

## Why I am an abortion doctor

*'I can take a woman, in the biggest trouble she has ever experienced in her life, and by performing a five-minute operation, in comfort and dignity, I can give her back her life'*

**Garson Romalis, © Garson Romalis** Published: Monday, February 04, 2008

*What follows are remarks delivered by Canadian abortion doctor Garson Romalis on Jan. 25, at the University of Toronto Law School's Symposium to Mark the 20th Anniversary of R. vs. Morgentaler*

I am honoured to be speaking today, and honored to call Henry Morgentaler my friend.

I have been an abortion provider since 1972. Why do I do abortions, and why do I continue to do abortions, despite two murder attempts?

The first time I started to think about abortion was in 1960, when I was in secondyear medical school. I was assigned the case of a young woman who had died of a septic abortion. She had aborted herself using slippery elm bark.

I had never heard of slippery elm. A buddy and I went down to skid row, and without too much difficulty, purchased some slippery elm bark to use as a visual aid in our presentation. Slippery elm is not sterile, and frequently contains spores of the bacteria that cause gas gangrene. It is called slippery elm because, when it gets wet, it feels slippery. This makes it easier to slide slender pieces through the cervix where they absorb water, expand, dilate the cervix, produce infection and induce abortion. The young woman in our case developed an overwhelming infection. At autopsy she had multiple abscesses throughout her body, in her brain, lungs, liver and abdomen.

I have never forgotten that case.

After I graduated from University of British Columbia medical school in 1962, I went to Chicago, where I served my internship and Ob/Gyn residency at Cook County Hospital. At that time, Cook County had about 3,000 beds, and served a mainly indigent population. If you were really sick, or really poor, or both, Cook County was where you went.

The first month of my internship was spent on Ward 41, the septic obstetrics ward. Yes, it's hard to believe now, but in those days, they had one ward dedicated exclusively to septic complications of pregnancy.

About 90% of the patients were there with complications of septic abortion. The ward had about 40 beds, in addition to extra beds which lined the halls. Each day we admitted between 10-30 septic abortion patients. We had about one death a month, usually from septic shock associated with hemorrhage.

I will never forget the 17-year-old girl lying on a stretcher with 6 feet of small bowel protruding from her vagina. She survived.

I will never forget the jaundiced woman in liver and kidney failure, in septic shock, with very severe anemia, whose life we were unable to save.

Today, in Canada and the U.S., septic shock from illegal abortion is virtually never seen. Like smallpox, it is a "disappeared disease."

I had originally been drawn to obstetrics and gynecology because I loved delivering babies. Abortion was illegal when I trained, so I did not learn how to do abortions in my residency, although I had more than my share of experience looking after illegal abortion complications.

In 1972, a couple of years after the law on abortion was liberalized, I began the practise of obstetrics and gynecology, and joined a three-man group in Vancouver. My practice partners and I believed strongly that a woman should be able to decide for herself if and when to have a baby. We were frequently asked to look after women who needed termination of pregnancy. Although I had done virtually no terminations in my training, I soon learned how. I also learned just how much demand there was for abortion services.

Providing abortion services can be quite stressful. Usually, an unplanned, unwanted pregnancy is the worst trouble the patient has ever been in in her entire life.

I remember one 18-year-old patient who desperately wanted an abortion, but felt she could not confide in her mother, who was a nurse in another Vancouver area hospital. She impressed on me how important it was that her termination remain a secret from her family. In those years, parental consent was required if the patient was less than 19 years old. I obtained the required second opinion from a colleague, and performed an abortion on her.

About two weeks, later I received a phone call from her mother. She asked me directly "Did you do an abortion on my daughter?" Visions of legal suit passed through my mind as I tried to think of how to answer her question. I decided to answer directly and truthfully. I answered with trepidation, "Yes, I did" and started to make mental preparations to call my lawyer. The mother replied: "Thank you, Doctor. Thank God there are people like you around."

Like many of my colleagues, I had been the subject of antiabortion picketing, particularly in the 1980s. I did not like having my office and home picketed, or nails thrown into my driveway, but viewed these picketers as a nuisance, exercising their right of free speech. Being in Canada, I felt I did not have to worry about my physical security.

I had been a medical doctor for 32 years when I was shot at 7:10 a.m., Nov. 8, 1994. For over half my life, I had been providing obstetrical and gynecological care, including abortions. It is

still hard for me to understand how someone could think I should be killed for helping women get safe abortions.

I had a very severe gun shot wound to my left thigh. My thigh bone was fractured, large blood vessels severed, and a large amount of my thigh muscles destroyed. I almost died several times from blood loss and multiple other complications. After about two years of physical and emotional rehabilitation, with a great deal of support from my family and the medical community, I was able to resume work on a part-time basis. I was no longer able to deliver babies or perform major gynecological surgery. I had to take security measures, but I continued to work as a gynecologist, including providing abortion services. My life had changed, but my views on choice remained unchanged, and I was continuing to enjoy practicing medicine. I told people that I was shot in the thigh, not in my sense of humour.

Six years after the shooting, on July 11, 2000, shortly after entering the clinic where I had my private office, a young man approached me. There was nothing unusual about his appearance until he suddenly got a vicious look on his face, stabbed me in the left flank area and then ran away.

This could have been a lethal injury, but fortunately no vital organs were seriously involved, and after six days of hospital observation I was able to return home. The physical implications were minor, but the security implications were major. After two murder attempts, all my security advisors concurred that I was at increased risk for another attack.

My family and I had to have some serious discussions about my future. **The National Abortion Federation** provided me with a very experienced personal security consultant. He moved into our home and lived with us for three days, talked with us, assessed my personality, visited the places that I worked in and gave me security advice. In those three days, he got to know me well. After he finished his evaluation, when I was dropping him off at the airport, his departing words to me were "Gary, you have to go back to work."

About two months after the stabbing, I returned to the practise of medicine, but with added security measures. Since the year 2000, I have restricted my practise exclusively to abortion provision.

These acts of terrorist violence have affected virtually every aspect of my and my family's life. Our lives have changed forever. I must live with security measures that I never dreamed about when I was learning how to deliver babies.

Let me tell you about an abortion patient I looked after recently. She was 18 years old, and 18-19 weeks pregnant. She came from a very strict, religious family. She was an only daughter, and had several brothers. She was East Indian Hindu and her boyfriend was East Indian Muslim, which did not please her parents. She told me if her parents found out she was pregnant she would be disowned and kicked out of the family home. She also told me that her brothers would murder her boyfriend, and I believed her. About an hour after her operation I and my nurse saw her and her boyfriend walking out of the clinic hand in hand, and I said to my nurse, "Look at that. We saved two lives today."

I love my work. I get enormous personal and professional satisfaction out of helping people, and that includes providing safe, comfortable, abortions. The people that I work with are extraordinary, and we all feel that we are doing important work, making a real difference in peoples' lives.

I can take an anxious woman, who is in the biggest trouble she has ever experiences in her life, and by performing a five-minute operation, in comfort and dignity, I can give her back her life.

After an abortion operation, patients frequently say "Thank You Doctor." But abortion is the only operation I know of where they also sometimes say "Thank you for what you do."

I want to tell you one last story that I think epitomizes the satisfaction I get from my privileged work. Some years ago I spoke to a class of University of British Columbia medical students. As I left the classroom, a student followed me out. She said: "Dr. Romalis, you won't remember me, but you did an abortion on me in 1992. I am a secondyear medical student now, and if it weren't for you I wouldn't be here now."