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Fiona Woollard is an associate professor in philosophy at the University of Southampton and author of *Doing and Allowing Harm* (Oxford University Press, 2015).

I became a philosopher because I was fascinated by the ethics of abortion. Not only is abortion a crucial practical issue – a matter of life or death – but it forces us to grapple with some of the hardest and yet most significant philosophical questions: If we agree that all human beings have a right to life, what entities do we count as human beings? What characteristics, if any, are necessary? What happens when one entity’s life clashes with another’s bodily integrity? What are the roles of responsibility, consent and fore-knowledge?

However, once I became pregnant myself, I felt dissatisfied with most existing literature on abortion. With a few notable exceptions – for example, the wonderful work of Margaret Little – the philosophical literature on abortion seemed cold and bloodless. It failed to engage at all with the messy reality of pregnancy: the blood and guts, the stretch marks and vomiting. What pregnancy is like, physically and emotionally, matters for understanding what is at stake when we consider whether a woman\* is morally required to stay pregnant. Unless we engage with these often-distasteful details, we cannot hope for a full understanding of the ethics of abortion.

I soon became convinced that taking a serious philosophical look at pregnancy would do more than just improve our understanding of abortion. My new colleague, Elselijn Kingma, had recently started an exciting project on the metaphysics of pregnancy: is the foetus a separate organism inside the pregnant woman\*, like a bun in an oven, or part of her, like a tail on a cat? We were both interested in the ethical issues surrounding the way we judge pregnant women\* and new mothers. I was also interested in issues raised by pregnancy in the philosophy of knowledge: does pregnancy provide knowledge that is difficult, if not impossible, to convey to those who have not been pregnant? I started to work in the philosophy of pregnancy, birth and early motherhood.

Then we received an email about our research from one of the trustees of the PSS (Pregnancy Sickness Support). PSS supports women\* suffering from Hyperemesis Gravidarum or extreme pregnancy sickness. Hyperemesis Gravidarum affects around 1-1.5% of pregnancies (roughly 10, 000 women per year in the UK). Sufferers say that it is almost impossible to describe to those who have not experienced it. A woman\* suffering from hyperemesis gravidarum may end up vomiting blood or with life threatening levels of dehydration or malnutrition. Often things get so bad, that the woman\* feels that she\* simply cannot go on another day. Feeling that she\* has no other option, she\* takes the heart-breaking step of terminating an otherwise wanted pregnancy.

Abortions due to hyperemesis gravidarum fall into two groups. Perhaps the most horrifying are those that might have been prevented. There are a number of safe treatment options for hyperemesis gravidarum and early treatment has been shown to limit the severity of the condition. Nonetheless, research by the PSS and BPAS (British Pregnancy Advisory Service) shows that a significant proportion of women who have abortions due to hyperemesis gravidarum hadn’t been offered a full range of treatments. Women\* suffering from hyperemesis gravidarum are often told that they are making things up or exaggerating. Even once a woman\* is diagnosed, doctors are often reluctant to prescribe anti-sickness medication. The shadow of thalidomide still looms large.

But not all abortions due to hyperemesis gravidarum are avoidable. As PSS and BPAS put it: “Ultimately, there is no silver bullet for HG.” Sometimes, despite having tried all treatment options, a woman\* will be suffering so much from hyperemesis gravidarum that she cannot continue. As well as seeking to improve access to treatment, PSS and BPAS are thus campaigning to improve support for women\* who decide to have terminations due to hyperemesis gravidarum. Unfortunately, improvements in support are sorely needed. As PSS and BPAS state: “…we need to confront the stigma and guilt that surrounds abortion for hyperemesis. It is devastating to learn how women blame themselves for the fact that they were unable to carry their pregnancy to term, or feel that they should have fought harder to get help.” They describe women\* made to feel they had no right to access bereavement services because they had chosen to terminate ‘just for morning sickness’. One woman said that she wished she had lied and told people that there was something wrong with the foetus.

Philosophical attention to hyperemesis gravidarum can be both theoretically and practically fruitful. Cases of abortion due to hyperemesis gravidarum provide a challenge to some approaches to the ethics of abortion. On the other hand, an adequate account of the ethics of abortion could help women\* who have an abortion due to hyperemesis gravidarum by making sense of their grief while combatting guilt and stigma.

Traditionally debate on the ethics of abortion focused on the moral status of the foetus. Anti-abortionists have typically argued that human life begins at conception – and that all human life has the same extremely high moral status. Thus, just as it is almost always impermissible to kill an adult human, it is almost always impermissible to kill a human foetus. Human foetuses, like adult humans, have a right to life. In response, the pro-choice movement has typically focused on the differences between an adult human and a foetus. They have argued that the foetus is simply part of the pregnant woman\*’s body, with no more moral status than any other bit of tissue. For a long time, it was assumed that the ethics of abortion depended solely on the moral status of the foetus: if the foetus could be shown to have the same moral status as an adult human, it would follow that abortion is impermissible.

However, in 1971, in one of the most famous papers in contemporary moral philosophy, Judith Jarvis Thomson transformed the abortion debate. She showed that even if we grant that the foetus has the same moral status as an adult human, more argument is needed to show that abortion is impermissible. In Thomson’s Famous Violinist Case, you wake up one morning to find yourself in bed with an unconscious violinist. The famous violinist was dying of a kidney ailment. You were the only person with the correct blood type. So the society of music lovers kidnapped you and plugged the violinist into your blood supply. Your kidneys are now cleansing his blood as well as your own. If you stay plugged in for 9 months, he will live. If you unplug yourself, he will die. Thomson argues that even though the violinist is person, with all a person’s right to life, you are still permitted to unplug yourself. It doesn’t immediately follow from the fact that a person has a right to life that any action leading to their death is impermissible.

Thomson’s argument doesn’t settle the moral status of abortion. There may be significant disanalogies between the Famous Violinist Case and abortion. The pregnant woman\* might be thought to have a duty to keep the foetus alive because of her responsibility for its plight or because she has special parental duties to it. There are lots of arguments to be had here. Nonetheless, Thomson still achieved something amazing. Before Thomson, we hadn’t realised that these arguments were needed. It was generally assumed that the key question in abortion is the moral status of the foetus. Thomson showed that it is a lot more complicated than that.

Nonetheless, there is still a lot of interest in the moral status of the foetus. Why is that? Well, first, the moral status of the foetus matters philosophically independently of its relevance to the ethics of abortion. It still connects to that fundamental question about what kind of entities matter morally and why.

Second, as Lindsey Porter argues in ‘Miscarriage and Person-Denying’, showing that foetuses lack moral status would appear to be extremely helpful for the pro-choice movement. Porter notes: “If we can show that making a foetus dead is entirely outside the sphere of moral concern that is the end of the story: case closed… If the foetus is not morally considerable, then the abortion story is very easy, and the discussion can end.”

So a position on which the foetus lacks moral status can be extremely attractive to those who want to defend a right to choose. If the foetus is simply a collection of cells, with no more moral status than any other part of a woman’s body, then abortion is obviously permissible. Nonetheless, as Porter argues, the view that the foetus lacks moral status is less comforting when it comes to other reproductive experiences. Porter argues that the view that the foetus is simply a collection of cells cannot appropriately respond to grief caused by miscarriage. I think Porter is right. I’ll argue that termination due to hyperemesis gravidarum poses similar challenges to this view of the foetus.

According to Porter, if we hold that the foetus is simply a collection of cells, then we have to see women\* who experience grief after a miscarriage as making a mistake. Here Porter draws on Martha Nussbaum’s account of the emotions. On Nussbaum’s view, the emotions are not simply mere feelings or bodily sensations. Instead, emotions involve a kind of judgment about their objects. To be afraid of something is to understand it as threatening. This means that emotions can be mistaken. If I am afraid of something that is not threatening, perhaps a fluffy bunny, then I making mistake. I am not necessarily making a mistake about the way I feel. I may be genuinely afraid. But I am making a mistake in feeling that way. I should not be afraid of fluffy bunnies.

Similarly, grief involves seeing oneself as having lost something truly valuable. If I feel grief over the loss of a pebble that I casually picked up this morning, then I am making a mistake. I am not necessarily making a mistake about the way I feel. I may feel genuine grief. I am making a mistake in feeling that way. I should not feel grief for the loss of a meaningless pebble. If we think that the foetus lacks moral status, then it looks as if we are also forced to say that women\* who feel grief after miscarriage are making a mistake. Grief presupposes the loss of something valuable but, on this view, the foetus is morally no different from any other set of cells.

Of course, there may be some occasions when it makes sense to feel devastated at the loss of a pebble. Perhaps you have left your home and family behind you and this pebble is the only memento of your previous life. Perhaps the pebble is the only known sample of a mineral that can be used to save your husband’s life. But we can’t understand grief following miscarriage in these ways. In the memento case, it makes sense to see you as feeling grief for the pebble but we don’t have a good analogy with the foetus on the ‘no-moral-status’ account. The pebble itself had sentimental value to you because of its connection to other things of value. But on the ‘no-moral-status’ account, it doesn’t make sense to see the foetus as having sentimental value in this way. We’d need something that had actually existed, was valuable and was appropriately connected to the foetus. What could this be? On the other hand, in the life-saving mineral case, we have a good analogy with the foetus on the ‘no-moral-status’ account, but you aren’t really feeling grief for the pebble. You may feel grief for the loss of your husband and for the missed opportunity to save him, but not for the pebble itself. If you were given another pebble with the same mineral properties, you’d be perfectly happy. The ‘no-moral-status’ account can make sense of those who have experienced miscarriages grieving the loss of the child that would have developed from the foetus. However, it can’t make sense of grief for the foetus itself. And this suggests that the many women\* and their partners who experience miscarriage are making a mistake, because many do feel genuine grief for their foetus. Even if they go on to have a successful pregnancy, they often continue to grieve for the foetus that they lost.

Termination due to hyperemesis gravidarum poses similar problems for the view that the foetus lacks any moral status. Many women\* who terminate due to hyperemesis gravidarum experience severe grief. An understanding of the foetus as morally equivalent to a collection of cells fails to make sense of this grief. If the foetus is morally equivalent to a collection of cells, then women\* who terminate their much-wanted pregnancies may grieve the loss of the future child, but if they grieve for the foetus itself they are making a mistake. The foetus itself is not valuable in the way required to warrant grief.

The standard anti-abortion position is equally unsatisfactory when it comes to termination due to hyperemesis gravidarum. On this view, the foetus has the same moral status as any other human being. Abortion involves killing the foetus. So abortion is only permissible in the kind of cases that would justify killing a living child. Some accounts of abortion attempt to soften this conclusion by permitting abortion due to rape or in cases where the pregnant woman\*’s life is in danger. However, this is both philosophically and practically unsatisfactory. If abortion involved killing an innocent creature with the same moral status as an adult human, then it is hard to see how even something as horrific as rape could make it permissible. We do not think that those who are the victims of crimes are generally permitted to kill innocent bystanders even to avoid further emotional trauma. The ‘full-moral-status’ supporter might justify abortion when the pregnant woman\*’s life is in danger on grounds of self-defence. However, the permissibility of killing innocent threats in self-defence is notoriously controversial. Moreover, women\* who feel grief about termination due to hyperemesis gravidarum see the foetus as ‘theirs’. They do not see it as a stranger. Recognising this grief requires recognising a special relationship that would further complicate these issues. This position is also practically unsatisfactory because it implies that it is only permissible for a woman suffering from hyperemesis gravidarum to have an abortion if her condition is life threatening. Hyperemesis gravidarum can be life threatening. Nonetheless, woman should not feel that they have to show that continuing the pregnancy would cost them their lives to justify having an abortion. A woman who decides that her hypermesis gravidarum is intolerable should be free to decide to have an abortion without guilt.

I have suggested that hypermesis gravidarum challenges both the standard anti-abortion account and the standard pro-choice account of the ethics of abortion. Neither of these positions allow us to say the things we want to say about terminations due to hypermesis gravidarum. You might think that I have my arguments backwards. We don’t normally argue that a theory must be mistaken because it leads to unpleasant implications. But that is not quite what is going on here. The claim is not that we should reject these accounts because we don’t like their implications. Instead, it is that we should take seriously the emotions of women\* who have experienced termination due to hypermesis gravidarum. We should take the fact that they experience their termination as loss of something valuable as defeasible evidence that they have experienced such a loss. Similarly we should take seriously the strong intuitions that a woman\* who decides to terminate her\* pregnancy to avoid such extreme suffering does nothing wrong. We should see this as defeasible evidence that she\* has not done anything wrong. We may be forced to conclude that these emotions and intuitions are mistaken, but this should be seen as a cost to our theory.

To make sense of termination due to hypermesis gravidarum, we need to (a) explain why grief is an appropriate reaction to the termination of a wanted pregnancy and (b) explain why a woman\* with hypermesis gravidarum who decides that she\* cannot continue her pregnancy does nothing wrong. An appropriate account of the ethics of abortion should be able to do both these things. First, we must recognise that a foetus is neither exactly morally equivalent to an adult human being nor exactly morally equivalent to a mere bunch of cells. Human foetuses have a distinct moral status. They are morally valuable: the sort of entity that it makes sense to love when it is exists within you and to mourn when you lose. But because they exist intertwined with the pregnant woman\*, dependent on her\* support and reachable only through her\*, they do not possess the kind of independent moral status that human beings once born possess. It does not make sense to talk of the foetus having a right to life against the pregnant woman\*.

In addition, a decision by the pregnant woman\* to terminate a pregnancy is not adequately characterised as killing. Killing requires the fatal action of one independent individual on another. Because of the intertwinement of pregnant woman\* and foetus, the category of killing does not easily apply to pregnancy. Abortion is more like a refusal to aid or a withdrawal of support. In addition, because the support that is required is extremely intimate – requiring the most intimate use of the pregnant woman\*’s body – this is not the kind of decision that a woman\* should be required to justify to others.

(A short note on terminology here. Not everyone who is pregnant identifies as a woman, but to talk of “pregnant persons” erases the fact that in most cases, it is women who get pregnant. Using neutral terminology in such cases can lead us to overlook issues of gender equality. I use “pregnant women\*” to try to respond to these competing considerations.)