Letter to the Editor

No benefit to women or fetuses

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This letter was submitted to the editor of the *Journal of the American Medical Association* in response to an article by Ms. R. B. Reingold, J.D., and Professor L. O. Gostin, J.D., of Georgetown University Law Center, wherein they support further challenging of US state-based restrictions on abortion in the wake of the recent ruling of *Whole Woman's Health v. Hellerstedt* (Reingold and Gostin 2016). What motivated me to write the letter was that the authors based their argument on mortality rates of women in childbirth versus abortion, with no acknowledgment of fetal mortality. While the letter was not published by *JAMA*, I have since forwarded the letter to the corresponding author Professor Gostin, who responded courteously without providing a rationale for the oversight, and I request that it be published in the *Linacre Quarterly*.

In their “Viewpoint” column, Reingold and Gostin celebrate a recent Supreme Court ruling that will remove two restrictions to abortion access in Texas. Twice the authors state that a justification for this decision is that “childbirth is fourteen times more likely than abortion to result in death” (Reingold and Gostin 2016, 925), citing one methodologically flawed study (Raymond and Grimes 2012). Even if one were to take this comparative mor-

tality risk at face value, the authors have omitted the fetal death rate in abortion, which is over two hundred times higher than the US neonatal mortality rate (RCOG 2011; World Bank 2016).

Epidemiological studies consistently report that there are no long-term adverse effects on women who choose to have an abortion during an unplanned pregnancy (RCOG 2011). Equally, there is no benefit. That abortion has no proven benefit to women means this legal victory for a private abortion provider is not cause for celebration in health care. If the authors view the benefit of abortion in immediate terms, i.e., cessation of pregnancy, then fetal death rate ought to be stated alongside the cited mortality risk to women.

REFERENCES

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