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## What Follows from State-Mandated Pregnancy?

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In 1971, months before *Roe v. Wade* came to the Supreme Court, philosopher Judith Jarvis Thomson published her groundbreaking essay, “A Defense of Abortion” (1). Thomson argued that even if we assume that fetuses have full moral personhood and moral rights, abortion remains an ethical choice in many cases. Carrying a pregnancy is like sharing your organs with an unfortunate adult who needs them to survive—an extremely noble thing to do, but usually morally optional, given the substantial risks and burdens involved. A just government cannot force you to give up control of your body for another person’s well-being, even if that person will die without your body.

Since the Supreme Court overturned its decision in *Roe v. Wade* that the Constitution protects a limited legal right to terminate a pregnancy, dozens of states have moved to restrict access to abortion (2). Several of these states have banned abortion at all stages of pregnancy, with few exceptions, such as when the pregnant person faces an immediate threat of death or permanent disability (3). Antiabortion activists and lawmakers argue that these laws protect a fetus’s right to life and that more permissive abortion laws confer an outrageous “right to kill unborn human life” (4).

Thomson understood that the moral right to abortion comes from the fundamental right to control our own bodies, not some right to kill fetuses. Strictly speaking, abortion does not even require killing. Physicians can perform labor induction abortions as early as 12 weeks after conception, using the same medications as they would in a full-term pregnancy to kickstart labor and delivery of the fetus (5). When done without feticidal agents, labor induction abortion does not destroy or directly damage the fetus's body—the fetus dies because it cannot survive without the constant use of another person's body and resources.

Labor induction abortion suggests that we should think of the pregnant person as perpetually saving the fetus's life, protecting it in every passing moment from certain demise in the outside world. Even if we assume, like Thomson, that fetuses have full personhood from conception, choosing abortion before fetal viability—by any method—is fundamentally a choice to stop giving someone use of your body to save them from death, not to maliciously destroy an independent human life.

States that have banned abortion ignore their pregnant citizens' moral rights to control their own bodies, and many even have laws that explicitly condone forced pregnancy. Missouri, which has outlawed abortion in nearly all cases, defines the procedure as either the intentional killing of a fetus or "termination of the pregnancy [...] with an intention other than to increase the probability of a live birth or to remove a dead unborn child" (6). Alabama, Arkansas, Idaho, Indiana, Louisiana, Mississippi, North Dakota, Oklahoma, Tennessee, Utah, West Virginia, and Wyoming have similar legal definitions of abortion.

By defining abortion as the voluntary ending of pregnancy, even without intentional killing, and then banning abortion in nearly all cases, these states use the threat of punishment to force citizens to stay pregnant against their will. Antiabortion activists and lawmakers must understand the full implications of this infringement of the moral right to control one's own body. If the government can commandeer pregnant citizens' bodies to promote the health and well-being of

others (their fetuses), then consistency demands that the government use this power in other cases as well.

First, the logic of these abortion bans supports mandating organ donation in all cases of death by neurologic criteria. If the government can force a conscious, living person to give up control of their body to save just 1 life, then surely it can require extraction and redistribution of organs from a deceased person for an even greater social benefit. Unlike in pregnancy, a person who is brain-dead bears no risks or burdens, and their organs could save up to 8 lives.

Second, states willing to compel pregnancy should be willing to compel healthy, nonpregnant citizens to sign up for a draft to serve as living organ donors. A living donor draft would save the lives of thousands of people who die every year while waiting for a kidney or part of a liver and would improve the health of many more. States that have banned abortion should not be too bothered by the risks imposed on unwilling organ donors—a person is much more likely to die from giving birth than from donating a kidney (7, 8).

Third, because frequent shortages of blood, bone marrow, and other regenerating tissues threaten the lives and health of thousands, states prohibiting early termination of pregnancy also should mandate tissue donation on a rotating basis. Although painful and unpleasant, the extraction procedures impose only a small fraction of the risks and burdens involved in most pregnancies.

One might object that most pregnancies result from voluntary behaviors that have pregnancy as a known risk, so pregnant people should bear the costs of their actions in ways that people who could donate organs or tissues should not. First, this objection offers no defense of the several states that ban abortion without exceptions for pregnancies resulting from rape or incest (3). Second, this reasoning would still permit forced organ donation from people who become brain-dead from engaging in risky behaviors, such as driving a motorcycle or skiing, and from living

donors whose children, spouses, or friends need their organs, because those relationships are voluntary associations.

We suspect that most readers will find the suggestion of state-mandated organ and tissue donation ethically unjustifiable or even offensive. The decision to share your body with others is a deeply personal one, even (and especially) when lives are at stake. The government exceeds its rightful authority when it forces you to give up your body to others without regard to your consent (3), your religious or philosophical beliefs (9), or the risks and burdens you will bear (10). This is true whether your decision concerns donating your organs or continuing your pregnancy.

Although abortion raises genuine ethical conflicts and complications, physicians must do their utmost to ensure that their patients can control their own bodies. In their roles as advocates for the health of their patients and communities, physicians must stand against forced pregnancy laws that violate their patients' fundamental moral rights.

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