

GUEST ESSAY

# When an Abortion Is Pro-Life

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**By Matthew Loftus**

Dr. Loftus is a family doctor who teaches and practices in Kenya. He worked in South Sudan in 2015 and 2016.

*This guest essay contains graphic descriptions of a doctor performing an abortion.*

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**The operating theater** in our mission hospital in South Sudan was dark except for one big, bright spotlight to guide our work.

“You will probably have to decompress the skull,” my mentor said as he guided the ultrasound probe over our patient, a woman in her 20s with a life-threatening pregnancy. I saw the familiar outline on the screen, a half-circle of bone surrounding brain tissue. My ring forceps flickered on the screen as I moved them up into her uterus.

I had already spent five minutes slowly pulling out blood clots that had collected below the approximately 18-week-old fetus, but as I worked my way upward I produced a gush of fluid as I punctured the amniotic sac. The soft, balloon-like pressure at the end of my instrument gave way to a firmer sensation as I brushed the head.

I squeezed the forceps and the bony outline disappeared.

**I have always been pro-life**, perhaps even before I was conscious of it. When I was conceived, my parents were not just unmarried but also considered themselves completely unready to be parents, having both recently recovered from addiction. Many abortions happen in these circumstances, and very soon after I was old enough to know what abortion was, I learned that I had escaped it.

My family is a blessing that I still cannot fully comprehend. Sometimes it feels like a debt I cannot repay. My parents’ love for each other and God’s love in them worked to create a home environment where my siblings and I learned a fierce, unrelenting love for one another.

My mother taught me that abortion was wrong because it was a desecration — it destroyed something precious. Sex and childbirth were good, sacred, and holy, reflecting God’s goodness to married couples.

It was this conviction that took our family to march on the Maryland state house, advocating for laws protecting the unborn. Our other political views were mostly as conservative as you might expect for a family of home-schooled evangelicals, but even these convictions were shaped by the understanding of human need and frailty that comes from screwing up and receiving grace upon grace. My mother always resisted the arguments on some talk radio programs that women who unexpectedly got pregnant should be punished, and our family was grateful for the government largess we received in the form of WIC vouchers and child tax credits.

The sanctity of the human body my parents impressed on me has fueled my missionary work as a family physician and teacher in East Africa, where I do my best every day to care for those in need and help others learn how to do the same. This sanctity has also driven most of my political opinions to the left of my parents. I think the state should generously subsidize the necessities of life and health such that children can be born into safe and secure families.

However, I've changed almost nothing in my basic position on the political question of abortion: It should be illegal under nearly all circumstances to kill a baby in the womb because doing so deprives a human being of the right we afford to any other human being.

As devastating as pregnancies created by incest or sexual assault are, and as challenging as genetic malformations can be, the circumstances of one's conception are not used to justify ill treatment postnatally — so why would we discriminate prenatally? Rather, we assume that any disadvantage to a breathing child caused by poverty, violence or poor health are meant to be reckoned with by means of extra generosity and care. Some countries, like Poland and Malta, have both severe abortion restrictions and generous welfare states that provide robust support for families.

There is only one circumstance in which I think it is permissible — even right — to kill a baby in the womb: when the existence of that baby is killing the mother and removal is the only way to save her life. With the Supreme Court of the United States likely to overturn *Roe v. Wade*, about 26 states are poised to enact new abortion restrictions. Any law that restricts abortion should always permit the exception of abortions that are necessary to save the life of the mother.

The moral urgency of abortion in my patient's case was clear. She'd already lost about half of her blood volume by the time she reached our doors. Without immediate action, she would have continued to bleed until she and her baby died. But the necessity of the abortion did not make performing it any easier. It shook my faith and tore apart my simplistic ethical ideals. If God does not want us to perform abortions, why did he put me in a situation where I would have to do one?

**It is difficult for me** to describe the physical process of a second-trimester abortion, and reading about it is just as unsettling. However, I cannot communicate how this experience shaped my perspective about abortion without including those details. I have to give an honest account of what happened.

The parts were distinguishable as I removed them — limbs, a spinal cord, internal organs — but soon it all became a mess, a mixture of amnion, chorion and blood. The anxiety of performing an ethically troubling procedure that our patient might not survive receded as I carefully removed everything inside her uterus. I didn't want to cause any more bleeding, but I also didn't want to leave anything in her uterus that would cause more bleeding or infection.

We turned on the lights and took the ultrasound machine back up to the labor ward. Our patient, still under anesthesia, was stable and was moved to our postoperative recovery area. We discussed whether it would be worth it to show her husband all the blood she had lost — our usual practice in life-threatening situations to underscore the danger to her life before her procedure — but there was far more than just blood to show, so we decided to simply tell him what had happened. I volunteered to carry the basin out to the pit where we normally deposit placentas after childbirth.

The cool, dark night was a relief from the suffocating heat of the poorly ventilated operating theater. I opened the wooden cover to the placenta pit and emptied the basin. Down the hole his body went.

**In our daily work** in a hospital for women and children in one of the most dangerous countries to be a mother or a child, my colleagues and I saw babies die before, during and after childbirth and even sometimes their mothers, too. With no ventilators, few lab tests and many patients arriving for care far later than they would in other countries with reliable roads and accessible health facilities, tragedy was frequent enough to make me ask God "Why?" over and over.

Still, what happened to my patient that day six years ago could happen anywhere.

In our case, the patient had been slowly bleeding for about two weeks before she made it to us, brought in on a motorbike by her husband only after she passed out from blood loss. A mother of several other children who lived far from our hospital, she'd not had any other prenatal care up to that point. Through an ultrasound, I quickly determined that her baby was still alive and about 18 weeks old, give or take a few weeks.

Then I saw the clot.

It was much bigger than the baby — so big, in fact, that I mistook it for an overly full bladder the first time I scanned her. It probably represented half a liter of blood just sitting at the bottom of the uterus, slowly leaking out. We didn't see the placenta anywhere else in the uterus, so it must have been buried somewhere in that mess of old blood.

We had only one unit of blood in our tiny refrigerator, which we needed to save in case a child with malaria or another woman sicker than her needed it. The only way to save her was to get everything out of her uterus so that it could contract against itself and stop the bleeding. Waiting for a time when the baby could have been delivered safely was impossible. We were convinced that he would have died along with his mother before reaching viability.

I was the doctor on call, but I was still learning all that was necessary to run a small mission hospital. With me, the medical director and our senior nurse on duty all in agreement about the necessity of a procedure that in other circumstances would violate our consciences, we obtained verbal consent from the patient and her husband and got to work.

**Later, relieved that our patient was slowly recovering,** I went up to the labor ward. I had checked one mother earlier and now, hours later, she had not made much progress and would be unlikely to deliver on her own. I gathered my colleagues again and we did a C-section, delivering a healthy baby to a happy (if somewhat ketamine-drunk) mother who might not have lived if we hadn't done the surgery.

I went home and read nothing in particular on the internet for a few hours. I wanted to sleep, but didn't want to lie down and be still. When I did, I kept hearing a rhythmic pounding from outside my window — at least I thought it was coming from outside my window. Was it the distant sound of the fetal monitor from the hospital? My own heart? Drums from a spiritual ceremony in a nearby village? A demonic hallucination?

I kept praying and remembering. I closed my eyes, but I saw the picture of the skull on the ultrasound machine. I finally fell asleep at 4 a.m. and awoke a few hours later to more deliveries and seeing sick children.

I view my work as a physician as part of a battle against brokenness in the physical health of my patients, a battle whose tide was turned when Jesus Christ rose from the dead. The Bible teaches that our physical bodies will one day be resurrected as Christ's was, mysteriously transformed but somehow also continuous with our present flesh and blood — like a seed is transformed into a plant. I teach and work alongside local health professionals so that we can care holistically for people in need, following in the footsteps of Jesus, the healer.

By caring for others now, Christian doctors seek to honor the goodness of our bodies and anticipate this future resurrection. Occasionally we have to amputate, give toxic chemotherapy or otherwise tear apart the body for the sake of healing. This power shouldn't be used lightly, and in the case of a living human person in the womb it should be only the most extreme circumstances that permit its use. But the power is there, and sometimes we must use it in an irreversible, life-ending way.

Before I performed an abortion, I had thought about questions of theodicy — the struggle to reconcile God's goodness with the presence of evil in our world — in a passive sense, wondering why or how God allows suffering to happen to people. Now I think about why God would force someone to make a choice like I did. By 18 weeks, the rough age of my patient's child, bone gives enough resistance to the surgical instruments to make its humanity known. Here, I think the exception proves the rule: Ending a child's life before birth is so wrong that only saving another life could be worth it.

As a missionary doctor, I was willing to sacrifice the comforts of home to care for others, but I didn't realize that this vocation would also require me to make many moral decisions where all courses of action were heart-rending in one way or another. I was familiar with the idea that becoming a doctor would take a toll on my body, as sleepless nights and strained muscles get introduced very early in training, but I have learned that the power to kill and heal leaves a different sort of mark over time.

My patient left the hospital a few days later, needing to care for her other children at home. We advised her to come back for follow-up care but I never saw her again, and a few months later civil war drove me (and most likely her) out of the country. We sent her home with iron tablets and pain medications. What else we left one another with is something I will spend the rest of my life pondering.

And as I ponder this, I think about the resurrection. It's the only way any of this makes sense to me. Christ's resurrected body still bore the scars of crucifixion such that Thomas knew he was the Lord by touching and seeing. I trust that the child I will meet in heaven one day will unmistakably bear some mark by which I will know what I did to him. Still, the hope of the resurrection is that I will be able to clutch the hand that I once dumped into a pit and dance with that child to the praise of Christ. It is in that hope my colleagues and I keep working.

Matthew Loftus is a family doctor who teaches and practices in Kenya. He worked in South Sudan in 2015 and 2016. You can learn more about his work at [matthewandmaggie.org](http://matthewandmaggie.org).

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