# Ethical Point Of View On The Act Of Abortion

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## Introduction

Abortion is ethically difficult because it brings several serious values into direct contact: developing human life, bodily autonomy, health, equality, family responsibility, conscience, and the consequences of pregnancy. The original essay moved between defending abortion as a personal choice and condemning it as “against nature,” but it did not define the ethical claims or acknowledge the diversity of circumstances in which decisions occur. A rigorous analysis cannot settle the subject by calling pregnancy a burden, assuming that fetal moral status is obvious, or treating one religious tradition as universal. It must ask when moral status begins, what obligations pregnancy creates, whether another being may use a person’s body without continuing consent, how gestational development changes the analysis, and what justice requires when health and resources are unequal. This essay compares major ethical frameworks and develops a pluralistic approach that protects informed decision-making, safe clinical care, and respectful disagreement.

## Why the Ethical Question Cannot Be Reduced to One Slogan

Public debate often compresses abortion into competing slogans about choice or life. Each identifies an important concern but leaves much unstated. “My body, my choice” emphasizes that pregnancy occurs within and transforms a person’s body, yet it does not by itself answer every question about fetal moral status. “Life begins at conception” identifies biological continuity from fertilization, but biological life is not identical to a complete account of moral personhood or legal rights. Ethical reasoning must clarify which type of claim is being made: biological, metaphysical, religious, legal, clinical, or political. Participants may agree on facts and still disagree about their moral meaning. Good argument therefore requires reasons that can be examined rather than labels that assign bad motives to anyone who reaches another conclusion.

## Biological Development and Moral Status

Embryonic and fetal development is continuous, while many moral and legal categories use thresholds. Fertilization, implantation, neural development, the capacity for sentience, viability, and birth have each been proposed as morally significant. No threshold is free of philosophical difficulty. Conception provides a clear biological starting point for a new organism but does not establish that the organism has the same interests or rights as an adult. Sentience connects moral concern with the

capacity for experience but develops gradually and remains scientifically and philosophically contested in early gestation. Viability depends partly on medical technology and access, making it an unstable measure of intrinsic status. Birth marks independent bodily existence and legal recognition but does not erase continuity with the late-term fetus. A defensible view must explain why its chosen feature generates moral protection and whether protection increases over development.

## The Personhood Approach

Some philosophers distinguish being biologically human from being a person in the morally relevant sense. Criteria may include consciousness, reasoning, self-awareness, communication, or having aims. Mary Anne Warren (1973) argued that early fetuses do not possess the full set of traits associated with personhood, although her account has been criticized for appearing to endanger humans who temporarily or permanently lack those capacities. A more cautious use of the approach recognizes that moral status need not be all-or-nothing. Potential, relationships, species membership, and social meaning may create reasons for respect even when full personhood is disputed. The personhood framework helps explain why many people view an early abortion differently from killing an adult, but it must avoid implying that newborns or disabled people have weak moral claims. Dependence or limited cognitive capacity does not make an existing member of the human community disposable.

## The Future-Like-Ours Argument

Don Marquis (1989) argued that killing is seriously wrong mainly because it deprives an individual of a valuable future containing experiences, relationships, activities, and projects. A fetus appears to possess such a future, so abortion is presumptively wrong in a way similar to killing an adult. This argument does not rely on present personhood and therefore challenges early as well as later abortion. Critics question whether an entity without consciousness or psychological connections can be harmed by losing a future, how to identify the relevant individual before twinning is no longer possible, and whether the argument also condemns contraception. Marquis distinguishes contraception because there is no determinate individual deprived, but the debate remains significant. The future account gives moral weight to development without relying on religion, yet it still must address conflicts between that future and the pregnant person’s existing life, health, and bodily rights.

## Bodily Autonomy and the Limits of Compelled Assistance

Judith Jarvis Thomson’s violinist thought experiment asks readers to imagine being involuntarily connected to another person whose survival depends on the use of their body (Thomson, 1971). Even

if the dependent person has a right to life, it does not automatically follow that they have a right to another person's organs. The argument separates fetal personhood from entitlement to gestational support. Pregnancy is not identical to the thought experiment: many pregnancies follow voluntary sex, parent-child relationships may create special duties, and disconnection can result in fetal death. Still, the analogy exposes an important principle. Law rarely compels blood, marrow, or organ donation even when refusal leads to death. Defenders of abortion rights argue that pregnancy should not receive a uniquely broad power of bodily compulsion. Opponents respond that parents acquire stronger obligations toward their offspring or that voluntary risk-taking generates responsibility. The ethical dispute concerns the content and limit of those obligations.

## Consent, Responsibility, and Contraceptive Failure

Consent to sex is not automatically consent to remain pregnant, just as accepting a risk is not always consent to every resulting medical condition. At the same time, foreseeable consequences can create responsibilities. Ethical analysis should distinguish causal responsibility from an obligation to provide bodily support. A person who drives may cause an accident and owe compensation, but is not necessarily compelled to donate an organ. Pregnancy also occurs under varied conditions: desired conception, contraceptive failure, misinformation, reproductive coercion, sexual assault, or limited access to contraception. Treating all pregnancies as the same erases morally relevant differences. Prevention through comprehensive sexuality education and voluntary contraception can reduce unintended pregnancy, but prevention cannot resolve every case. No method is perfect, not everyone can safely use every method, and people retain moral agency after an unintended outcome.

## Consequentialism and the Effects of Available Choices

Consequentialist reasoning evaluates outcomes for the pregnant person, fetus, family, and society. Relevant considerations include mortality and morbidity, mental well-being, education, economic security, existing children, relationship safety, and the consequences of delayed care. It is ethically inadequate to assume that abortion always produces relief or always produces trauma; experiences differ. It is equally inadequate to claim that carrying an unwanted pregnancy is a minor inconvenience. Pregnancy and childbirth involve physical risk, time, pain, and lasting social consequences. Consequentialism also asks what policies do in practice. Restriction may reduce some abortions, delay others, or shift them into travel, self-management, or unsafe settings depending on context. Benefits and harms should be supported by evidence rather than imagined to match a preferred conclusion. Outcomes matter, but consequences alone may not protect rights when a majority benefits from coercing a minority.

# Care Ethics and the Reality of Relationships

Care ethics focuses on dependency, relationships, vulnerability, and the responsibilities people actually carry. An abortion decision may involve a partner, existing children, parents, or a desired fetus with a serious condition. The pregnant person may ask whether they can provide care without harming dependents already relying on them. Another may view continuing the pregnancy as an expression of love despite difficulty. Care ethics resists an abstract image of an isolated chooser, but it should not allow family members to replace the patient's decision. Relationships can support autonomy or undermine it through pressure and violence. Ethical counselling explores responsibilities and emotional meaning while ensuring that consent remains voluntary. The framework is particularly valuable because it acknowledges grief, ambivalence, and moral seriousness without assuming that regret proves the decision was wrong.

# Reproductive Justice

Reproductive justice expands the discussion beyond the legal availability of abortion. Developed by Black women activists, the framework connects the right not to have a child, the right to have a child, and the right to raise children in safe and sustainable communities (Ross & Solinger, 2017). A formally available choice is limited when a person lacks healthcare, transport, income, childcare, disability access, or protection from coercion. The same society that restricts abortion may also fail to support prenatal care, paid leave, housing, or families after birth. Conversely, framing abortion as a solution to poverty can become coercive if low-income or disabled people are encouraged to end wanted pregnancies rather than offered support. Justice requires both access to voluntary abortion and material conditions that make continuing a pregnancy a genuine option.

# Medical Indications and Life-Threatening Pregnancy

Some pregnancies threaten life or major bodily function through hemorrhage, infection, ectopic implantation, severe hypertension, cardiac disease, cancer treatment conflicts, or other conditions. In these cases, abortion may be medically necessary or the safest treatment. Ethical analysis should not treat health exceptions as simple because clinicians must often act under uncertainty before deterioration becomes irreversible. Vague legal standards can delay care while professionals seek proof that risk is sufficiently severe. The principle of beneficence supports timely treatment, nonmaleficence requires avoiding preventable harm, and respect for autonomy requires an informed patient's participation. Where fetal survival is possible, clinicians may consider methods that protect both patients, but the pregnant person should not be reduced to a container whose health counts only at the point of imminent death.

# Fetal Diagnosis and Wanted Pregnancies

Abortion following a serious fetal diagnosis is frequently misrepresented as casual selection. Many such pregnancies were wanted, and parents may face uncertain prognoses, suffering, neonatal death, disability, or intensive lifelong care. Ethical decision-making should provide accurate information about the condition's range, treatment, palliative care, disability experience, adoption or support services, and the limits of prediction. Counselling must avoid ableist assumptions that a disabled life lacks value, while also avoiding romanticization that dismisses medical burden or family capacity. Parents may ethically choose continuation, perinatal hospice, or termination based on values and circumstances. The clinician's role is to support informed agency rather than direct the patient toward a preferred social ideal.

# Gestational Age and Increasing Moral Weight

Many ethical positions assign increasing moral weight as pregnancy advances. Later abortion raises stronger concerns because development, possible sentience, social attachment, and prospects for independent survival have changed. It is also less common and often connected with delayed diagnosis, barriers, or severe medical circumstances. A gradualist position can support broad early access while allowing stronger justification and clinical regulation later. The challenge is designing thresholds that do not punish patients for delays caused by law, poverty, abusive partners, or healthcare failure. Gestational limits should therefore be evaluated alongside the actual availability of timely diagnosis and care. Ethical seriousness increases with development, but so can the medical complexity and tragedy of the cases that remain.

# Clinical Ethics, Information, and Voluntary Consent

High-quality abortion care requires accurate information, privacy, competent clinical practice, pain management, and follow-up appropriate to the method and the patient's needs. The World Health Organization's updated abortion-care guidance treats quality care as a combination of clinical recommendations, service delivery, and an enabling legal and policy environment (WHO, 2025). Informed consent should explain options, expected effects, warning signs, uncertainty, and alternatives without misleading images or mandatory claims unsupported by evidence. Patients should be screened for coercion but not presumed incapable of decision. Adolescents and people with disabilities may need tailored communication or supported decision-making, while their rights and confidentiality remain important. Ethical practice neither trivializes abortion nor turns counselling into an obstacle designed to change the patient's mind.

## Conscientious Objection and Professional Duty

Healthcare professionals may have moral objections to participating in abortion. Respect for conscience protects moral integrity and pluralism, but it cannot be considered in isolation from patient access. Objection becomes ethically problematic when it causes abandonment, humiliation, misinformation, or dangerous delay. Institutions and professional systems should establish advance arrangements so that patients receive accurate information, prompt referral where required and feasible, and emergency care. In areas with few providers, widespread objection can transfer the entire burden to patients. Chavkin, Leitman, and Polin (2013) argue that conscientious objection must be balanced with professional obligations and access. No clinician should be forced to celebrate a procedure they consider wrong, but entering a licensed profession creates duties that private citizens do not carry.

## Law, Religion, and Reasonable Pluralism

Religious traditions contain varied teachings about pregnancy, ensoulment, maternal life, and abortion; there is no single universal "religious position." In a plural society, individuals may organize their own choices around faith, but the state must justify coercive law to citizens who do not share the same theology. This does not mean that secular arguments automatically favor abortion. Philosophical claims about fetal value and bodily rights can be expressed in public reasons. Law must also decide administrable standards, clinical exceptions, penalties, and enforcement consequences. Ethical and legal conclusions may differ: a person can regard most abortions as morally wrong while believing criminal prohibition creates greater injustice, or regard abortion as morally permissible while supporting regulation of safe practice. Respectful debate requires acknowledging these distinctions.

## A Pluralistic Ethical Position

A defensible pluralistic position recognizes developing fetal value, the unique bodily burdens of pregnancy, and the moral authority of the pregnant person. It supports prevention of unintended pregnancy through voluntary contraception and education, social support for people who wish to continue pregnancies, and timely access to evidence-based abortion care. It treats early abortion differently from killing a person while allowing moral concern to increase with gestation. Later procedures should be understood in their medical and social context rather than used as rhetorical symbols. Coercion is wrong in both directions: no one should be forced to terminate a wanted pregnancy because of poverty, disability, employment, or population policy, and no one should be forced to continue a pregnancy without grave justification and procedural protection. The aim is not moral indifference but humane governance amid reasonable disagreement.

# Conclusion

The ethics of abortion cannot be resolved by declaring the fetus a meaningless mass or by assuming that biological development automatically overrides bodily autonomy. Personhood, future value, gestational support, responsibility, consequences, care, and justice each illuminate part of the issue. Pregnancy can create profound moral relationships, but it also places physical labor and risk within one person's body. Ethical policy should reduce unintended pregnancy, support families, protect informed consent, ensure medically safe care, and avoid coercion or stigma. People may continue to disagree about when fetal moral status becomes decisive. A pluralistic approach responds to that disagreement by combining respect for developing life with respect for the existing person whose health, body, relationships, and future are immediately at stake.

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