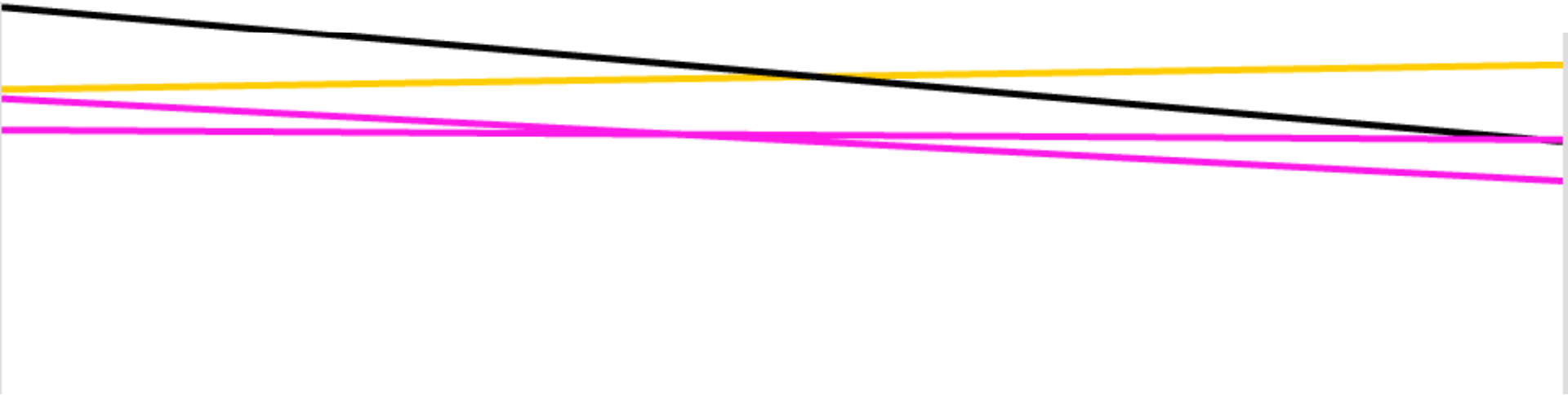


aborto y salud de la mujer



miguel ángel martínez-gonzález
@MAM_UNAV

1. ponderación
2. medicina basada en evidencia
 - riesgos
 - beneficios
3. conflicto de interés
 - religioso
 - económico
4. efectos perversos
5. alternativas



1. ponderación

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5. alternativas






- **diálogo** > dialéctica
- **pluralismo** > monolitismo
- **razonabilidad** > apasionamiento
- **estudio** > discusión
- **matices** del gris > todo blanco o negro

SOUNDING BOARD

DEEPER INTO ABORTION

The fierce militants of the Woman's Liberation evade this issue and assert that the woman's right to bear or not to bear children is her absolute right. On the other hand the ferocious Right-to-Life legions proclaim no rights for the woman and absolute rights for the fetus.









unplanned motherhood (...) represents a threat so great to modern women that it is perceived as equivalent to a "death of self."

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while the woman may rationally understand this is not her own literal death, her emotional, subconscious reaction to carrying the child to term is that her life will be "over."

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while the woman may rationally understand this is not her own literal death, her emotional, subconscious reaction to carrying the child to term is that her life will be "over."

the sudden intrusion of motherhood is perceived as a complete **loss of control** over their present and future selves.

it shatters their sense of who they are and will become, and thereby **paralyzes** their ability to think more rationally or **realistically**

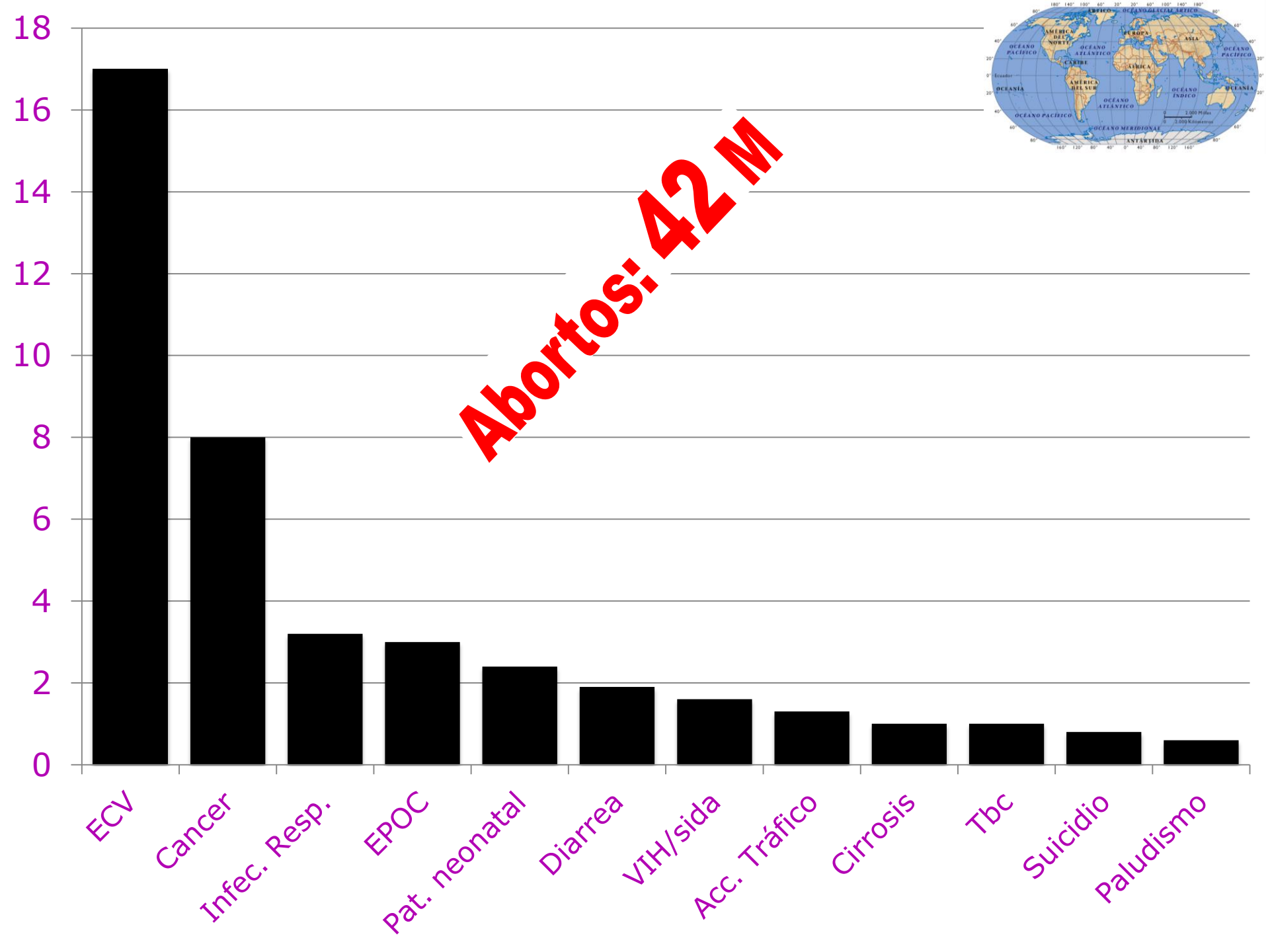
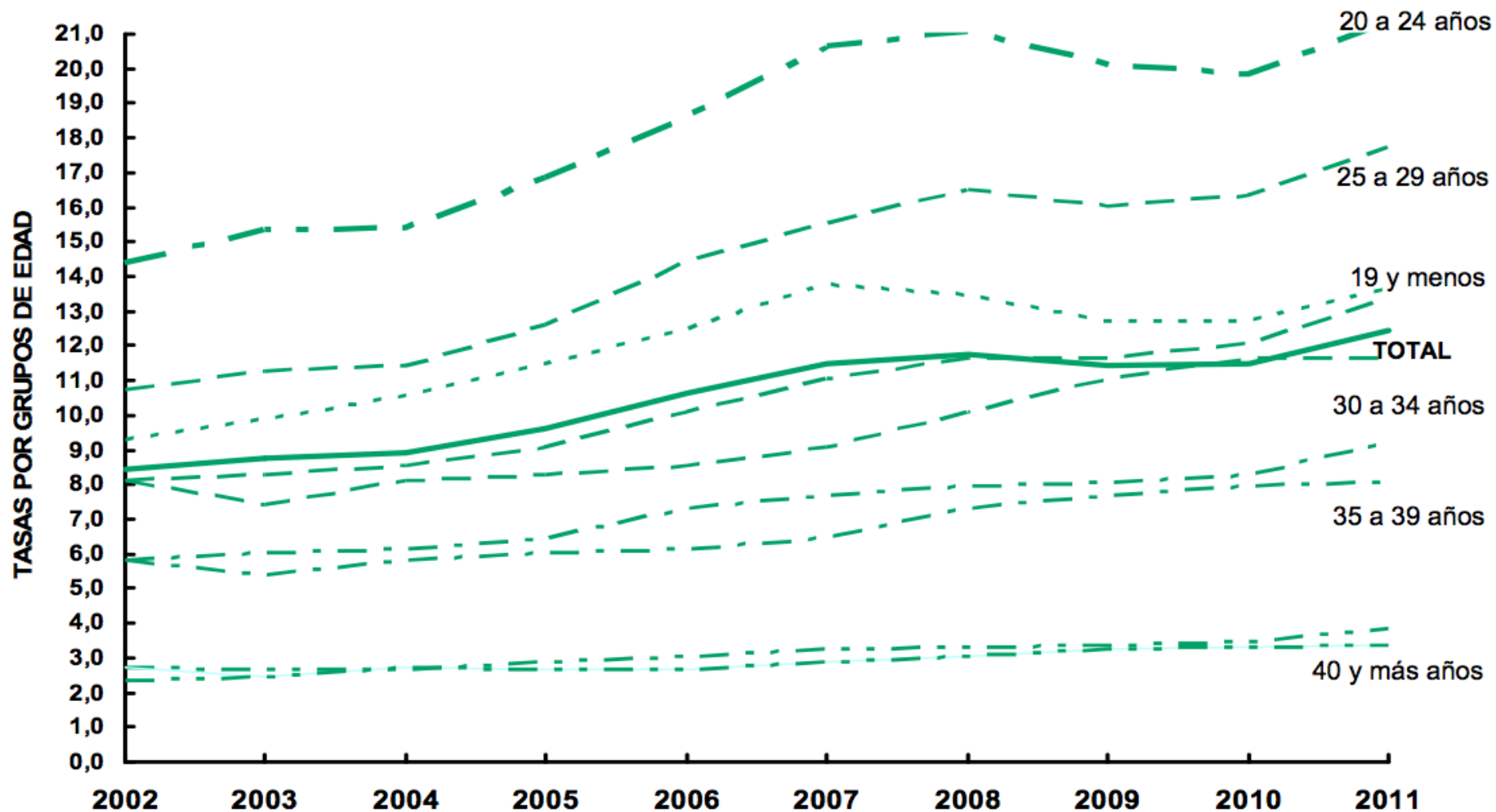
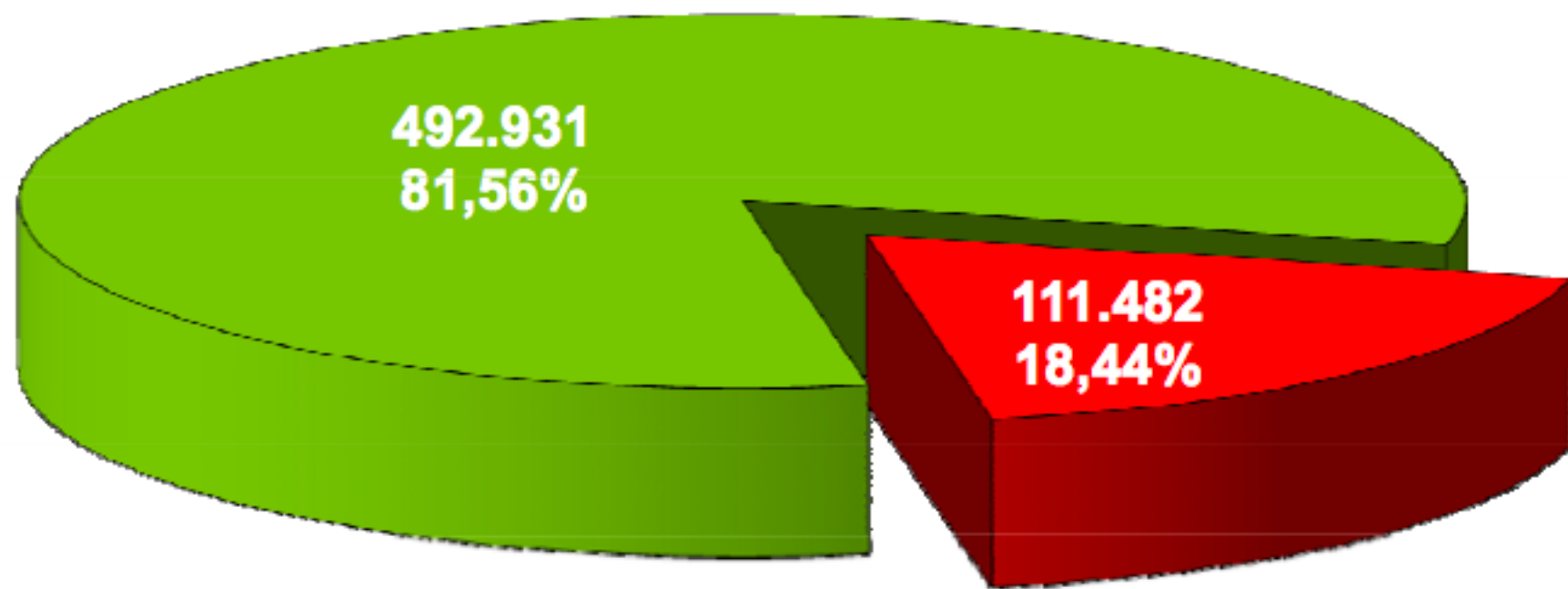




Figura 1. I.V.E. Tasas pos 1.000 mujeres de cada grupo de edad. España 2002-2011



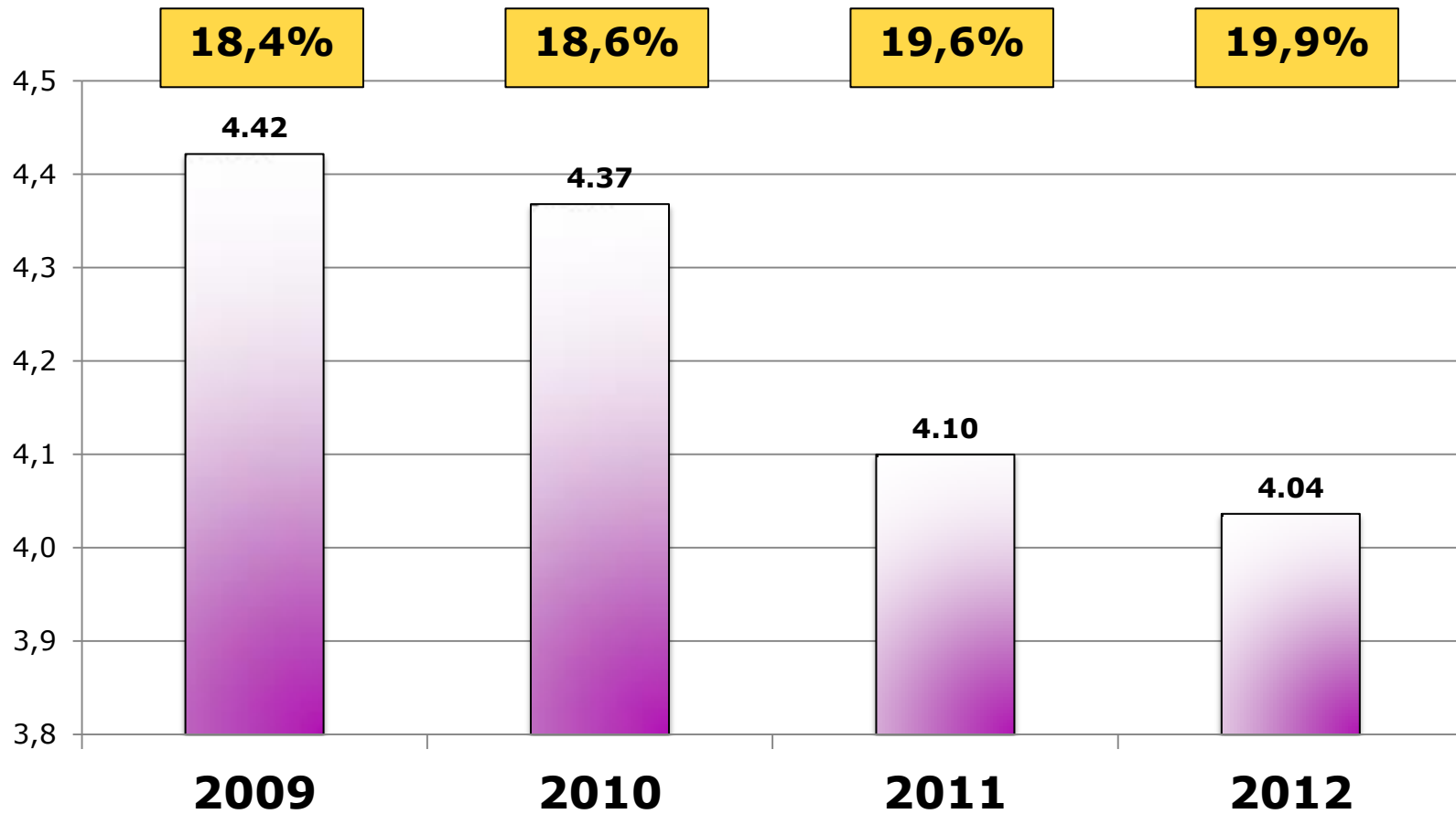
2009



■ nacimientos

■ abortos

ratio nacimientos : abortos





"mi cuerpo es mío

nosotras parimos, nosotras decidimos"



Genética

- XY
- 23 + 23
- alelos del padre

Inmunología

- Proteínas ajenas
- Fenómeno Rh y otros

Expectativa de vida

- 2 células moribundas → décadas

Identidad distinta



the attitude of these women toward abortion is quite surprising.

- **first**, all of the scores of women involved in the study (none of whom were pro-life activists and all of whom called themselves "pro-choice") agreed that abortion is **killing**.
- **second**, the women believe that abortion is wrong, an **evil**,
- **third** (...) basically, abortion is considered the **least of three evils** because it is perceived as offering the greatest hope for a woman to **preserve her own sense of self**, her own life.

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cáncer de mama



Abortion and breast cancer: a hard decision made harder

Tim Davidson

Over recent years, concerns have been raised about a possible causal relation between induced abortion and subsequent breast cancer. The abrupt hormonal changes associated with termination of pregnancy may induce changes in breast epithelial cells at a stage when they are not fully differentiated and therefore more vulnerable to later development of breast cancer. This review examines the published evidence supporting and refuting this hypothesis and concludes that there are, to date, insufficient data to justify warning women of future breast-cancer risk when counselling them about abortion.

Lancet Oncol 2001; **2**: 756–58

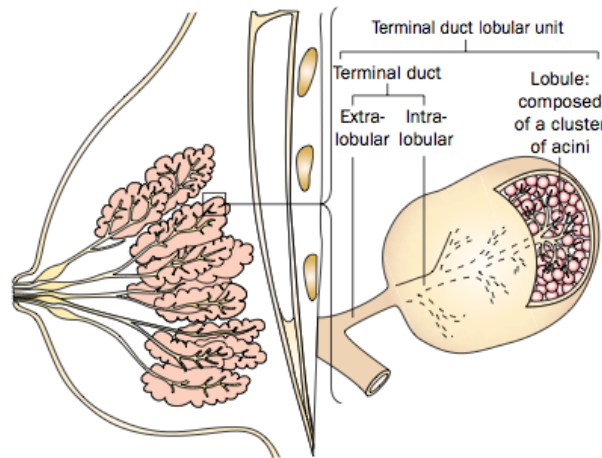


Figure 1. Abortion and breast cancer hypothesis. During pregnancy, epithelial cells proliferate in the terminal duct lobular units. When pregnancy ends prematurely, the protective effect from complete differentiation is not achieved. Having undergone proliferation, the terminal duct lobular units are more susceptible to carcinogenesis.

Lancet Oncol 2001

The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors

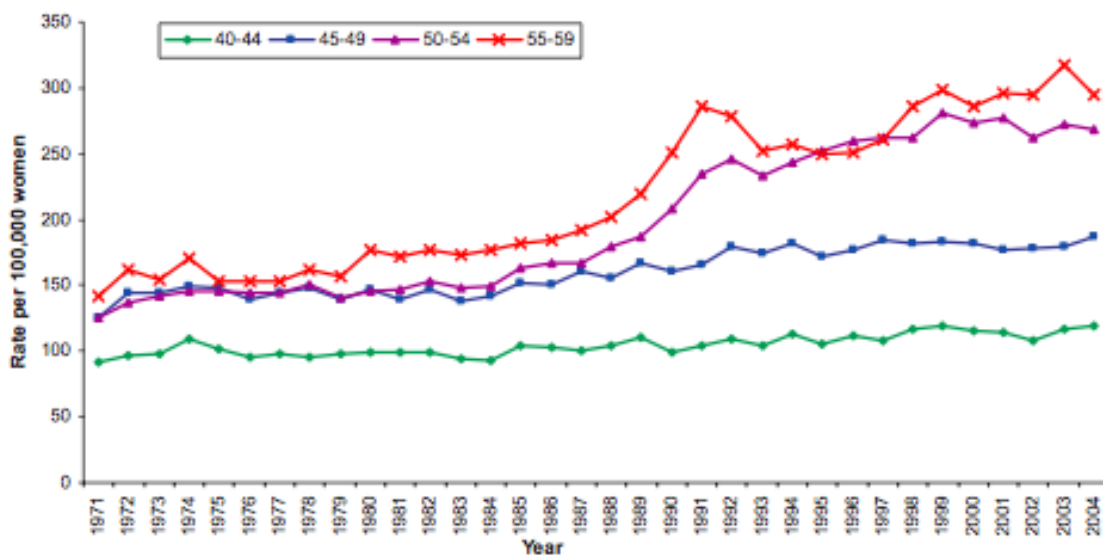


Figure 1. Average Yearly Rate of Incidence of Female Breast Cancer in England & Wales within Age Groups 40-44, 45-49, 50-54 and 55-59 from 1971-2004

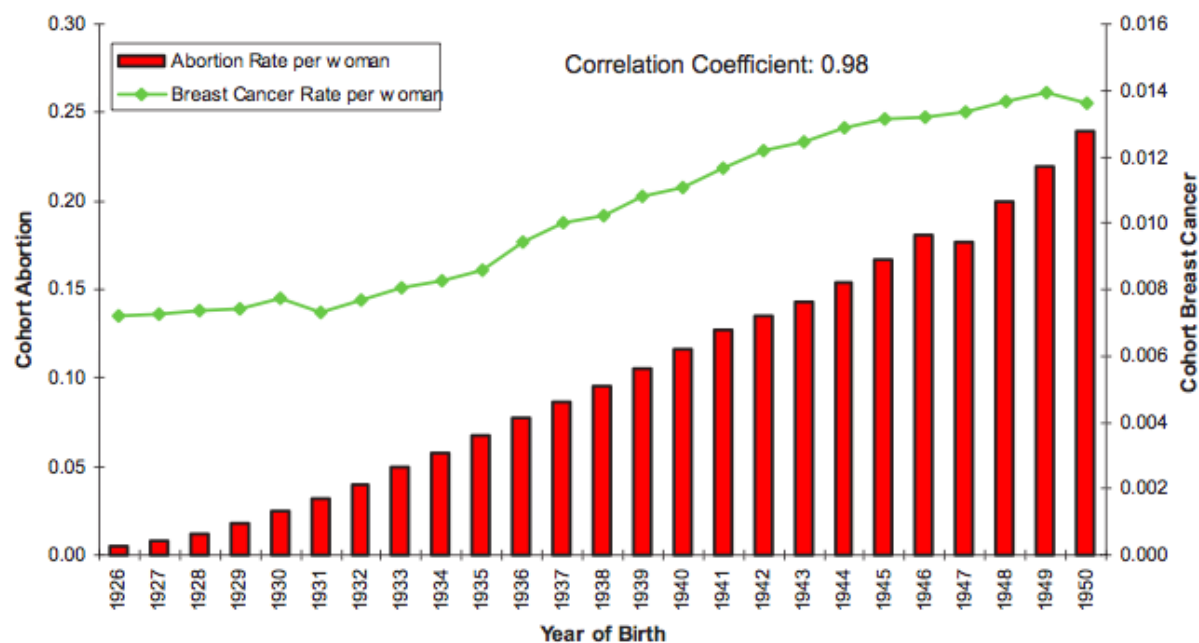


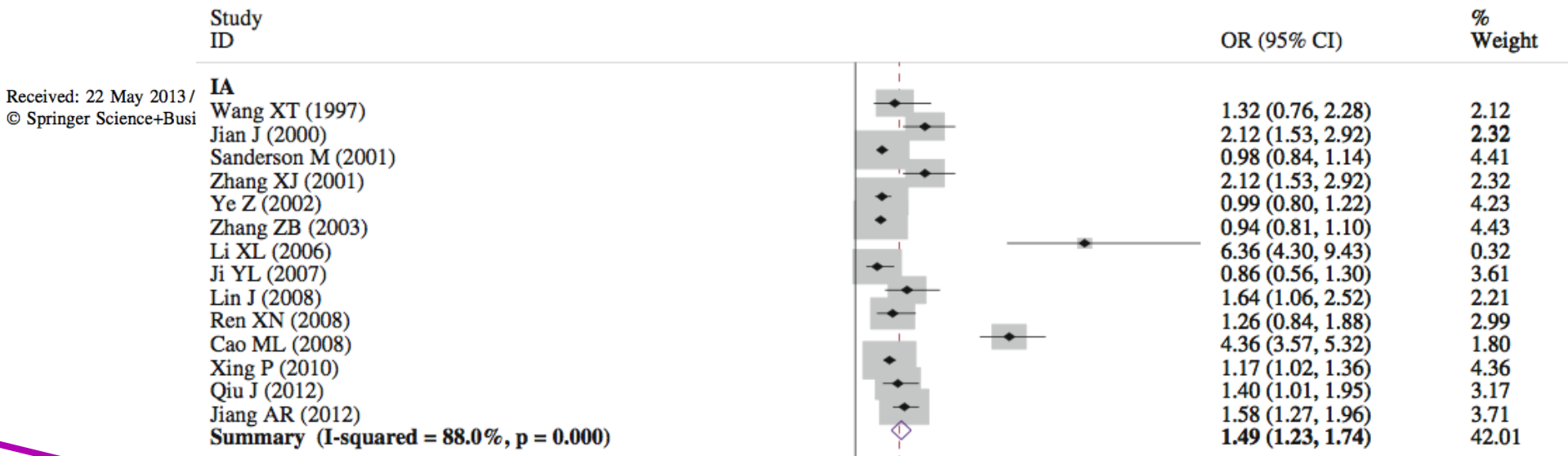
Figure 3. Cohort Breast Cancer Incidence within Ages 50-54 vs. Cumulated Cohort Abortion Rate for Women in England & Wales: Cohorts are defined by year of birth.

Conclusion

The increase in breast cancer incidence appears to be best explained by an increase in abortion rates, especially nulliparous abortions, and lower fertility.

A meta-analysis of the association between induced abortion and breast cancer risk among Chinese females

Yubei Huang · Xiaoliang Zhang · Weiqin Li · Fengju Song ·
Hongji Dai · Jing Wang · Ying Gao · Xueou Liu · Chuan Chen ·
Ye Yan · Yaogang Wang · Kexin Chen



1.49 (1.23, 1.74)

Articles

Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83 000 women with breast cancer from 16 countries

Collaborative Group on Hormonal Factors in Breast Cancer*

39 studies with information on abortion recorded retrospectively—ie, after the diagnosis of breast cancer

Modan (Israel) ⁶	99/173	240/434	-0.5	32.4		0.98 (0.174)
Vessey (UK) ⁷	75/81	1032/1033	-2.8	27.2		0.90 (0.182)
CASH (USA) ¹⁹	333/324	4111/4337	10.1	136.8		1.08 (0.089)
Ravnihar (Slovenia) ¹⁰	177/650	354/1289	5.2	81.1		1.07 (0.115)
WHO (4 countries, see table 1) ²⁴	661/1488	1058/3173	19.8	201.6		1.10 (0.074)
Ewertz (Denmark) ⁸	207/169	1299/1208	15.2	67.1		1.25 (0.137)
Lê (France) ⁴	81/62	184/203	6.5	20.1		1.38 (0.263)
UK Studies (UK) ¹³ and 2 unpublished	244/227	1627/1644	4.3	93.8		1.05 (0.106)
Clavel (France) ¹⁶	83/117	412/779	9.8	32.3		1.35 (0.206)
Meirik/Lund (Sweden/Norway) ¹⁵	73/100	349/427	-2.4	27.8		0.92 (0.182)
Yu/Yuan/Wang (China) ^{12,21}	321/356	513/478	-2.2	57.5		0.96 (0.129)
Bernstein (USA) ⁵⁰	177/181	499/495	-5.6	57.4		0.91 (0.126)
La Vecchia/Franceschi (Italy) ^{17,33}	536/455	3647/3272	17.7	176.3		1.11 (0.079)
Daling/Malone (USA) ²⁵	187/200	560/761	16.0	62.8		1.29 (0.144)
4 State Study (USA) ³⁰	173/255	4399/6511	15.2	69.9		1.24 (0.134)
Ross/Paganini-Hill (USA) ³⁶	83/65	957/926	2.9	29.8		1.10 (0.192)
Primic-Zakelj (Slovenia) ²⁷	247/243	377/381	2.8	62.5		1.05 (0.129)
Yang/Gallagher (Canada) ²²	74/67	798/812	2.5	23.9		1.11 (0.216)
Katsouyanni (Greece) ²⁶	158/276	139/362	11.7	36.5		1.38 (0.195)
WISH (USA) ²⁸	405/412	1461/1597	4.2	131.9		1.03 (0.088)
McCredie/Hopper (Australia) ^{37,39}	260/120	1320/901	20.8	60.8		1.41 (0.153)
Chang-Claude (Germany) ⁴⁷	97/144	559/1139	13.4	39.9		1.40 (0.188)
Millikan (USA) ⁴⁰	101/78	714/678	4.1	29.9		1.15 (0.196)
Shu/Zheng (China) ⁴⁵	913/998	546/558	-6.3	143.3		0.96 (0.082)
Other ^{2,3,5,11,18,20,23,29,32,38; not 31}	353/418	5294/7438	23.4	113.0		1.23 (0.105)
All studies with retrospective data	6118/7659	32 449/40 836	185.8	1815.6		1.11 (0.025)

0 0.5 1.0 1.5 2.0

Articles

Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83 000 women with breast cancer from 16 countries

Collaborative Group on Hormonal Factors in Breast Cancer*

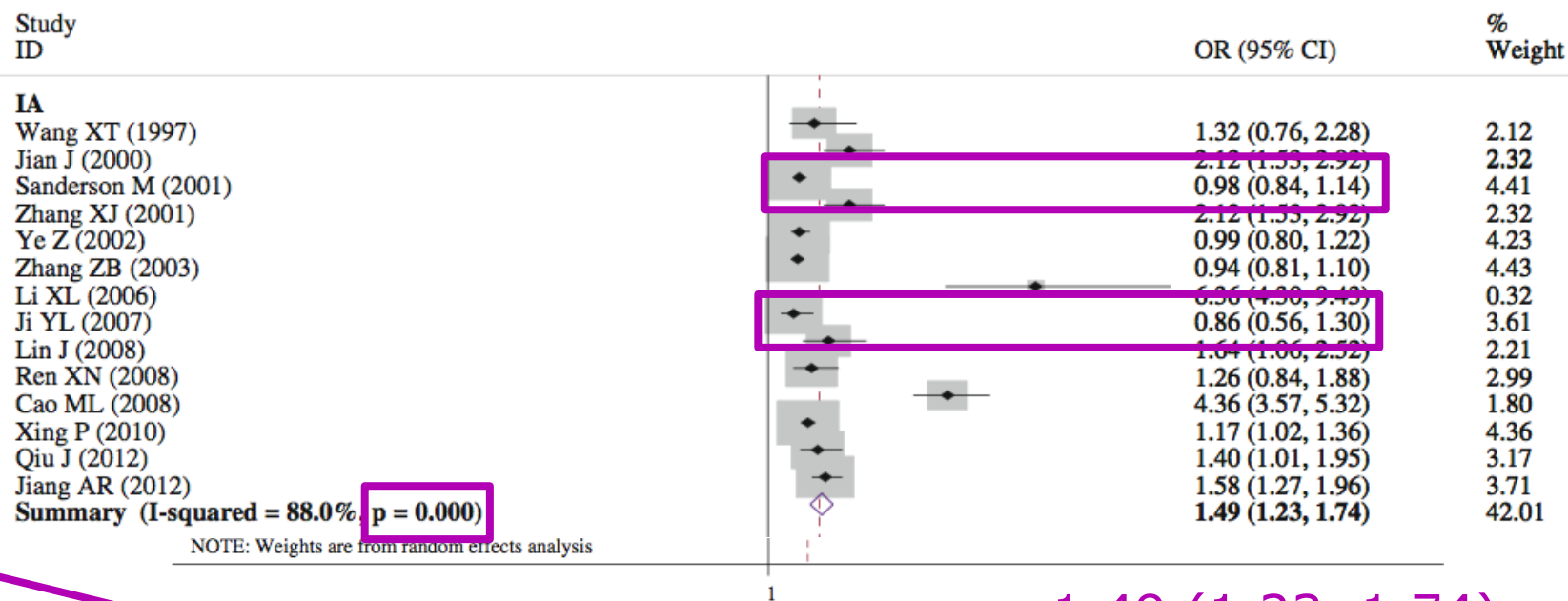


Study (country)	Induced abortion recorded (cases/controls)	No induced abortion recorded (cases/controls)	O-E	Var (O-E)	RR* (99% CI)	RR* (SE)
13 studies with information on abortion recorded prospectively—ie, before the diagnosis of breast cancer						
Melbye (Denmark) ³⁴	1338/-	8724/-	0.0	1064.6		1.00 (0.031)
Goldacre (UK) ⁴⁴	315/1576	21 532/82 888	-62.1	280.9		0.80 (0.054)
Erlandsson (Sweden) ⁴⁹	173/228	1586/1531	-27.7	80.3		0.71 (0.094)
RCGP (UK) ⁹	48/233	1020/4204	-5.7	39.8		0.87 (0.148)
Tang (USA) ⁴³	95/477	366/1700	-10.0	61.5		0.85 (0.118)
Scotland (UK) ^{unpublished}	511/2237	2232/7651	-56.4	257.4		0.80 (0.056)
Shanghai Textile Workers (China) ⁴⁶	884/3631	1009/3941	-1.3	297.9		1.00 (0.058)
EPIC (France/Greece/UK) ^{48,51,52}	583/755	2398/3333	-19.3	228.1		0.92 (0.063)
Other ^{14,35(2 studies),41,42}	40/108	1012/3774	1.5	15.4		1.10 (0.268)
All studies with prospective data	3987/-	39 879/-	-181.0	2325.9		0.93 (0.020)

A meta-analysis of the association between induced abortion and breast cancer risk among Chinese females

Yubei Huang · Xiaoliang Zhang · Weiqin Li · Fengju Song ·
Hongji Dai · Jing Wang · Ying Gao · Xueou Liu · Chuan Chen ·
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Received: 22 May 2013 /
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prevención: salud mental materna

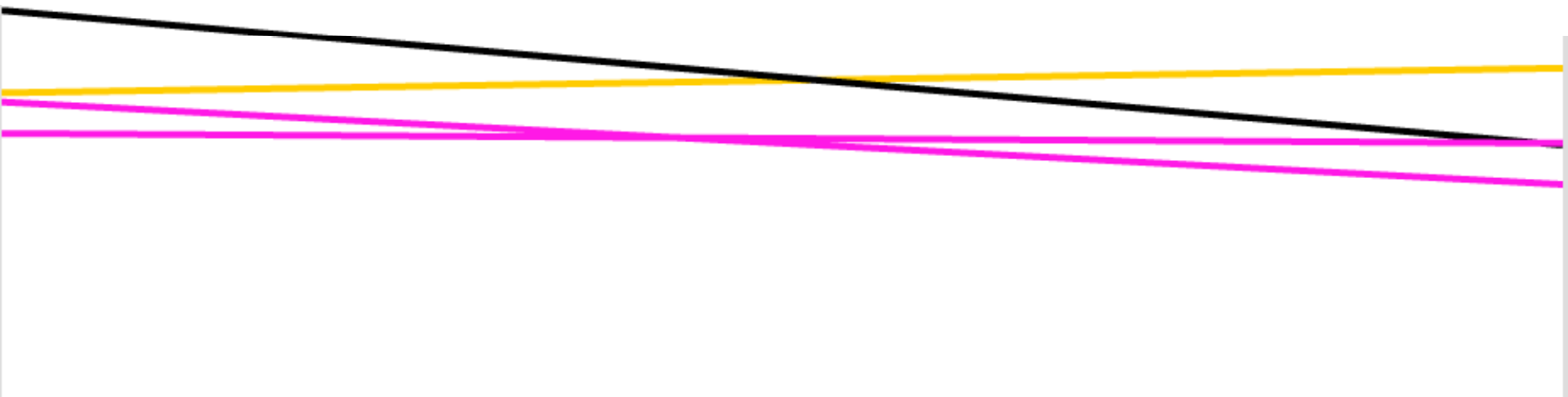
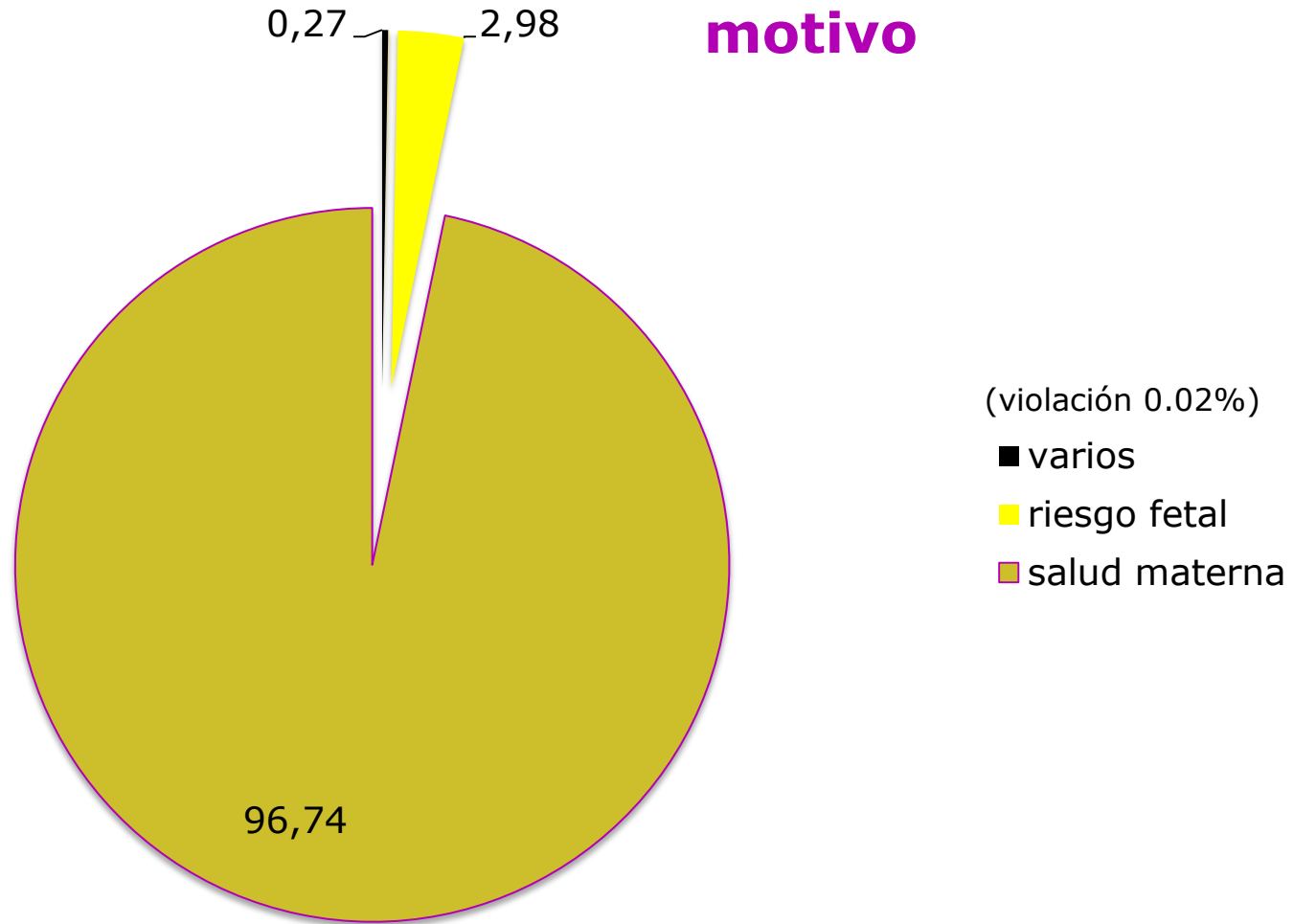


TABLA EV.4. I.V.E. DISTRIBUCIÓN PORCENTUAL SEGÚN TIPO DE CENTRO, SEMANAS DE GESTACIÓN, M DE LA INTERRUPCIÓN.
2001-2010. TOTAL NACIONAL.

[illegible]

motivo



In these societies over 90% of all abortions are currently authorized on the grounds that continuation of the pregnancy would pose a serious threat to the woman's mental health


en España > 95%

es crucial buscar la mejor evidencia sobre si el aborto mejora la salud mental de la mujer

However, addressing the issue of whether abortion has beneficial consequences for the mental health of women having unwanted or unintended pregnancy is central to the appraisal of both clinical practice and the interpretation of the law

Psychological Responses of Women After First-Trimester Abortion

Brenda Major, PhD; Catherine Cozzarelli, PhD; M. Lynne Cooper, PhD; Josephine Zubek, PhD;
Caroline Richards, PhD; Michael Wilhite, PhD; Richard H. Gramzow, PhD



Conclusions: Most women do not experience psychological problems or regret their abortion 2 years post-abortion, but some do. Those who do tend to be women with a prior history of depression.

Arch Gen Psychiatry. 2000;57:777-784

$$H_0 \circ p_{aborto} = p_{parto \text{ no deseado}}$$

$$H_1 \circ p_{aborto} < p_{parto \text{ no deseado}}$$

Psychological Responses of Women After First-Trimester Abortion

Brenda Major, PhD; Catherine Cozzarelli, PhD; M. Lynne Cooper, PhD; Josephine Zubek, PhD; Caroline Richards, PhD; Michael Wilhite, PhD; Richard H. Gramzow, PhD

Methods: Women arriving at 1 of 3 sites for an abortion of a first-trimester unintended pregnancy were randomly approached to participate in a longitudinal study with 4 assessments—1 hour before the abortion, and 1 hour, 1 month, and 2 years after the abortion. Eight hundred eighty-two (85%) of 1043 eligible women approached agreed; 442 (50%) of 882 were followed for 2 years.

Arch Gen Psychiatry 2000;57:777-784

Table 5. Results of Multiple Regression Analyses Predicting 2-Year Outcomes From Demographic Characteristics and Prior Mental Health

Predictors	Outcome Measures*										
	Negative Emotions (n = 325)	Positive Emotions (n = 325)	Relief (n = 325)	Decision Satisfaction (n = 324)	Harm Appraisal (n = 325)	Benefit Appraisal (n = 324)	Do Over (n = 325)	Brief Symptom Inventory Depression Interview (n = 326)	Diagnostic Interview Schedule (n = 325)	Self-esteem (n = 325)	Posttraumatic Stress Disorder (n = 325)
Total model (df = 12)†	R ² = 0.11‡	R ² = 0.05	R ² = 0.07§	R ² = 0.13‡	R ² = 0.10‡	R ² = 0.06	R ² = 0.06	R ² = 0.12‡	χ ² = 21.5§	R ² = 0.14‡	χ ² = 32.6
Coefficient estimates¶											
History of depression (0 = no; 1 = yes)	0.54 (0.13)‡	−0.21 (0.14)	−0.30 (0.18)	−0.52 (0.14)‡	0.38 (0.13)	−0.30 (0.11)	−0.17 (0.19)	0.49 (0.11)‡	0.87 (0.30)	−0.61 (0.11)‡	2.26 (0.75)§
Age, years	−0.05	0.03	0.05	0.06	0.05	0.02	0.05	−0.02	−0.01	0.02	−0.05

*All scales were scored such that higher numbers represent higher levels of the construct.

†Logistic regression was applied to the 2 categorical outcome measures (Diagnostic Interview Schedule and posttraumatic stress disorder).

‡P < .001.

§P < .05.

||P < .01.

¶Values outside of parentheses are nonstandardized regression coefficients. Values within parentheses are SEs. All estimates are based on regression models that include religious affiliation (Catholic, Protestant, other, none), marital status (married, divorced, other), number of prior abortions, and physical complications after the abortion (no/yes) as additional predictors. None of these additional predictors were significant at P < .05, and their estimates are not shown here.

Psychological Responses of Women After First-Trimester Abortion

Arch Gen Psychiatry 2000;57:777-784

Brenda Major, PhD; Catherine Cozzarelli, PhD; M. Lynne Cooper, PhD; Josephine Zubek, PhD;
Caroline Richards, PhD; Michael Wilhite, PhD; Richard H. Gramzow, PhD

- ¿dónde estás odds ratio que no te veo?
- ¿donde estás cohorte no expuesta que no te veo?
- ¿donde estás medida de efecto (con IC 95%)?
- ¿donde estás cálculo de potencia?
- ¿donde estás análisis de sensibilidad?
- ¿donde estás tratamiento de sesgo selección?
- ¿quien publica una cohorte con 100% expuestos y 50% de pérdidas?

Psychological implications of abortion — highly charged and rife with misleading research

Brenda Major

In this issue (page 1253),¹ David Reardon and colleagues describe how they conducted a record-linkage study of psychiatric admissions among a sample of low-income women who had received state funding for either an abortion or delivery in 1989. They report that subsequent psychiatric admission rates were higher for women who had an abortion than for women who delivered. Their conclusion implies that this was the result of problems related to aborting a pregnancy. This conclusion is misleading.

Abortion in young women and subsequent mental health

David M. Fergusson, L. John Horwood, and Elizabeth M. Ridder

Christchurch Health and Development Study, Christchurch, New Zealand

Enfermedad	Aborto vs.	Aborto vs.
	embarazo a término	nunca embarazo
RR de Depresión Mayor (IC 95%)	2,86 (1,49-5,56) ^a	2,08 (1,19-3,70)
RR de Trastorno de ansiedad (IC 95%)	2,27 (1,08-4,76) ^b	1,92 (0,98-3,70)
RR de Ideación suicida (IC 95%)	4,17 (1,79-9,09) ^c	2,18 (1,18-4,76)
RR de Dependencia de drogas ilícitas	6,67 (1,59-25,0) ^d	5,00 (1,45-16,7)
RR de Enfermedades Mentales**	1,72 (1,32-2,27) ^e	1,52 (1,19-1,92) ^f

Abortion in young women and subsequent mental health

David M. Fergusson, L. John Horwood, and Elizabeth M. Ridder

Christchurch Health and Development Study, Christchurch, New Zealand

Background: The extent to which abortion has harmful consequences for mental health remains controversial. We aimed to examine the linkages between having an abortion and mental health outcomes over the interval from age 15–25 years. **Methods:** Data were gathered as part of the Christchurch Health and Development Study, a 25-year longitudinal study of a birth cohort of New Zealand children. Information was obtained on: a) the history of pregnancy/abortion for female participants over the interval from 15–25 years; b) measures of DSM-IV mental disorders and suicidal behaviour over the intervals 15–18, 18–21 and 21–25 years; and c) childhood, family and related confounding factors. **Results:** Forty-one percent of women had become pregnant on at least one occasion prior to age 25, with 14.6% having an abortion. Those having an abortion had elevated rates of subsequent mental health problems including depression, anxiety, suicidal behaviours and substance use disorders. This association persisted after adjustment for confounding factors. **Conclusions:** The findings suggest that abortion in young women may be associated with increased risks of mental health problems. **Keywords:** Abortion, pregnancy, mental disorder, depression, anxiety, suicidal behaviour, substance dependence.



Table 2 Estimated risk ratios (95% CI) between measures of pregnancy history and mental health outcomes after adjustment for covariates

Measure	Abortion RR (95% CI)	Pregnancy loss RR (95% CI)	Live birth, RR (95% CI)		Significant covariates ^a
			Unwanted/ adverse reaction	No adverse reaction	
Concurrent models					
Major depression	1.58 (1.08–2.32)	1.14 (0.70–1.85)	1.60 (0.94–2.72)	0.71 (0.47–1.05)	3–5,7,12–17
Anxiety disorder	1.55 (1.03–2.32)	1.41 (0.86–2.32)	1.22 (0.69–2.15)	1.12 (0.75–1.68)	5, 8,14–17
Suicidal ideation	1.35 (0.77–2.38)	1.96 (1.00–3.83)	0.93 (0.41–2.13)	1.02 (0.57–1.83)	3–5,9,12,14–16
Alcohol dependence	1.19 (0.56–2.55)	2.23 (0.92–5.41)	0.48 (0.12–1.89)	0.68 (0.28–1.64)	4,12–14,17
Illicit drug dependence	3.56 (1.59–7.98)	0.87 (0.29–2.56)	1.12 (0.35–3.63)	0.58 (0.22–1.50)	2,3,10,11,14,16,17
Number of mental health problems	1.37 (1.16–1.62)	1.25 (1.01–1.53)	1.11 (0.88–1.41)	0.93 (0.78–1.11)	3-7,12,14–17
5-year lagged models					
Major depression	1.31 (0.77–2.22)	0.76 (0.39–1.50)	1.66 (0.80–3.45)	1.15 (0.68–1.96)	3-5,7,15,16
Anxiety disorder	2.13 (1.24–3.64)	2.10 (1.05–4.20)	1.17 (0.51–2.65)	1.44 (0.84–2.46)	5,6,15
Suicidal ideation	1.61 (0.82–3.18)	1.47 (0.63–3.39)	1.02 (0.35–3.00)	1.85 (0.94–3.65)	3,4,9
Alcohol dependence	2.88 (1.01–8.18)	1.33 (0.36–4.96)	0.41 (0.04–4.28)	1.19 (0.36–4.00)	1,4,9,16
Illicit drug dependence	2.85 (1.09–7.44)	1.30 (0.33–5.19)	0.22 (0.02–2.77)	0.30 (0.07–1.35)	2,3,7,10
Number of mental health problems	1.32 (1.05–1.67)	1.06 (0.79–1.43)	1.05 (0.73–1.50)	1.22 (0.96–1.55)	3-7,15,16

a. 1=maternal education; 2=family socio-economic status; 3=childhood sexual abuse; 4=childhood physical abuse; 5=child neuroticism (14 years); 6=self-esteem (15 years); 7=teacher-rated grade point average (11–13 years); 8=depression/anxiety disorder (15 years); 9=suicidal ideation (15 years); 10=adolescent alcohol use (16 years); 11=living with parents; 12=cohabiting partner; 13=employment problems; 14=partner relationship problems; 15=serious illness or death in family; 16=sexual or physical violence victimisation; 17=lagged history of mental health problems. Covariates not significant in any analysis: family living standards (0–10 years); family income (0–10 years); changes of parents (0–15 years); inter-parental violence (0–16 years); parental mental health problems; parental alcohol problems; parental criminality; parental illicit drug use; parental attachment; novelty-seeking; child IQ; child conduct problems; early sexual onset; early tobacco use and early cannabis use.

All results are consistent with the conclusion that even following extensive covariate adjustment, exposure to induced abortion was associated with a small but consistent increase in rates of mental health problems.

metanálisis

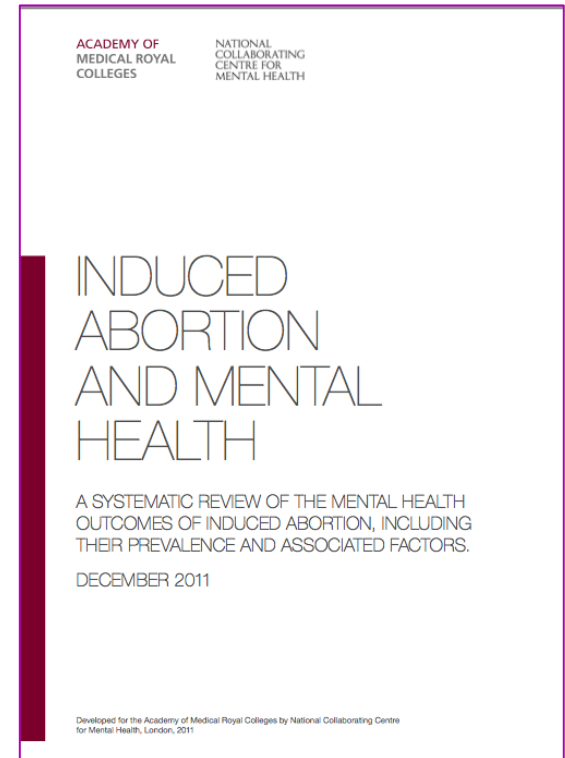
- coleman, 2011. br j psychiatr ↑
- amrc (pdf on line), 2011 =

Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009

Priscilla K. Coleman

there have been extensive criticisms of both Coleman's study

- Abel et al., 2011
- Coyne, 2011
- Howard et al., 2011
- Kinney, 2011
- Lagro-Janssen et al., 2011
- Littell and Coyne, 2011
- Polis et al., 2011
- Robinson et al., 2011
- Thygesen, 2011



and the AMRC report

- Andrusko, 2011
- Christian Medical Fellowship, 2011
- Ertelt, 2011

Despite the apparently contradictory findings of these reviews both appear to be in agreement on one point: there is no evidence to suggest that the provision of abortion mitigates the mental health effects of unwanted pregnancy. The AMRC review concludes that there were little if any effects of abortion on mental health, whereas the Coleman analysis suggests that abortion may have harmful effects on mental health.

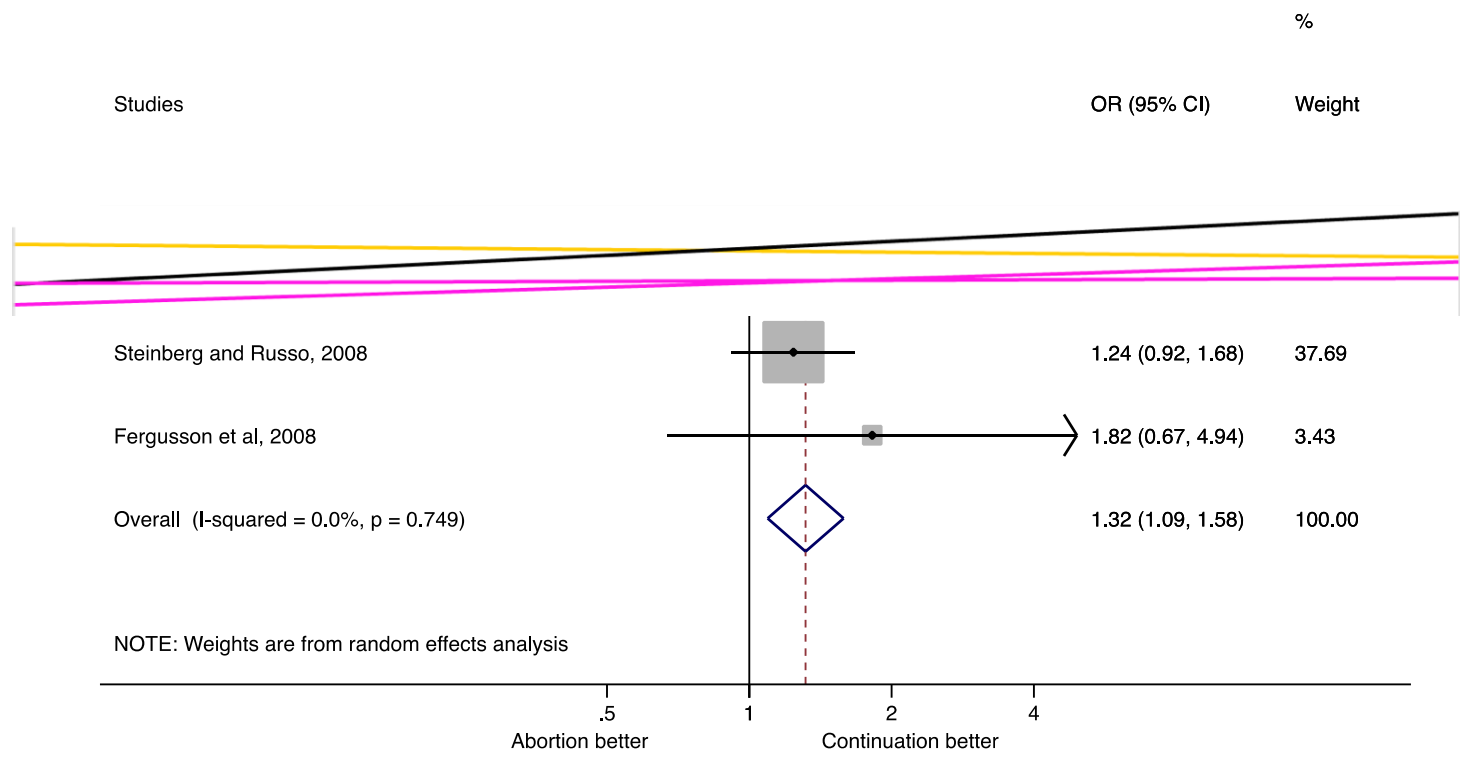
if abortion has the therapeutic benefits that have been ascribed to the practice, one would expect to find that rates of mental health problems amongst those having abortion were lower than those in an equivalent series of women coming to term with unwanted or unintended pregnancy.

$$H_1 \circ p_{aborto} < p_{parto \text{ no deseado}}$$

Outcome	OR (95% CI)
Anxiety	
Cogle et al. (2005)	1.34 (1.05–1.70)
Steinberg and Russo (2008)	1.24 (0.92–1.68)
Fergusson et al. (2008)	1.82 (0.68–5.00)
Pooled results ^a	1.28 (0.97–1.70)
Test for heterogeneity	Q(I)=0.51, <i>p</i> >0.48

$$H_1 \circ p_{aborto} < p_{parto \text{ no deseado}}$$
$$p > 0.95$$

OR (95% CI) for anxiety disorder



Outcome

OR (95% CI)

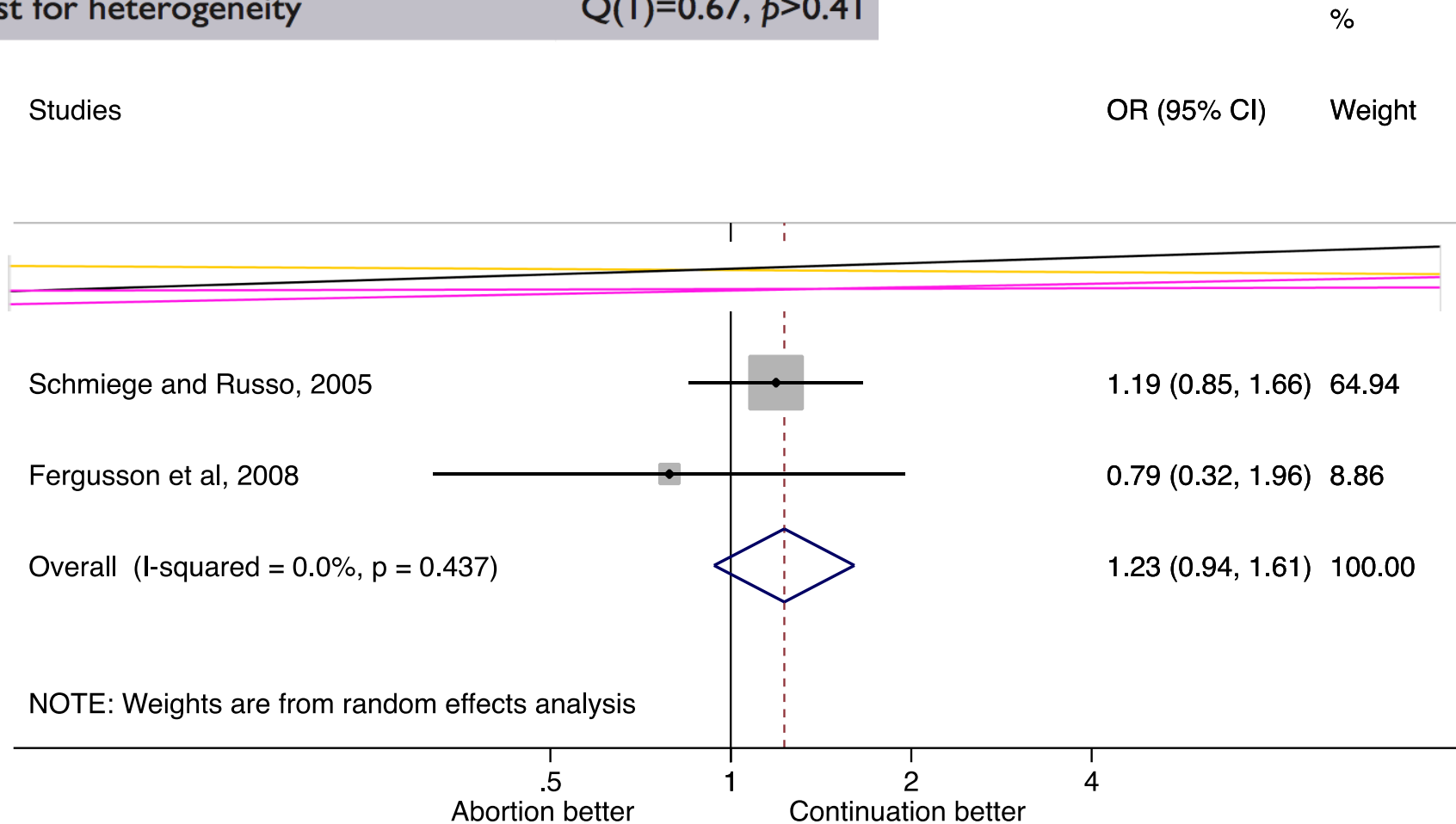
aust n z j psychiatry 2013 sep;47:819-27

Depression

Reardon and Cougle (2002)	1.54 (0.91–2.61)
Schmiege and Russo (2005)	1.19 (0.85–1.66)
Fergusson et al. (2008)	0.79 (0.32–1.96)
Pooled results ^b	1.13 (0.83–1.55)
Test for heterogeneity	Q(I)=0.67, <i>p</i> >0.41

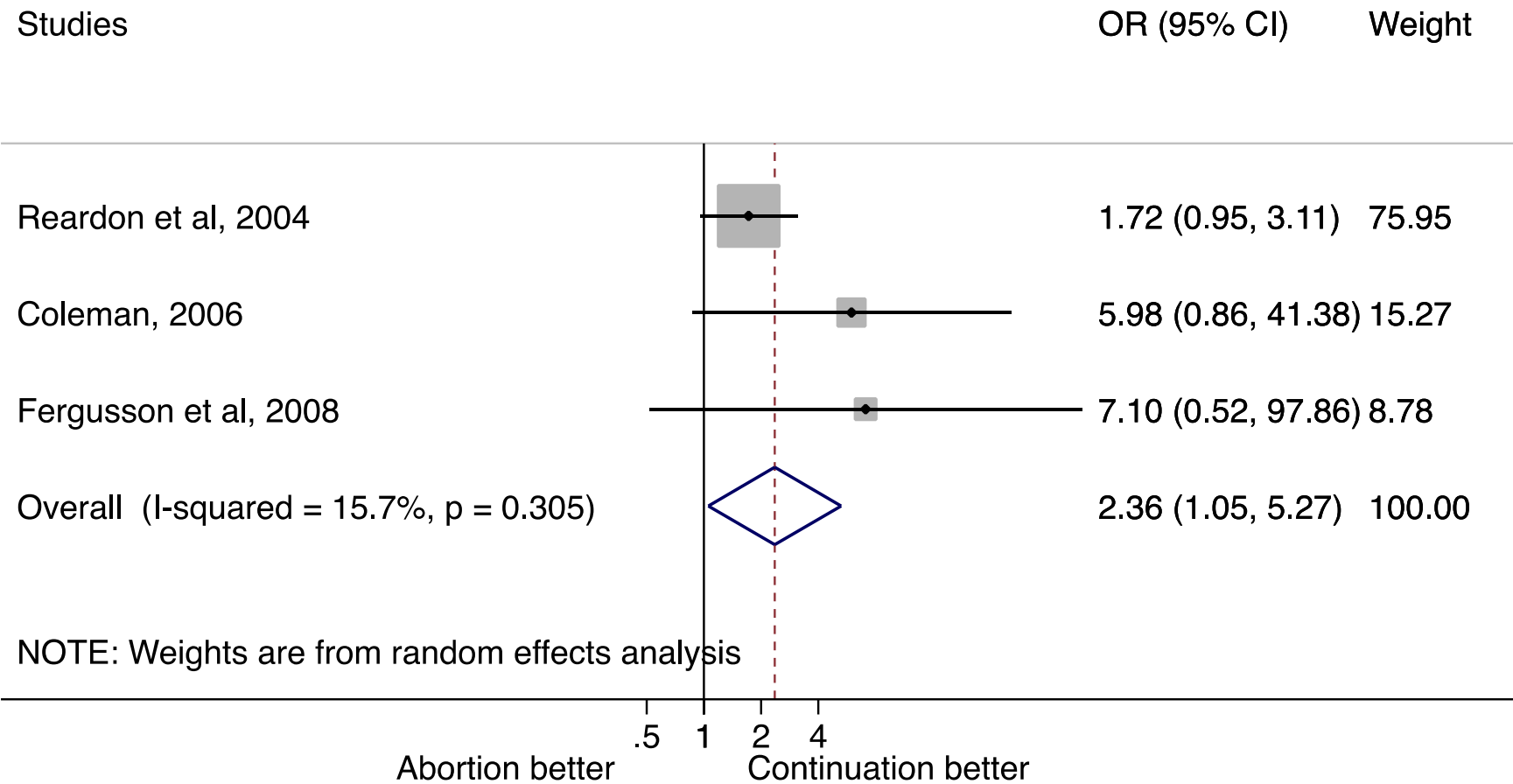
$$H_1 \circ p_{aborto} < p_{parto \text{ no deseado}}$$

$$p > 0.75$$



Outcome	OR (95% CI)
Alcohol misuse	
Reardon et al. (2004)	1.72 (0.95–3.11)
Coleman (2006)	5.98 (0.87–41.66)
Fergusson et al. (2008)	7.10 (0.51–96.90)
Pooled results	2.34 (1.05–5.21)
Test for heterogeneity	Q(2)=2.37, $p>0.30$

$$H_1 \circ p_{aborto} < p_{parto \text{ no deseado}}$$
$$p > 0.98$$



Outcome

OR (95% CI)

aust n z j psychiatry 2013 sep;47:819-27

Illicit drug use/misuse

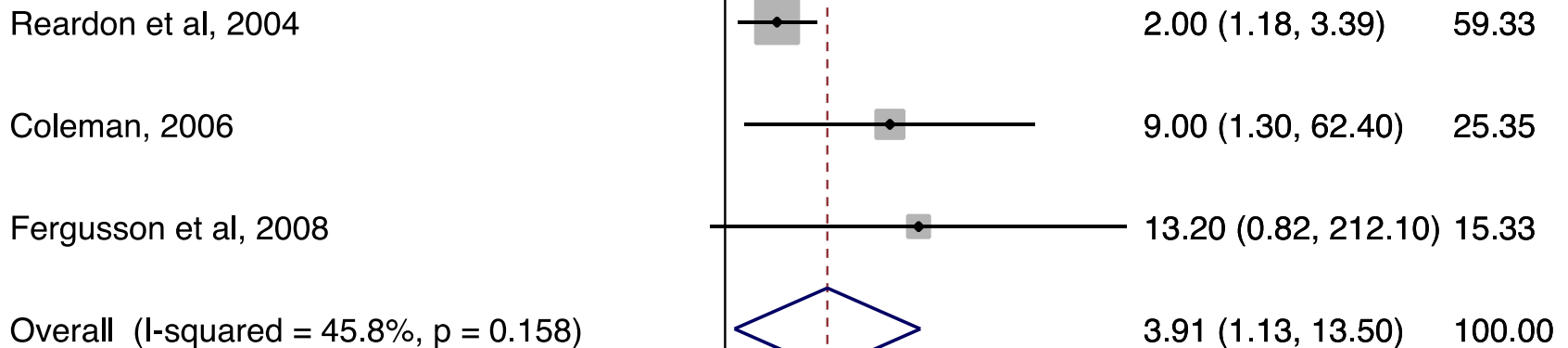
Reardon et al. (2004)	2.00 (1.18–3.39)
Coleman (2006)	9.00 (1.30–62.5)
Fergusson et al. (2008)	13.20 (0.82–211.74)
Pooled results	3.91 (1.13–13.55)
Test for heterogeneity	$Q(2)=3.69, p>0.15$

$$H_1: p_{aborto} < p_{parto \text{ no deseado}}$$
$$p > 0.98$$

Studies

OR (95% CI)

Weight



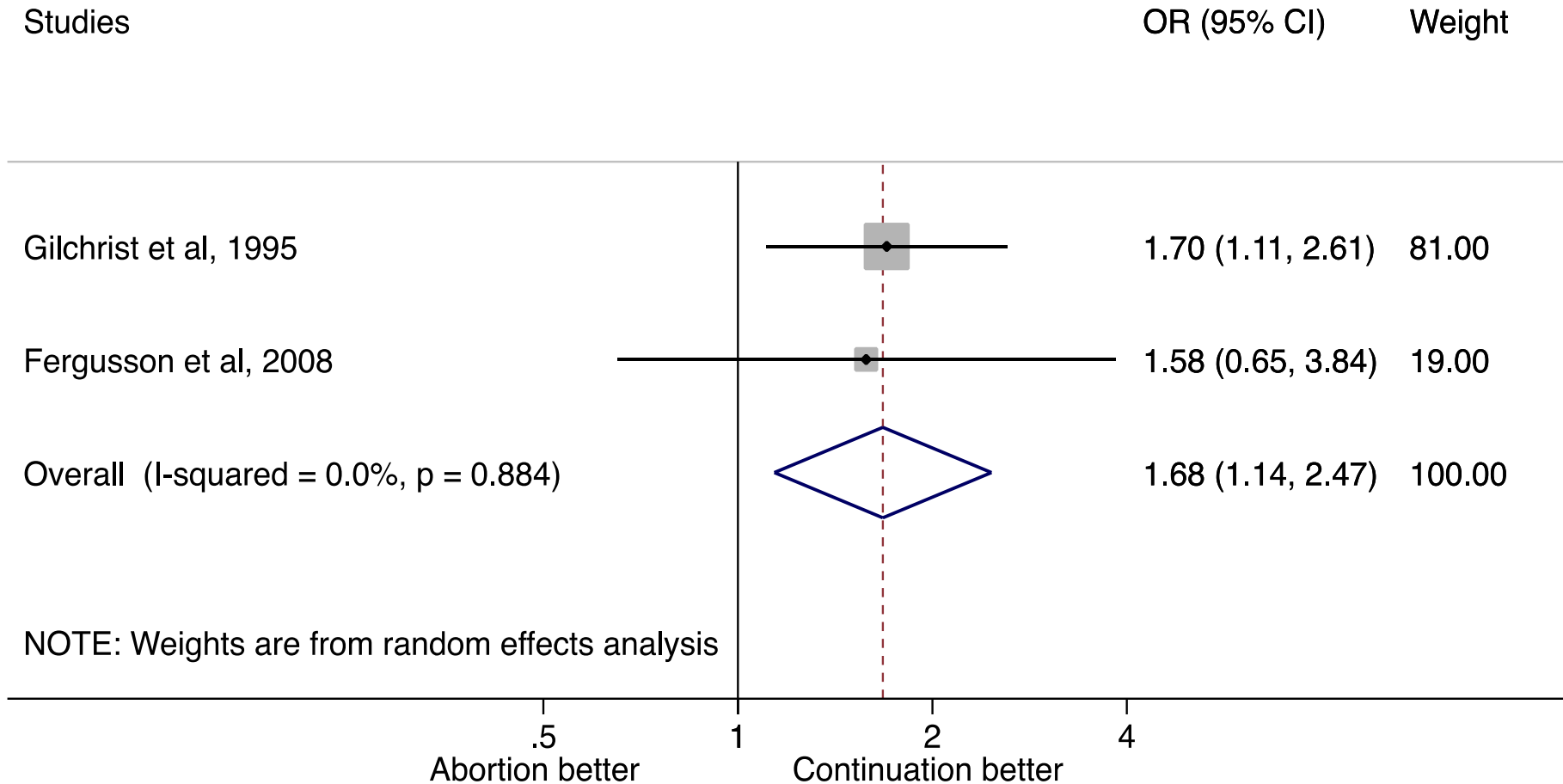
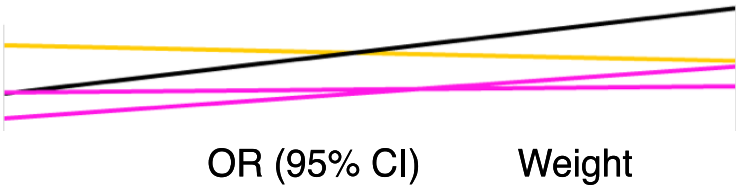
NOTE: Weights are from random effects analysis

Abortion better

Continuation better

Outcome	OR (95% CI)
Suicidal behaviour	
Gilchrist et al. (1995)	1.70 (1.10–2.60)
Fergusson et al. (2008)	1.58 (0.43–5.81)
Pooled results	1.69 (1.12–2.54)
Test for heterogeneity	Q(I)=0.01, p>0.90

$$H_1 \circ p_{aborto} < p_{parto \text{ no deseado}}$$
$$p > 0.99$$



Summary

For all analyses considered, there was no evidence to suggest that rates of mental health problems were lower in women having abortion than in comparison groups of women having unwanted pregnancy. This conclusion held for all studies, all authors, and all outcomes considered, irrespective of variations in study quality using the standards applied in the AMRC review (National Collaborating Centre for Mental Health, 2011).

- no review has concluded that abortion has beneficial consequences by mitigating the mental health risks of unwanted pregnancy

1. ponderación
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5. alternativas





david fergusson



<http://www.abc.net.au/7.30/content/2006/s1541543.htm>

The screenshot shows the ABC 7.30 website interface. At the top, there's a navigation bar with 'AM' and '600' and '11:00' displayed. Below this are buttons for 'HOME', 'ARCHIVE', 'ABOUT', and 'EMAIL'. A photo of Chris Uhlmann is shown with text: 'Chris Uhlmann presents AM Monday to Friday from 8:00am on ABC Local Radio and 7:10am on Radio National. Join Elizabeth Jackson for the Saturday edition at 8am on Local Radio and 7am on Radio National.' The main content area is titled 'Transcript' and contains the following text: 'This is a transcript from AM. The program is broadcast around Australia at 08:00 on ABC Local Radio. You can also listen to the story in [REAL AUDIO](#) and [WINDOWS MEDIA](#) and [MP3](#) formats.' Below this is a section titled 'Abortion increases mental health risk: study' with a date 'AM - Tuesday, 3 January, 2006 08:04:28' and a reporter 'Reporter: Tom Iggulden'. The text of the report follows, mentioning Tony Eastley's research and Professor David Fergusson's findings.

Transcript

This is a transcript from AM. The program is broadcast around Australia at 08:00 on ABC Local Radio.

You can also listen to the story in [REAL AUDIO](#) and [WINDOWS MEDIA](#) and [MP3](#) formats.

Abortion increases mental health risk: study

AM - Tuesday, 3 January, 2006 08:04:28

Reporter: Tom Iggulden

TONY EASTLEY: New research out today suggests that having an abortion can increase the likelihood of young women later developing some sort of mental health problem.

The research team, based at the School of Medicine and Health Sciences in Christchurch, New Zealand, undertook the study as part of a range of long-term studies of 500 young Kiwis from their birth in 1977.

Tom Iggulden reports.

TOM IGGULDEN: The decision to terminate a pregnancy can be traumatic, and now a New Zealand researcher suggests there could be longer-term impacts.

Professor David Fergusson, a psychologist from the Christchurch School of Medicine and Health Sciences, says having an abortion is a risk factor for the onset of mental illness.

I am not religious.
I am an atheist and a rationalist.

the findings did surprise me,
but the results appear to be
very robust because they
persist across a series of
disorders and a series of ages.

it does show, as with any surgical
procedure, or any procedure of any form,
that there are risks and benefits that
need to be taken into account and to be
weighed up very carefully.



"I am deeply troubled by my own increasing certainty that I had in fact presided over 60,000 deaths."

N Engl J Med 1974



The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

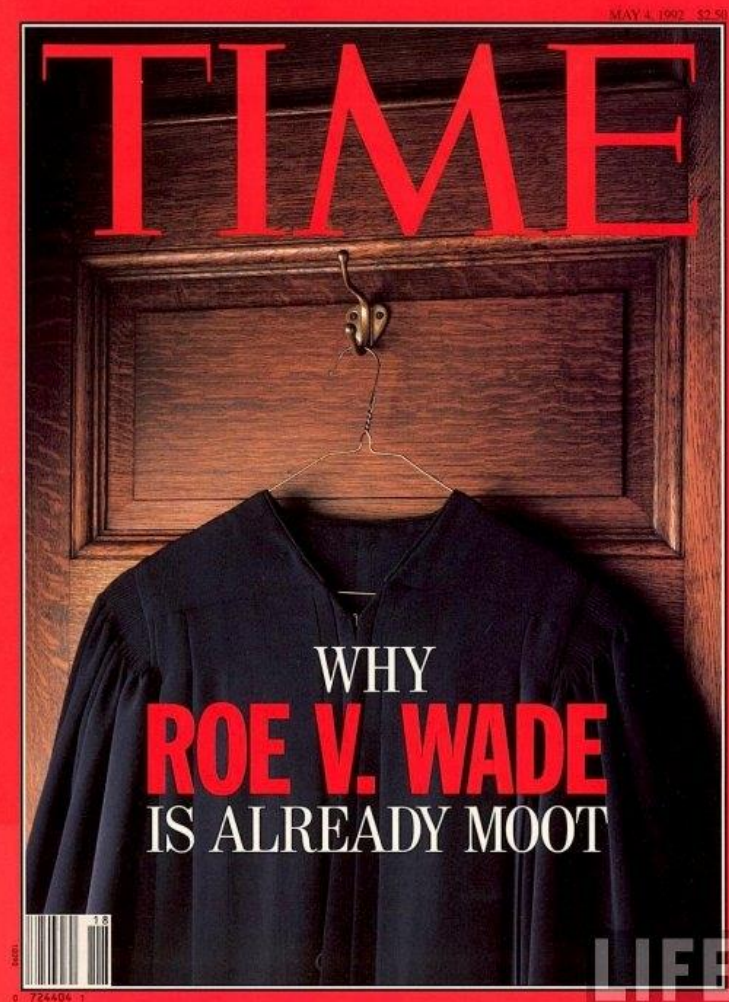
ARCHIVE

Deeper into Abortion

Bernard N. Nathanson, M.D.

N Engl J Med 1974; 291:1189-1190 | [November 28, 1974](#) | DOI: 10.1056/NEJM197411282912213

- **falsear estadísticas sobre**
 - aborto (100.000 → 1 millón)
 - mortalidad materna (250 → 10.000)
- **conspiración católica**
 - ni papa ni cristianos
 - lo ideal: obispos
- **un medio anticonceptivo más**
- **negocio de 500 millones \$/año**





Post abortive women say,

**ABORTION
HURTS
WOMEN**



AP



"Jane Roe" then.



Norma McCorvey now.



AXA

ABOLISH HUMAN ABORTION

**"I THINK IT'S SAFE TO SAY
THAT THE ENTIRE
ABORTION INDUSTRY
IS BASED ON A LIE.
...I AM DEDICATED TO SPENDING
THE REST OF MY LIFE
UNDOING THE LAW
that bears my name."**

Norma McCorvey
"JANE ROE" OF ROE V. WADE

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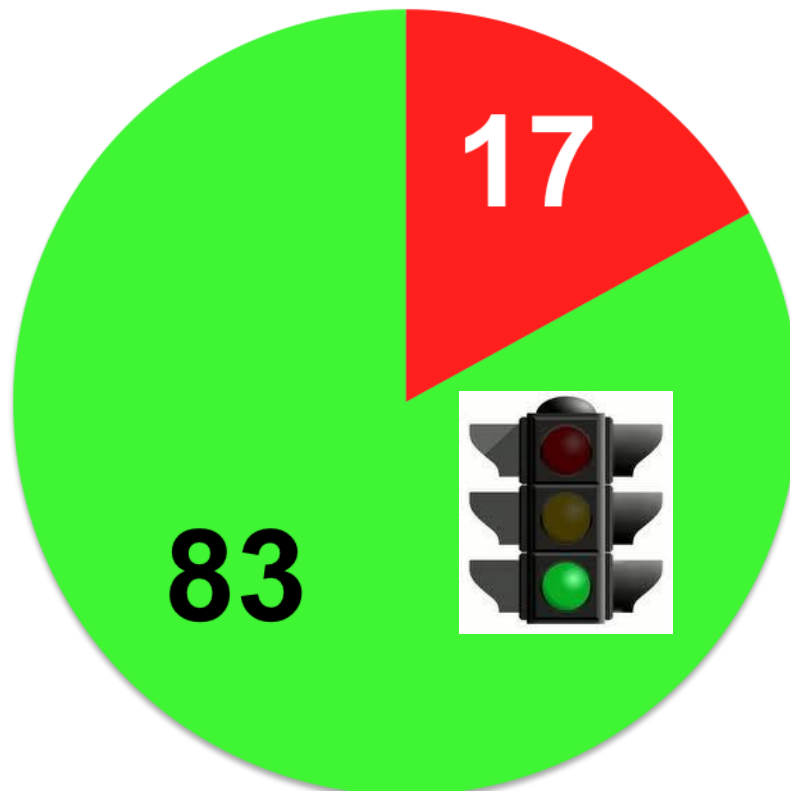
Financial Conflicts of Interest and Reporting Bias Regarding the Association between Sugar-Sweetened Beverages and Weight Gain: A Systematic Review of Systematic Reviews

plos med 2013 dec;10:e1001578

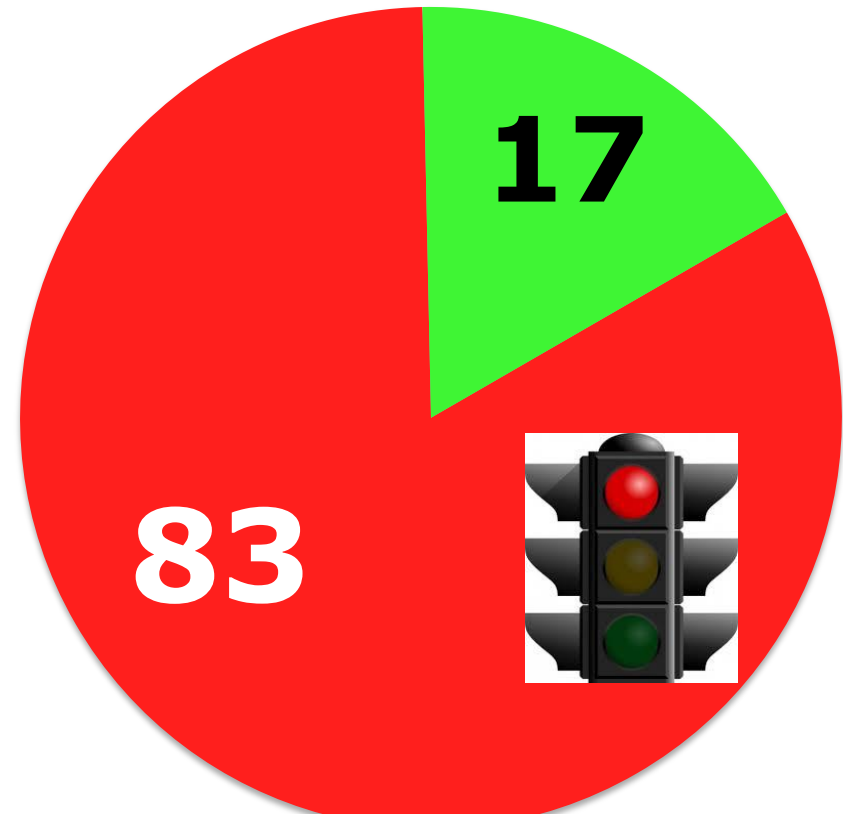
Maira Bes-Rastrollo^{1*}, Matthias B. Schulze², Miguel Ruiz-Canela^{1,3}, Miguel A. Martinez-Gonzalez^{1,3}

¹ Department of Preventive Medicine and Public Health, University of Navarra, Pamplona, Spain, ² Department of Molecular Epidemiology, German Institute of Human Nutrition Potsdam-Rehbruecke, Nuthetal, Germany, ³ CIBERObn, Instituto de Salud Carlos III, Madrid, Spain

In Systematic Reviews
WITH stated
conflicts of interest



In Systematic Reviews
WITHOUT stated
conflicts of interest



nejm june 11, 2014



The NEW ENGLAND JOURNAL of MEDICINE

Big Marijuana — Lessons from Big Tobacco

Kimber P. Richter, Ph.D., M.P.H., and Sharon Levy, M.D., M.P.H.



lancet feb 22, 2014

Editorial

Statins for millions more?

big pharma

Last week, the National Institute for Health and Care Excellence (NICE) in the UK unveiled draft guidance on cardiovascular risk assessment and, in particular, on lipid modification for the primary and secondary prevention

lifestyle modification as the preferred, relatively risk-free, solution. 7 million people already take statins in the UK; millions more are likely to if the new NICE guidance is implemented.



The Saturated Fat, Cholesterol, and Statin Controversy A Commentary

j am coll nutr 2014;33:79–88

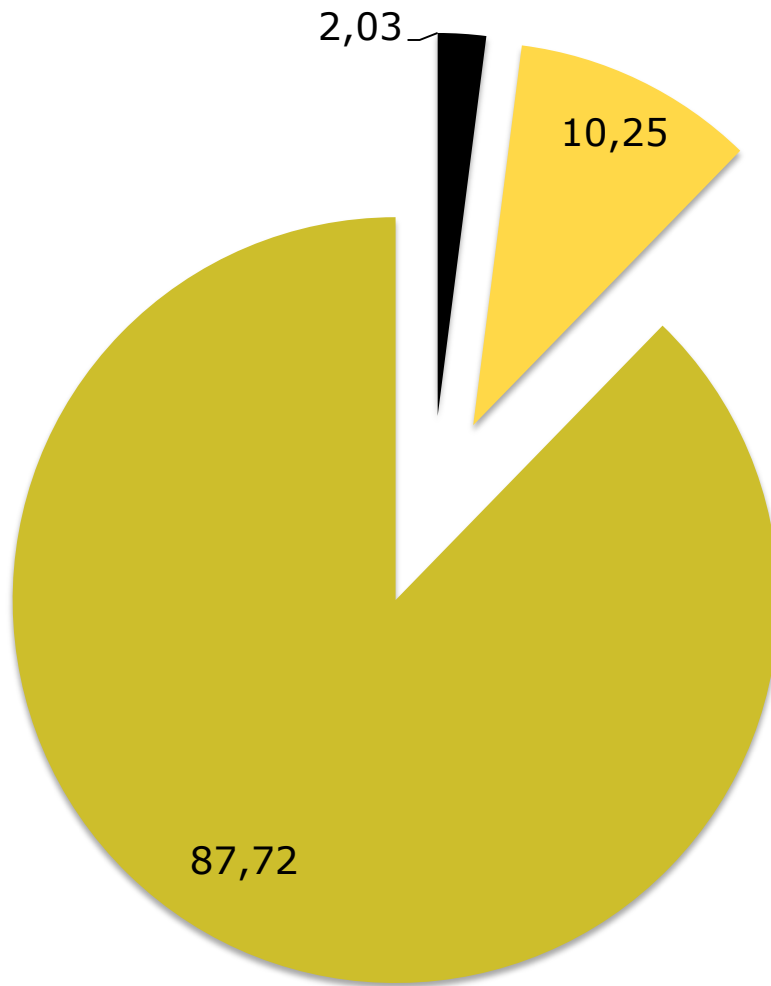
Stephen T. Sinatra, MD, FACN, Beverly B. Teter, PhD, MACN, Jonny Bowden, CNS, Mark C. Houston, MD, FACN, Miguel A. Martinez-Gonzalez, MD, PhD, MPH

University of Connecticut School of Medicine, Farmington, Connecticut (S.T.S.), University of Maryland, College Park, Maryland (B.B.T.), Vanderbilt University School of Medicine, Nashville, Tennessee (M.C.H.); Department of Preventive Medicine and Public Health, University of Navarra, Spain, and CIBEROBN-Spain (M. A. M.-G.)

- big tobacco
- big alcohol
- big marihuana
- big military
- big pharma
- big food

paradigma

- negocios privados muy rentables
- % \$: *marketing* social
- daño conocido
- ocultación y engaño
- red multinacional-monopolio
- selección sector vulnerable



centro

- Público
- Privado-Hosp
- Privado-Extra

NORMA MCCORVEY, CAROL EVERETT, DR. BERNARD NATHANSON, FATHER FRANK PAVONE, TROY NEWMAN, FATHER THOMAS EUTENEIER, JOSEPH SCHEIDLER

BLOOD MONEY

NARRATED BY DR. ALVEDA KING

FEATURING THE SONG "THERE I AM" BY ERIC GENIUS



THE BUSINESS OF ABORTION

DIRECTED BY DAVID K. KYLE PRODUCED BY JEFF BUTLER MUSIC BY DAVID K. KYLE, JOHN ZIPP, ROMAN JAGUEZ
EXECUTIVE PRODUCERS JEFF BUTLER, DAVID K. KYLE MUSIC BY JOHN WENGER
EDITED BY ROMAN JAGUEZ
CASTING BY JEFF BUTLER, NICK KYLE, CHRIS KYLE, KEN BILES, PETER SHOWN
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GUILLERMO, EL EMPERADOR DEL ABORTO

■ El Imperio Dator



AM / EL MUNDO

Por primera vez, «Crónica» pone rostro al magnate de las clínicas de aborto en España. Se expande internacionalmente: en Portugal, está te...

OCHO CLÍNICAS. El imperio de Guillermo Dator. Seis en España, donde en 2009, a 118.359 en 2012, no hay cifras totales. Los abortos pasaron de...

SUS CLÍNICAS FACTURAN
1,5 MILLONES DE EUROS
DE MADRID, EXTREMADURA...

SU SOCIO EN SU AVENTURA
JULIO BONIS, CONOCIDO
POR EL ESCÁNDALO DE...



LA «NEGRA». Mientras declaraba que ganaba 20.239 euros al año en su declaración a Hacienda, podía presumir de poseer una de las 300 American Express Centurion que había en España, según reveló el Magazine de EL MUNDO. Hecha de titanio, es la tarjeta de los multimillonarios.



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Interpretation

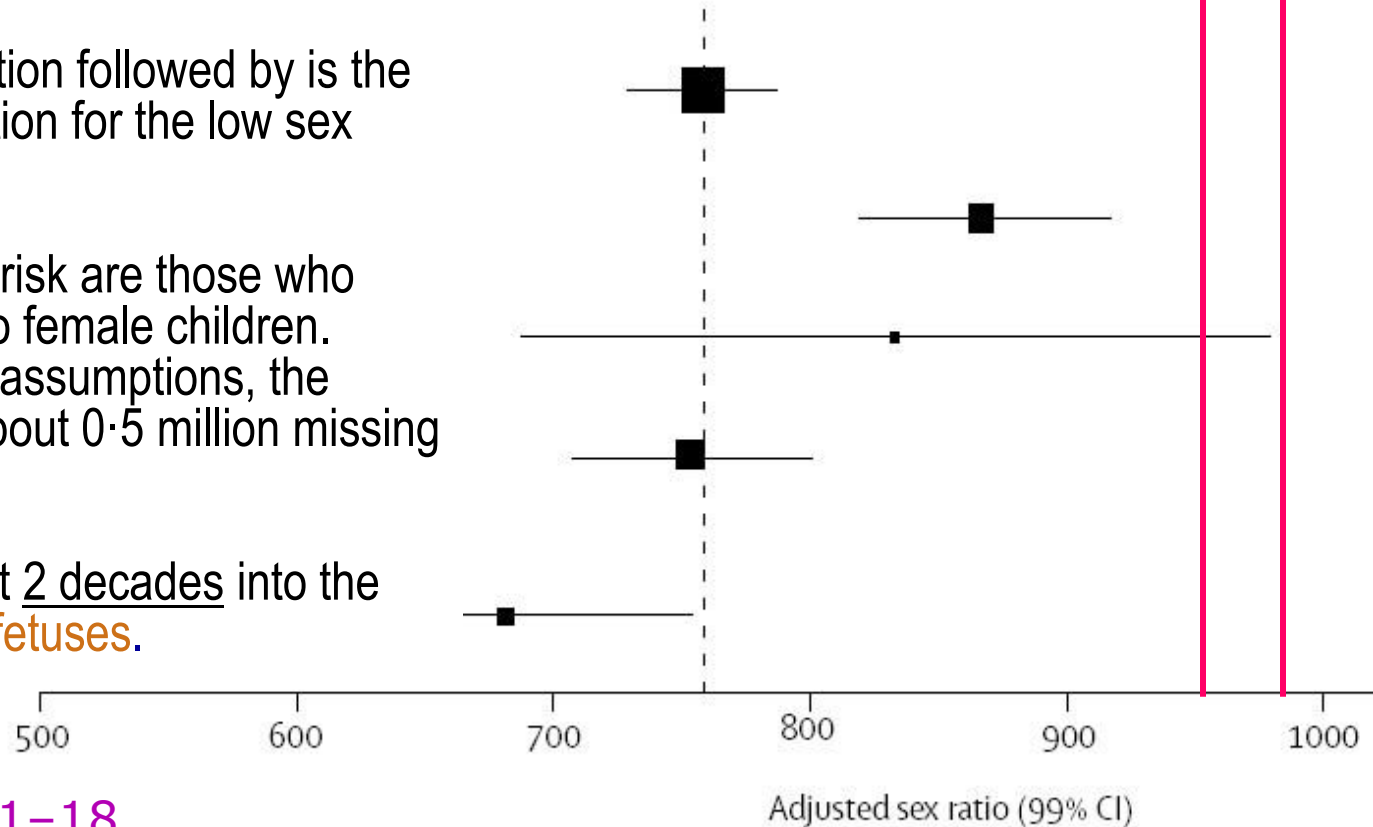
Prenatal sex determination followed by is the most plausible explanation for the low sex ratio at birth in India.

Women most clearly at risk are those who already have one or two female children. Based on conservative assumptions, the practice accounts for about 0.5 million missing **female** births yearly,

translating over the past 2 decades into the abortion of some **10 M fetuses**.

Number of births

First birth female



lancet 2006;367:211-18

Figure 2: Conditional sex ratio for second female births by education level of mother, 1997

n° niñas por cada 1000 niños

Trends in selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011

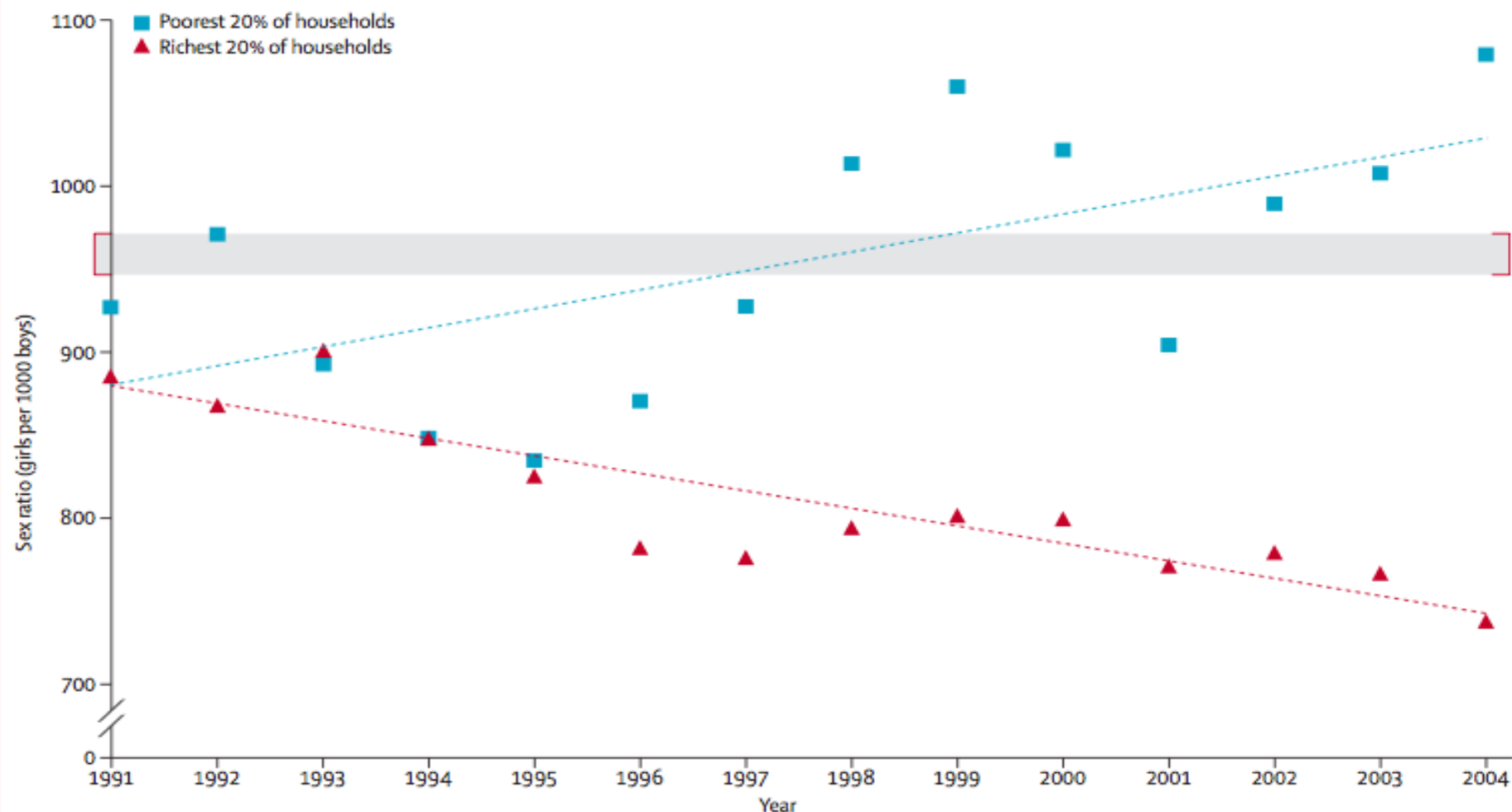


Figure 2: Sex ratio (girls per 1000 boys) of second-order births, if firstborn was a girl, by mother's level of education and household wealth index, from 1990–2005
 Red brackets show the natural sex ratio range of 950–975 girls per 1000 boys. Test for trend: illiterate, $p=0.347$; grade 10 or higher, $p=0.014$; poorest 20%, $p=0.026$; richest 20%, $p=0.002$.

Trends in selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011

lancet 2011 jun 4;377:1921-8.

Prabhat Jha, Maya A Kesler, Rajesh Kumar, Faujdar Ram, Usha Ram, Lukasz Aleksandrowicz, Diego G Bassani, Shailaja Chandra, Jayant K Banthia



Discussion

Our findings show that selective abortion of girls in India has grown in the past two decades and accounts for most of the large and growing imbalance between the number of girls to boys aged 0–6 years. Sex ratios for births after a firstborn girl fell sharply from 1990 to 2005. By contrast, sex ratios for births after a firstborn boy did not change.

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The Effect of a Universal Child Benefit on Conceptions, Abortions, and Early Maternal Labor Supply

By Libertad González*

III. Conclusions

This paper analyzes the effects of a 2,500-Euro, universal child benefit introduced in Spain in 2007. I find evidence suggesting that the subsidy may have been successful in increasing fertility. My estimates indicate that the annual number of births increased by about 6 percent as a result of the new policy. Part of this effect took place through a reduction in the number of abortions.

apoyo social a la embarazada
apoyo económico



am economic j: economic policy 2013;5:160-88

[a young woman is jogging through city streets. it is raining. as she runs, her inner thoughts are made audible.]
*"everyone's telling me how I should feel. . . .
it's not like I planned to get pregnant.
not now.*

[referring to angry boyfriend, shown in brief flashback.]
*telling me how to feel, what to do, then not
sticking around when it really counts.
so now it's all up to me.
but abortion? not me. I have to live with myself.*

[pause. she runs into distance, skies clearing.]
we'll make it. yeah, we'll make it just fine."



the ad's three objectives are

- to engender **admiration** for carrying a pregnancy to term
- to present a woman who serves as a **role model**
- and, in a **nonconfrontational** way, to put abortion in the negative.

The New York Times admite que ser abortista ya no es rentable electoralmente en EEUU

El diario estadounidense que el hasta ahora "uno de los sellos más perdurables de la política moderna ha caído en desgracia".

Actualizado 18 agosto 2014

U.S. Adults' Position on Abortion

With respect to the abortion issue, would you consider yourself to be pro-choice or pro-life?

■ % "Pro-choice"

■ % "Pro-life"

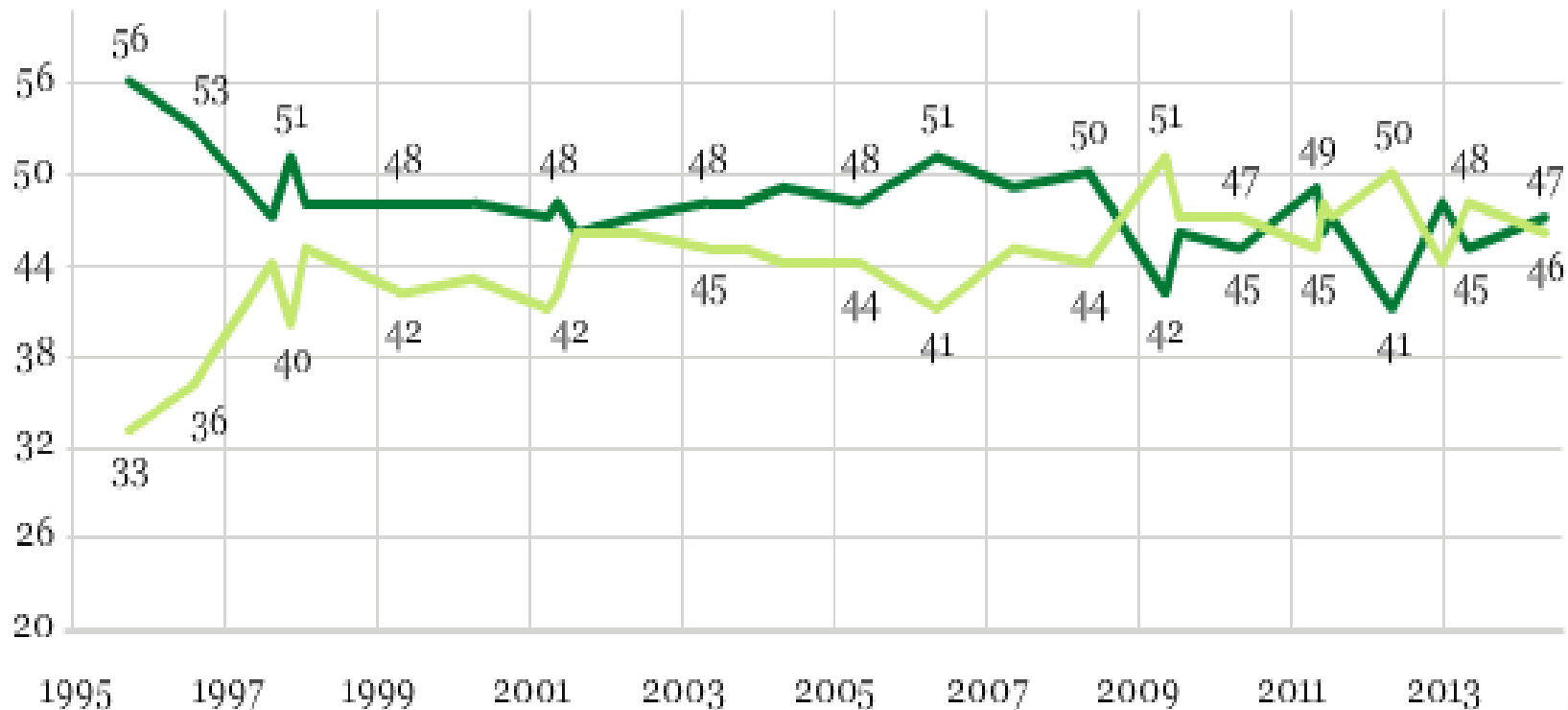


TABLE 1. Number, rate,* and ratio [†] of reported abortions — selected reporting areas, United States, 2001–2010					
Year	All reporting areas [§]	Continuously reporting areas [¶]			
	No.	No.	%**	Rate	Ratio
2001	853,485	826,719	96.9	16.2	249
2002	854,122	828,027	96.9	16.2	250
2003	848,163	824,230	97.2	16.1	245
2004	839,226	815,969	97.2	15.9	241
2005	820,151	805,725	98.2	15.7	236
2006	852,385 ^{††}	832,692	97.7	16.2	237
2007	827,609	817,222	98.7	15.8	230
2008	825,564	815,006	98.7	15.8	232
2009	789,116 ^{§§}	777,239	98.5	15.0	227
2010	765,651	753,065	98.4	14.6	228

* Number of abortions per 1,000 women aged 15–44 years.

[†] Number of abortions per 1,000 live births.

the overall rate of decrease for both measures was greater during 2006–2010 than during 2001–2005



¡muchas gracias!

mamartinez@unav.es
@MAM_UNAV



SOUNDING BOARD

DEEPER INTO ABORTION

The fierce militants of the Woman's Liberation evade this issue and assert that the woman's right to bear or not to bear children is her absolute right. On the other hand the ferocious Right-to-Life legions proclaim no rights for the woman and absolute rights for the fetus.

But these "rights" that are held to be so obvious and so undeniable are highly suspect. None of us have "rights" that go beyond the inter-related life that is our common heritage on this planet. Our "rights" exist only because others around us care enough about us to see to it that we have them. They have no other source. They result from no other cause.

Worldwide burden

Worldwide estimates for 1995 indicated that about 26 million legal and 20 million illegal abortions took place every year.⁵ Almost all unsafe abortions (97%) are in developing countries, and over half (55%) are in Asia (mostly in south-central Asia; table).⁶ Reliable data for the prevalence of unsafe abortion are generally scarce,

www.thelancet.com published online
november 1, 2006