psychosomatic self is well underway.”

The word “sentient” is the key term here, for it includes the capacity to experience pain as well as other sensations that are transmitted through the nervous system.

In the year 2,000, the *House of Lords* in Britain conducted an inquiry into “fetal sentience” that included researching the ability of the fetus to feel pain. The inquiry concluded that “after 23 weeks of growth, higher areas of the brain are active and starting to form connections with nerves that will convey pain signals to the cortex.” It also

concluded that “the capacity for an experience of pain *comparable* to that in a newborn baby is certainly present by 24 weeks after conception.”

Researchers into fetal pain explain that three neuro-anatomic factors are necessary for the experience of pain: 1) *sensory nerves* that convey the message of pain to the brain; 2) the part of the brain called the *thalamus*, that receives this message; 3) the *motor nerves* that transmit the message of pain to the site of the pain stimulus. These three factors are present at 8 weeks of gestation.

Ultrasound imaging of the fetus, together with the observations of heart and brain changes (using electrocardiograms and electroencephalograms) have demonstrated how the human fetus does, indeed, respond to pain, touch and sound. Dr. Bernard Nathanson’s video tape, *The Silent Scream*, shows a 12-week fetus dodging the instrument employed in a suction abortion time and again as its heartbeat doubles in rate.

Dr. Robert White, director of the Division of Neurosurgery and Brain Research Laboratory at Case Western Reserve School of Medicine, testified before the House Constitution Subcommittee of Congress in 1997 and stated that the fetus of 20 weeks gestation “is fully capable of experiencing pain.” “Without doubt,” he went on to say, “partial birth abortion is a dreadfully painful experience for an infant.”

Dr. Paul Ranalli, professor of neurology at the University of Toronto, has stated, in reference to the pain felt by premature babies at a particular stage of development, that “The only difference between a child in the womb at this stage, or one born and cared for in an incubator, is how they receive oxygen – either through the umbilical cord or through the lungs. There is no difference in their nervous systems.” Numerous studies have emerged over the past year suggesting that premature or newborn babies actually feel pain more intensely than do adults. This may not be entirely surprising since, as Dr. Ranalli note, “babies under 30 weeks have a “newly established pain system that is raw and unmodified at this tender age.”

More recently, reported in April of 2006, a research team from University College London analyzed brain scans of premature infants when blood samples were drawn using a heel lance. The researchers observed surges of blood and oxygen during the procedure indicating conclusively that pain registered in the sensory levels of the infants’ brains. “We have shown for the first time,” the lead researcher, Professor Maria Fitzgerald stated, “that the information about pain reaches the brain in premature infants.”

Research into fetal pain has produced a mixed reaction. The fundamental problem lies in the fact that a fetus cannot tell us that he is experiencing pain. Yet neither can an infant or an animal articulate the experience of pain. Wherever a *disclosure* of pain is not possible, we look for its *indication*. There are enough indications that when a tree falls, it makes a sound. Ear witnesses do not need to be present to verify this fact. A rudimentary knowledge of physics and the vibratory nature of sound suffices. We accept the indications as evidence and do not require personal witnesses.

Because the myriad of scientific studies into fetal pain have been received by many responsible people as offering credible indications that the unborn fetus and premature baby can experience pain, fetal legislation has been enacted. Senator Sam Brownback (R-KS) and Representative Chris Smith (R-NJ) introduced a bill to the Senate and House in 2004 called the “Unborn Child Pain Awareness Act.” The law would require abortion providers to inform women about to undergo late-term abortions, that their fetuses can feel pain at that stage. It would give women the opportunity to have pain control medication administered to their unborn prior to the abortion.

Arkansas was the first state to enact a law requiring doctors who perform abortions to provide anesthesia for late-term fetuses. Minnesota followed suit in August of 2005, then Georgia. The Minnesota law requires that all women seeking abortions who are more than 20 weeks pregnant must be offered anesthesia for their fetuses. Fetal pain legislation has been introduced in at least 23 US states. In April 2006, Arizona Governor Janet Napolitano vetoed her state’s fetal pain legislation.

Sarah Stoesz, president of Planned Parenthood in Minnesota, has vehemently criticized the fetal pain law in her state, arguing that “We do not see the point in inflicting this kind of cruelty on women and families at that point in their lives.” Ms. Stoesz, in relativizing fetal pain, apparently believes that it pales in comparison to that which the aborting mother and other members of her family undergo. From all indications, however, fetal pain is very real. The fact that it has been politicized and relativized does not succeed in diminishing its excruciating reality one iota.

Dr. David A. Grimes, an abortionist, in referring to the issue of fetal pain (especially fetuses younger than 29 weeks) writes: “This is an unknowable question.” Nonetheless, in the face of the “unknowable,” how can he justify a decision to abort? Ignorance is not a justifying basis for performing an act that could cause another great pain. Fetal pain is “unknowable” for him, we must not forget, because he limits his avenue of knowledge to a strictly empirical methodology. By closing off other, more interpersonal or humane avenues, we would be equally uncertain about the pain experienced by premature babies, infants in the crib, and even adults. Compassion begins where empirical verifiability leaves off. How do we know that anyone of us is in pain and neither trying to conceal it or merely feigning it?

The Samaritan of the Gospel was compassionately drawn to the plight of the Levite. He did not relativize his neighbor’s predicament by weighing it against his own inconvenience or public opinion. He was “Good” because he responded directly to his neighbor’s pain. He did not put compassion on hold to give himself time to question whether his proposed action would be in keeping with the political correctness of his time. He was a human being who came compassionately to the aid of his suffering neighbor.

Fetal pain, especially after 10 weeks gestation, is a reality that cannot be relativized into oblivion. Anesthesia may help to reduce fetal pain. But what does one take to counteract the intellectual and moral anesthesia that deadens people’s awareness that

even an unborn human being is our neighbor and deserves from us a compassionate response?

It is imperative, however, that we refine our understanding of compassion. Every virtue has its bogus pretenders. Foolhardiness passes for courage, timidity for prudence, apathy for patience, obsequiousness for courtesy. But there is no counterfeit that is more successful in obfuscating the genuine article, especially in the present era, than false compassion. Rita Marker's book, *Deadly Compassion*, is a perfect illustration of how compassion can be used not as a virtue to express love, but as a rationalization for killing.

The Russian existentialist philosopher, Nikolai Berdyaev reflected the correct understanding of compassion when he stated that, "compassion means a desire for a new and better life for the sufferer and a willingness to share his pain." In this proper sense of compassion as a virtue, compassion is obviously pro-life. It is not consistent with true compassion to anesthetize the fetus before killing it. The act of killing can never be construed as helping the sufferer to have a better life.

One hopes that an increased awareness of the fact of fetal pain awakens people to a true compassion that expresses itself not in a painless death for the unborn, as does counterfeit compassion, but in accord with the example of the Good Samaritan who responded to his neighbor's pain by helping him to secure a better life.

It is worth noting that the Hebrew word for "womb" (*rechem*) is also the root for the word "compassion" (*rehamim*). In this sense, compassion is grounded in intimacy and life. The womb, to the Hebrew mind, is a place where new life is nourished, not a death chamber.

The world needs to know that compassion is a virtue and, as such, is not an excuse for killing, but an expression of love that unites us with the one who is suffering in the hope of providing a better life for that sufferer.

Dr. Donald DeMarco
Adjunct Professor:
Mater Ecclesiae College;
Holy Apostles College & Seminary