Abortion Booklet Revisions Called Even More Inaccurate

Death and infertility were just two of the risks a doctor described to Kryston Skinner when she chose to have an abortion last year.

The 23-year-old knew it wasn’t the right time for her to become a mother, though Skinner dreamed of children in the future. The thought of not living to see that day, or becoming infertile, terrified her.

But some of the information she was given was misleading or medically wrong, contained in a long, controversial booklet that state lawmakers require doctors to give women at least 24 hours before an abortion procedure.

Medical experts have long denounced the booklet, saying important sections — such as those connecting abortions to the likelihood of breast cancer and infertility — are wrong.

Now, the Department of State Health Services is planning an update of the booklet, called A Woman’s Right to Know. The new draft doubles down on information highly contested by medical experts and the pro-abortion rights community, stoking the flames of a debate going back more than a decade.

The booklet was mandated by a 2003 anti-abortion law intended to guarantee informed consent from women seeking abortions. It contains information on the developmental stages of a fetus, risks of abortion and other options for pregnant women.

The state is supposed to consult with medical organizations to provide “objective,” “nonjudgmental” and “accurate scientific information” in the booklet. DSHS spokeswoman Carrie Williams said the original booklet was written by a group of agency officials, legislators and public health and medical professionals.

The recent revisions were made “after reviewing medical research and information from experts in the field.” The process included consulting the American Congress of Obstetricians and Gynecologists, she said.

But the group said the state has not incorporated any of its recommendations, which included removing scientifically unsupported language that suggests getting an abortion increases the risk of breast cancer, and that women who have abortions are more likely to become depressed or suicidal.

Among major changes, the new draft uses “your baby” when describing gestation development as early as four weeks, rather than medical terms, such as “fetus.” The new version also highlights the suggestion that fetuses can begin feeling pain at 20 weeks — a claim contested by scientists — and displays risks associated with abortion more prominently, with death first on the list.

The new booklet “is not going to do anything to help inform someone’s decision,” said Alexa Garcia-Ditta, communications and policy initiatives director at NARAL Pro-Choice Texas. “If anything, it’s going to shame a patient seeking abortion care and introduce unnecessary and unsupported claims that are ultimately designed to coerce someone.”
But anti-abortion groups are lauding the proposed changes, and asking the state to go further.

Joe Pojman, executive director of Texas Alliance for Life, said he’d like to see information added to clarify that it is illegal to coerce any women, including victims of sex trafficking, into getting an abortion.

Another anti-abortion group, Texas Right to Life, said in a statement that it would like to see “stronger language which explicitly cites the numerous studies that indicate undergoing an elective abortion contributes to the incidence of breast cancer in women.”

That correlation has been debunked by countless medical groups, including the National Cancer Institute, but anti-abortion advocates argue there is not enough research to disprove a link.

Emily Horne, legislative advocate for Texas Right to Life, said the new booklet includes citations identifying research studies supporting its conclusion. “This is medically accurate information that women need,” she said. Most of the citations, however, don’t apply to the contested information.

Researchers at Rutgers University found that more than 30 percent of the information about embryonic and fetal development in Texas’ original booklet was inaccurate. Preliminary findings show the same is true of the new draft, said Cynthia Daniels, head of the university’s Informed Consent Project, which examines state-authored informational packets on abortion.

Some accurate statements were even taken out in the new version, she added.

When asked about the contested information, Williams, of DSHS, said, “We carefully considered medical and scientific information when updating the draft booklet.”

Dr. Moss Hampton, chair of the Texas arm of the American Congress of Obstetricians and Gynecologists, said the booklet also exaggerates the risk of infertility or death from abortion while downplaying the risks of pregnancy.

“It is not fair to the patient,” Hampton said. “It gives them a false impression.”

Data from the state health department shows that five women who got abortions between 2001 and 2014 died, less than 0.0005 percent. In that same time, more than 1,000 women died due to pregnancy-related causes. The maternal mortality rate in recent years has ranged between 0.1 and 0.4 deaths per 1,000 live births.

During the previous legislative session, state Reps. Donna Howard D-Austin, Jessica Farrar, D-Houston, and Mary González, D-Clint, coauthored two bills to address the booklet’s inaccuracies.

One aimed to ensure information in the booklet was supported by research recognized as medically accurate, objective and completed by the National Institutes of Health or affiliated entities. The other would have allowed doctors to opt out of providing patients the state-mandated information if, in their judgment, doing so would be “inconsistent with accepted, evidence-based medical practices and ethical standards.” Both bills were left pending in committee.
While doctors can currently add personal comments disavowing the state-mandated information they provide, this offers little comfort to their patients.

“It’s confusing and not reassuring either way,” Skinner said of her experience. Now a grassroots organizer at Texas Equal Access Fund, which provides financial assistance for abortions, Skinner added, “I don’t expect a doctor to tell you you’re potentially going to die and then say, ‘Oh no, just kidding.’”

The changes were formally proposed June 28. After the 30-day public comment period ends Friday, DSHS and the Health and Human Services Commission will evaluate the comments and consider revisions before publishing a final version, Williams said. As of Tuesday, the agency had received more than 5,000 comments.

***View online with photos & documents at https://www.texastribune.org/2016/07/27/state-proposes-changes-abortion-information-bookle/