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# **Healthcare and Planned Parenthood: The Significance for Pro-Life OB/GYNs**

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The findings from Vitae Foundation's seventh Right Brain research study, *Saving Grace: Examining the Planned Parenthood Brand* (2015), offer practical suggestions for helping medical professionals serve an important role in an ever-developing, integrated pro-life model of healthcare and social services. The responses of women in the study reveal both positive and negative feelings, experiences and attitudes toward the Planned Parenthood brand and the "healthcare" offered there. The Planned Parenthood strengths, to the extent possible, can be mimicked and reproduced and the weaknesses can be easily addressed within more responsible, comprehensive and professional medical practices.

## **Right Brain Research Methodology**

The Vitae research strategy employed in these seven studies is unique as it focuses on the right side of the brain where consumer decisions are made including having an abortion. Charles Kenny, Ph.D., a consumer psychologist who has conducted research in the area of branding and marketing with companies such as American Express, Maybelline, McDonalds, Toyota and Wal-Mart, has led each of the projects. The proprietary research methodology perfected by Dr. Kenny and his Right Brain team bypasses the left side of the brain, which is the logic side, through a process of visualization, repetition, and relaxation. This process investigates the emotional needs and barriers that explain the respondent's behavior. According to Dr. Kenny, "The pictures that respondents see in their minds' eyes are emotionally significant to them. The pictures are available to them because the emotion they experienced at the time locked the visual images into their long term memories. Once respondents are viewing past experiences with the products or the service, [in the case of respondents in the *Saving Grace* study, it is their visit to Planned Parenthood] we interview them about what they are seeing and how they are feeling in the picture. This technique elicits information that is much richer and far more revealing than information produced from more traditional interview methods, because people are actually reliving the experiences they have had in the past and are in touch with the feelings that are associated with those events. Emotional research is

a powerful tool for understanding consumers, because it provides the deepest level of psychological analysis possible.”<sup>1</sup>

## Propping up the Planned Parenthood Brand

The *Saving Grace* study included 70 women (total) in New York, Miami, Chicago and Los Angeles who went to Planned Parenthood for services including birth control and abortion. The respondents included those with both a favorable and un-favorable experience. This study shows that Planned Parenthood’s image as a valid health-care provider is dependent upon the support of two demographics: (1) Adolescents and (2) “Legacy Customers.”

### Adolescents

The adolescent group is defined by their emergence into young adulthood, and, unfortunately, engagement in risky sexual behavior. For this group, the Planned Parenthood brand promises: 1. Secrecy – adolescents are usually scared that their parents will find out they are sexually active and, 2. The illusion of empowerment to make their own decisions, be “protected,” and enjoy sex without repercussions.

Additionally, adolescents believe that Planned Parenthood can help them with various reproductive health concerns but this is generally secondary to their desire to obtain birth control, which Planned Parenthood effectively manipulates to its own advantage in two significant ways. First, Planned Parenthood markets birth control extensively and effectively, relying heavily on widespread societal acceptance and societal ignorance of the often-severe and unsafe side effects and complications, especially of the most common form used by adolescents: the pill/chemical contraception (which is listed as a Group 1 Carcinogen by the World Health Organization).<sup>2</sup> Second, they overemphasize the effectiveness and safety of birth control, as demonstrated by the following information on the Planned Parenthood website: “Birth control is how you prevent pregnancy before it begins. There are lots of different methods that work really well and are easy to use. So, ready to stop worrying about pregnancy? We’re here to help you figure it all out...Chances are the pill will be totally safe for you — most people can take it with no problems. It’s been around for more than 50 years, and millions of people have used it safely...It’s important to remember that for most people, the chance of having any of these problems while taking birth control pills is really, really low. In fact, pregnancy is more likely to cause serious health problems than the pill.”<sup>3</sup>

Statements such as these are misleading by design, as Planned Parenthood has been aware of the well-established data showing extremely high failure rates of contraception

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<sup>1</sup> Kenny, C. (2008). *The Right Brain Way*. Victoria, B.C.: Trafford, 51-53.

<sup>2</sup> World Health Organization. (2005) Carcinogenicity of combined hormonal contraceptives and combined menopausal treatment. Available at: [http://www.who.int/reproductivehealth/topics/ageing/cocs\\_hrt\\_statement.pdf](http://www.who.int/reproductivehealth/topics/ageing/cocs_hrt_statement.pdf). Accessed August 9, 2017.

<sup>3</sup> Planned Parenthood. Available at: <https://www.plannedparenthood.org/learn/birth-control>. Accessed August 9, 2017.

among adolescents for decades.<sup>4</sup> While the normal failure rate of oral contraceptives (the most common type of birth control used by adolescents) is 5-8% in the general population,<sup>5</sup> it jumps to 15-26% in adolescents.<sup>6</sup> The failure rate for all forms of birth control rises to an astonishing 47% in adolescents who are unmarried and cohabitating.<sup>7</sup> Through marketing and misleading information, Planned Parenthood is able to rely heavily on birth control (and its guaranteed real life failure rate) as the gateway to their most lucrative area of “healthcare”: abortion. When a girl or woman who is actively trying not to get pregnant does get pregnant, abortion becomes a very real possibility and Planned Parenthood is highly effective in “helping” her make this choice (more information can be found in the “Counseling” section).

The palatable way Planned Parenthood provides options for birth control gives young women a feeling of control over their sexual health and medical care, which helps them feel more like the independent adults they want to be. Birth control is the primary hope-giver and the one most utilized. It is primarily because of birth control’s unquestioned central, positive role in protecting her current sexual health and future self, and the related masterful marketing by Planned Parenthood, that respondents in the *Saving Grace* study generally perceive the organization as a “Respectful,” “Knowledgeable,” and “Non-judgmental” healthcare provider which takes time to legitimize their feelings and concerns.

Finally, adolescents prefer discussing sexual health with Planned Parenthood over their primary care provider if: 1. The primary provider is a family doctor who the adolescent’s parent(s) utilize, 2. The adolescent has a long-standing relationship with provider, 3. The provider is male, and 4. The adolescent does not have health insurance.

### “Legacy Customers”

The Planned Parenthood brand relies on the tenuous support of a second group: “Legacy Customers,” defined as women over twenty-five who refer younger friends and family members. This is a complex group which, despite often reporting negative encounters at Planned Parenthood, remains loyal to the brand, refers other women and claims to think highly of Planned Parenthood. In accordance with past *Vitae* studies, the reasons for the excusal or promotion of Planned Parenthood by the “Legacy Customers” are tied to psychological defense mechanisms such as rationalization, justification, and

<sup>4</sup> Fu, H., Darroch, J., Haas, T, & Ranjit, N. (1999). Contraceptive Failure Rates: New estimates from the 1995 national survey of family growth. *Perspectives on Sexual and Reproductive Health*. 31(2) 56-63. Available at: <https://www.guttmacher.org/journals/psrh/1999/03/contraceptive-failure-rates-new-estimates-1995-national-survey-family-growth>. Accessed August 9, 2017.

<sup>5</sup> Committee on Adolescence, American Academy of Pediatrics. (2007). Contraception and Adolescents. *Pediatrics*, 120(5) 1135-1148.

<sup>6</sup> Burke A.E., & Blumenthal P.D. (2001) Successful use of oral contraceptives. *Seminars in Reproductive Medicine*. 19, 313-321.

<sup>7</sup> Fu, H., Darroch, J., Haas, T, & Ranjit, N. (1999). Contraceptive Failure Rates: New estimates from the 1995 national survey of family growth. *Perspectives on Sexual and Reproductive Health*, 31(2) 56-63. Available at: <https://www.guttmacher.org/journals/psrh/1999/03/contraceptive-failure-rates-new-estimates-1995-national-survey-family-growth>. Accessed August 9, 2017.

compartmentalization. However, the *Saving Grace* study demonstrates that Planned Parenthood loses appeal as women mature, start families, engage in less risky sexual behavior and obtain jobs and health insurance. The “Legacy Customers” have higher expectations for level of care and comfort. They develop more of a consumer mindset about their medical care. They tended to have a much higher likelihood of going to, and a more positive outlook toward, a family doctor or OB/GYN.

### **The Planned Parenthood Healthcare Message**

The study demonstrated that women who have abortions at Planned Parenthood do not refer to abortion as curing a disease or treating an illness. The reasons given for abortions were socio-economic and familial. As Planned Parenthood-loyal customers, they cling to the notion that the organization provides “sexual health services”, but not necessarily all of a woman’s health needs. They tend to understand and portray Planned Parenthood as a specialized “sexual health” clinic, one that does not provide total woman’s health care services (although many say they do not necessarily expect it to, nor need it to).

### **The Future Self**

In earlier studies, it was discovered that women seek abortions to restore their current self and protect their future self. The current self is typically referred to as a lifestyle or career. The future self is what the young woman anticipates her career or lifestyle will be like as she matures. In yet other studies, it was discovered that many women, even young teenagers, write a life plan. As they mature, they live out the life plan that they wrote as young girls. Consequently, the current self and the future self are extremely important, and women will go to great lengths, even so far as having an abortion, to protect both.

The 2015 study offers information about an additional future self which is holistic, healthy, and happy, seen tacitly as a desire for happiness, self-respect, admiration, freedom from guilt, physical and mental health, and essentially a state of emotional well-being. For many women, abortion destroys this future happy or joyful self for many years, if not her whole life. Abortion, according to many respondents in the *Saving Grace* study, did protect their material future selves (education, career, lifestyle) but the many instances and examples of compartmentalization, justification, rationalization and minimization demonstrated that most of the women were still dealing with a lasting negative impact on their joyful (happy, healthy, holistic) selves many years or decades after their abortion(s). Perhaps another way to describe this important point is that abortion seemingly puts a woman’s current life “in control” but nearly always leaves her future life out of balance in many important health-related ways. Planned Parenthood works diligently and effectively to convince the women that abortion will make everything “all right” but the findings in this study (and several previous ones) make it obvious that the vast majority of women are never the same.

## Whole Person Wellness

These findings can be more fully understood by juxtaposing them with a full and comprehensive definition and description of health and wellness. Indeed, the very definition of optimal health, in a full, modern context, as defined by the *American Journal of Health Promotion* is “a balance of physical, emotional, social, spiritual and intellectual health.”<sup>8</sup> The World Health Organization defines health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity.”<sup>9</sup> These definitions are expanded, supported and best represented by the idea of Whole Person Wellness, developed by Jan Montague and consisting of six key dimensions of health, including physical, social, spiritual, emotional, vocational and intellectual.<sup>10</sup> This work is implemented and well-represented at the Center for Aging, California State University-Fullerton.<sup>11</sup> The pioneering work in Whole Person Healthcare™ and Whole Health Education® by Dr. Georgianna Donadio,<sup>12</sup> founder of the National Institute of Whole Health in Boston, Massachusetts<sup>13</sup> also supports this finding. The Duke Center for Integrative Medicine is a current leader in applying the ideas of Whole Person Health into what is labeled “Integrative” Healthcare.<sup>14</sup> This well-established medical field, as a whole, is analyzed, evaluated and overseen by the National Center for Complementary and Integrated Health (NCCIH), under the National Institutes of Health, within the U.S. Department of Health and Human Services.<sup>15</sup>

Given the best practices of the healthcare profession today, Planned Parenthood falls far short of providing customers with Whole Person Wellness and Healthcare, consisting of the six vital components: physical, social, spiritual, emotional, intellectual,

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<sup>8</sup> O'Donnell, M. (2009). Definition of Health Promotion 2.0: Embracing Passion, Enhancing Motivation, Recognizing Dynamic Balance, and Creating Opportunities. *American Journal of Health Promotion*, 24 (1), iv-iv; updated from Michael P. O'Donnell (1986), Definition of Health Promotion, *American Journal of Health Promotion*, June 1986, 1 (1), 4-5. Available at: <http://www.healthpromotionjournal.com/index.php>. Accessed August 9, 2017

<sup>9</sup> World Health Organization. (2006). *Constitution of the World Health Organization – Basic Documents*, Forty-fifth edition, Supplement, October 2006.

<sup>10</sup> American Senior Fitness Association. Available at: <http://www.seniorfitness.net/Wellness%20Solution.htm>. Accessed August 9, 2017.

<sup>11</sup> California State University, Fullerton, Center for Successful Aging. Available at: <http://hdcs.fullerton.edu/csa/WholePerson/about.htm>. Accessed August 9, 2017.

<sup>12</sup> National Institute of Whole Health. Available at: <http://www.wholehealtheducation.com/whole-health-programs/courses-videos/georgianna-donadio/>. Accessed August 9, 2017.

<sup>13</sup> National Institute of Whole Health. Available at: <http://www.wholehealtheducation.com/>. Accessed August 9, 2017.

<sup>14</sup> Duke Integrative Medicine. Available at: <https://www.dukeintegrativemedicine.org/about/>. Accessed August 9, 2017.

<sup>15</sup> U.S. Department of Health and Human Services, National Institutes of Health, National Center for Complementary and Integrative Health. Available at: <https://nccih.nih.gov/>. Accessed August 9, 2017.

and vocational health.<sup>16,17</sup> Planned Parenthood only superficially treats several of these components and does not treat at all the emotional needs of the patient either in the short or long term. Planned Parenthood does not do adequate pre- or post-abortion counseling to address the damage done to many women, especially in the areas of emotional, social and spiritual health. If they were to offer post abortion counseling, it would be an admission that abortion causes harm to women. Planned Parenthood rarely treats the women physically or emotionally after the abortion, leaving that to nearby emergency rooms and professional counselors. Planned Parenthood simply makes the woman un-pregnant, and after the abortion sends her back to a risky and dangerous social environment that enhances the likelihood of another pregnancy. It can easily be concluded from the research that healthcare defined by Planned Parenthood is merely a marketing term with no meaningful application to the social, emotional, and spiritual needs of women who have an abortion at Planned Parenthood.

It should be noted that we did not seek or obtain data on whole person health and wellness or integrative health through the *Saving Grace* study but simply took the data and findings produced by the study in the area of healthcare, or more appropriately, the lack thereof, at Planned Parenthood and compared what we heard participants say with the established best practices in the medical field. The number and type of alarming responses from women in the study that reflected a lack of care, using any accepted modern medical standard, but especially when viewed within the broader, more comprehensive Whole Person Health and Wellness approach, is an important understanding and a significant area of focus going forward.

### Medical Misinformation

Additionally, Planned Parenthood can be easily criticized from an ethical healthcare perspective. When advising women facing unexpected pregnancies, Planned Parenthood denies the humanity of the unborn child (not to do so would negatively impact their profit margin) which forces the organization to either avoid the topic or to use scientifically inaccurate descriptions of the fetus and unborn child as a “product of conception,” “glob of cells,” or “mass of protoplasm,” even at later gestational ages. Such terms contradict basic, foundational definitions and terminology established and used by the scientific and medical fields. Planned Parenthood also acts in direct opposition to the basic understanding of the medical community of the right to healthcare by even the tiniest of patients. Advancements in modern medicine to perform in-utero surgery to correct heart, brain, and lung defects (along with the proper administration of pain medication to these tiny patients) stand in contrast to the practices that Planned Parenthood attempts to classify as “healthcare.” These types of practices are oppositional to the best practice of healthcare professionals.

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<sup>16</sup> American Senior Fitness Association. Available at: <http://www.seniorfitness.net/Wellness%20Solution.htm>. Accessed August 9, 2017.

<sup>17</sup> Art and Science of Health Promotion Institute. Available at: <http://www.healthpromotionjournal.com/index.php>. Accessed August 9, 2017.

## “Counseling”

A discussion of what respondents said about Planned Parenthood’s “healthcare” services would not be complete without describing an important aspect of the “counseling” that Planned Parenthood provides women who are considering abortion. Throughout the interviews, women described and complained about the lengthy intake survey they were required to complete during their equally lengthy waiting room experience. Vitae analysts speculate that this survey tool is used to exacerbate the woman’s fears and undermine her ability to carry her child to term. Women describe Planned Parenthood “counselors” bringing up alternatives to abortion but in ways that actually made them more likely to abort (subtly revisiting and affirming the fears, barriers, challenges and concerns they listed on the intake survey, which includes a comprehensive list of such questions and prompts). Of course, this is opposite of what Pregnancy Help Centers do to honestly and directly identify and alleviate a mother’s fears and to address the life challenges that may prevent her from feeling like she can carry her pregnancy to term or succeed in other areas of life.

## Strengths of the Planned Parenthood Brand

The strengths of the Planned Parenthood brand can easily be replicated. Once understood and placed within the more appropriate contexts of professional, caring, competent approaches of pro-life OB/GYNs, these strengths can be exponentially magnified. It should be noted that most of the following strengths are already being practiced by pro-life doctors but a greater emphasis, awareness and intentionality regarding marketing to, and communicating with, especially younger, adolescent patients (but also to their parents and/or the “legacy customers” in their lives) would likely have a positive influence on patients and the way they see pro-life doctors.

The strengths of the Planned Parenthood brand are manifested through repeated responses related to the following five areas, all of which are tied to Planned Parenthood helping women develop a false “sexually-active-but-responsible” self-identity:

1. *Specialization*. Although Planned Parenthood may not offer comprehensive medical care, it offers everything a young woman (especially one without insurance) feels she needs in terms of sexual health. Respondents often go to Planned Parenthood because they are afraid for their “sexual health.” They feel that Planned Parenthood is a legitimate place to go for common health problems of that nature.
2. *Professional medical setting*. Planned Parenthood exceeds early expectations of quality and extent of service and treatment (which are often low if she has not had access to quality medical care or, again, if she does not have insurance). Respondents report normal medical protocol, such as being weighed and getting blood pressure done, which make them feel they are in the hands of people who are concerned about their health.

3. *Confidentiality*. This is the biggest concern of young women, who are attempting to keep their risky sexual activity a secret from their parents or guardians while simultaneously exhibiting independence and growing into adulthood. The word or idea of “confidentiality” pervaded the responses in the *Saving Grace* study but respondents’ description of what they liked about Planned Parenthood often revealed the more accurate terms to be “secrecy”, “approval” and “license.” Despite using inexact language, they understand confidentiality can be found at any professional medical office but know they can’t expect secrecy, approval or license. This might be the most challenging area for pro-life OB/GYNs, in terms of replicating the strengths of Planned Parenthood. Since the above terms/ideas are not part of responsible and ethical best practices of medical care (nor are two other areas that pro-life doctors avoid: abortion or ubiquitous prescription of Group 1 carcinogens) and, yet, respondents in the study universally acknowledge the desire for such services and comportment from doctors and/or medical staff, pro-life OB/GYNs must be able to promote real confidentiality and a subtle yet powerful educational approach to understanding the beauty, power, and functionality of a healthy female reproductive system. A modern presentation of Fertility Awareness Based Methods (FABM)<sup>18</sup> connected to ideas associated with the “green”/organic movement, whole person health and wellness, Theology of the Body,<sup>19</sup> and helping women to understand that fertility is not an adverse medical condition are ways that can be used to accomplish this with young women who likely have never heard this perspective and would be open, interested and even excited to hear about it.
4. *Nurturing female staff*. The abundance of female staff at Planned Parenthood is something respondents appreciate and seem to associate with increased acceptance, understanding and empowerment. Planned Parenthood staffers and volunteers often share their own experiences with birth control, abortion or reproductive care and respondents describe female medical staff as conversational and casual during exams.
5. *Education*. Respondents feel that Planned Parenthood helps them control their lives with knowledge about practices related to sex, responsibility, and “protection.” Some respondents take health information seriously for the first time from Planned Parenthood, after ignoring their parents and health classes. The pamphlets on various topics littering Planned Parenthood give respondents easy access to information which helps them feel in control because they can assimilate the knowledge on their own terms.

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<sup>18</sup> Manhart, M.D., Duane, M., Linda, A., Sinai, I., & Golden-Tevald J. (2013). Fertility awareness-based methods of family planning: A review of effectiveness for avoiding pregnancy using SORT, *Osteopathic Family Physician*, 5(1), 2-8.

<sup>19</sup> Theology of the Body Institute. Available at: <http://tobinstitute.org/>. Accessed August 9, 2017.

## **Weaknesses of the Planned Parenthood Brand**

Weaknesses of the Planned Parenthood brand can be (and often already are) easily addressed within more responsible, comprehensive and professional medical practices. Therefore, the below weaknesses are presented primarily for informational purposes but may have some practical implications for pro-life OB/GYNs as well.

At Planned Parenthood, symptoms of reproductive issues are treated (usually with birth control), but the causes are not addressed. Planned Parenthood has a distinctly limited scope of what they can do. Referrals are often lacking, or not nearly diligent enough. There is a sense of mistrust with Planned Parenthood when a certain “level” of care is required. Additionally, when respondents suffer from complications (especially common after chemical abortion), the follow-up and care given seems sorely lacking. It appears to respondents as though once the abortion is done, the level of care and concern declines noticeably. However, Planned Parenthood is not seen as a place that provides all of the women’s health needs. It serves primarily as a specialized clinic for women who need sexual health services. Some women prefer using Planned Parenthood to a regular gynecologist for more sensitive issues or sexual issues they want to keep more secretive. Hence, as they grow older and the need for secrecy about sexual matters abates, most outgrow Planned Parenthood entirely.

## **Implications for Pro-Life OB/GYNs**

Based on the information presented here, there are a number of practical steps for pro-life OB/GYNs to take. The first is to continue to become familiar with this unique area of research:<sup>20</sup> the psychological and emotional responses of women toward abortion (generally) and the psychological and emotional state of a woman facing an unexpected pregnancy (specifically). The second is to ensure all messaging, marketing and direct patient communication meets the needs of such women and doesn’t unintentionally push them toward Planned Parenthood. The third is to include pamphlets, flyers and informational materials related to PHCs, FABM, whole person health and wellness, etc. in the waiting room. This is an influential, yet low-pressure, indirect way to reach women coming to OB/GYN appointments. Finally, pro-life OB/GYNs can establish cross-referral systems with Pregnancy Help Centers, allow qualified, vetted, local PHCs (who may not have their own medical capacity) to refer patients to them, or work directly with PHCs, either as consultants, volunteers, employees, medical directors or board members. Additionally, there are rapidly expanding professional opportunities at comprehensive women’s health centers such as Bella/Marisol,<sup>21</sup> Guiding Star,<sup>22</sup> Obria,<sup>23</sup> Stanton,<sup>24</sup> and

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<sup>20</sup> Vitae Foundation. Available at: <http://vitaefoundation.org/about>. Accessed August 9, 2017.

<sup>21</sup> Bella Natural Women’s Care and Family Wellness. Available at: <http://www.bellanwc.org/>. Accessed August 9, 2017

<sup>22</sup> The Guiding Star Project. Available at: <https://theguidingstarproject.com/>. Accessed August 9, 2017

<sup>23</sup> Obria Medical Clinics. Available at: <https://www.obria.org/medical-services/>. Accessed August 9, 2017.

<sup>24</sup> The Stanton Project. Available at: <http://www.thestantonproject.org/>. Accessed August 9, 2017.

Tepeyac.<sup>25</sup> These comprehensive, pro-life medical centers are growing in number, reach, effectiveness, and familiarity within communities across the United States.

## Conclusion

Because we know that abortion does not cure a disease or treat an illness, what Planned Parenthood does in the name of “healthcare” harms women through widespread physical, mental, social, emotional, spiritual and ethical<sup>26</sup> complications that result from abortion. Planned Parenthood only makes a woman un-pregnant and sends her back to a dysfunctional social environment. It’s an organization that does not follow current healthcare “best practices.” The *Saving Grace* study, conducted with loyal Planned Parenthood customers, demonstrates the importance of what pro-life OB/GYNs do in offering an alternative to Planned Parenthood.

The marketing themes of the abortion advocates change every fifteen to twenty years. The most recent change was a shift from “choice” to “healthcare.” If Planned Parenthood is able to take abortion in the direction that birth control has gone over the past 50 years, making it more palatable to the American people, Vitae analysts expect Planned Parenthood’s marketing to shift again, from “healthcare” to “duty” – “it’s a woman’s duty to have an abortion” if she meets any of a long list of possible conditions or situations. However, the pro-life medical community, through the practice of authentic, responsible, professional healthcare in tandem with improved research-based marketing, messaging and communication methods will be able to effectively compete with Planned Parenthood and eventually put them out of business. A superior and more responsible approach as outlined by two vital parts of the ancient Hippocratic Code (“First do no harm; I will maintain the utmost respect for human life, from the time of conception.”),<sup>27</sup> backed by the truth and carried out in love and service, remains the best way to do so.

<sup>25</sup> Tepeyac OB/GYN. Available at: <http://tepeyacobgyn.com/>. Accessed August 9, 2017.

<sup>26</sup> Patil, A., Dode, P., & Ahirrao, A. (2014). Medical ethics in abortion. *Indian Journal of Medical Practice*, 25 (6), 544-548. Available at: <http://medind.nic.in/iaa/t14/i11/iaat14i11p544.pdf>. Accessed August 9, 2017.

<sup>27</sup> *Ibid.*