

# NEWS

## Anesthesiologists question claims in abortion debate

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AMNEWS STAFF

WASHINGTON — When he saw an article in the *St. Louis Post-Dispatch* that claimed anesthesia caused fetal death in some late-term abortion procedures, David Birnbach, MD, was “shocked.”

“I thought, ‘This is crazy,’ ” said Dr. Birnbach, who is director of obstetric anesthesiology at New York’s St. Luke’s-Roosevelt Hospital Center, and vice president of the Society for Obstetric Anesthesia and Perinatology.

“Everyday we have pregnant patients who get anesthesia — women who break their ankles, need knee surgery, have appendectomies, gallbladder removals, breast biopsies, and so on. Anesthetics done safely by an anesthesiologist do not do harm to either the mother or the baby,” he said.

The anesthesia-causes-fetal-death claim was made by one of the two U.S. physicians who specialized in a particular type of late-term abortion that opponents call “partial birth” abortions. The contention has been repeated by other proponents of the procedure, who refer to it as “intact D&E” (for dilation and evacuation) or “D&X” (dilation and extraction).

Medical experts contend the claim is scientifically unsound and irresponsible, unnecessarily worrying pregnant women who need anesthesia. But while some are now qualifying their assertion that anesthesia induces fetal death, they are not backing away from it.

When Rep. Charles T. Canady (R, Fla.) introduced a bill to ban the procedure, James T. McMahon, MD, a Los Angeles area family physician who specialized in this procedure before his recent death, responded. Dr. McMahon wrote that the anesthesia given to the mother before the abortion causes “neurological fetal demise.”

The bill to ban the procedure, passed late last year by both the House and the Senate, defines it as one in which the provider “partially vaginally delivers a living fetus before killing the fetus and completing the delivery.”

The procedure was recently banned in Ohio, where its other main practitioner, Martin Haskell, MD, lives. But a federal judge declared the law there unconstitutional in a preliminary injunction last month.

On the federal level, the bill faces a presidential veto threat, and while the measure passed the House by a 2-to-1 ratio, proponents do not have enough Senate votes to override a veto.

The claim about anesthesia causing fetal death has been repeated by many of the bill’s opponents, including the National Abortion Federation, the National Abortion and Reproductive Rights Action League, and members of Congress. A recent Planned Parenthood “fact sheet” on these late-term abortions claims that “the fetus dies from an overdose of anesthesia given to the mother intravenously.”

The distinction of when fetal death occurs is critical, because the bill would ban only procedures in which the fetus was killed after being partially delivered alive through the birth canal. If it could be proved that the fetuses died inside the womb — from anesthesia or any other cause — the abortion would not fall under the proposed law.

After reading the anesthesia-kills-fetuses claim in the *St. Louis* paper, the American Society of Anesthesiologists issued a press release denouncing it. And in testimony before the Senate, Norig Ellison, MD, president of the society — which did not take a position on the bill — called Dr. McMahon’s statements “entirely inaccurate.”

He added that he was “deeply con-

cerned” that the widespread publicity given to Dr. McMahon’s claims “may cause pregnant women to delay necessary and perhaps even life-saving medical procedures, totally unrelated to the birthing process, due to misinformation regarding the effect of anesthetics on the fetus.”

In fact, cases of maternal concern have already surfaced. Dr. Birnbach said he has already had patients raise questions. And Rep. Tom Coburn, MD, an Oklahoma Republican who still delivers babies when he goes home on weekends, said he just had a patient refuse epidural anesthesia during childbirth after hearing those claims. Dr. Coburn is a co-sponsor of the bill.

Dr. Ellison, vice chair of the Dept. of Anesthesiology at the University of Pennsylvania School of Medicine in Philadelphia, testified that very little of the anesthetic given the mother ever reaches the fetus. He added that “in my medical judgment, it would be necessary — in order to achieve ‘neurological demise’ of a fetus in a ‘partial birth’ abortion — to anesthetize the mother to such a degree as to place her own health in serious jeopardy.”

Planned Parenthood’s Mary Campbell, MD, who wrote the fact sheet claiming anesthesia causes fetal death, was grilled during the Senate Judiciary Committee hearing Nov. 17, 1995, by Sen. Spence Abraham (R, Mich.).

When prodded, she conceded “I do not know what causes the fetus to die.” When asked why her fact sheet attributes the cause to anesthesia, she replied, “I simplified that for Congress.”

After the hearing, Dr. Campbell wrote to Sen. Barbara Boxer, (D, Calif.), who led the movement against the bill in the Senate. In her letter, Dr. Campbell repeated that anesthesia

caused fetal death, but added some caveats. She said it "may lead to fetal demise (death) in a fetus weakened by its own developmental anomalies."

"In other cases," she wrote, "these drugs prevent the perception of pain by the fetus; they cause depression of fetal respiration before the extraction procedure and preclude fetal respiration afterward."

Dr. Birnbach disputes her contention. Even in the very high-end doses she mentioned, he said — 10 mg to 40 mg of Versed, given in 1 mg to 2 mg increments, and 900 ug to 2,500 ug of fentanyl, given in 100 ug to 150 ug increments — "anesthesia does not kill an infant if you don't kill the mother."

He added that when patients receive the high-end dosage range specified by Dr. Campbell, the mother was in fact at risk for depressed breathing. "You can't give those high doses without harming the mother unless the mother is assisted in her breathing," he said.

Dr. Birnbach said that, on occasion, he has given even larger doses than the high-end ones cited by Dr. Campbell and has never caused any harm to either the mother or the fetus.

He also said that Dr. Campbell's claims that the medications depress fetal respiration before the abortion takes place were "immaterial" because fetuses don't breathe in the womb.

Dr. Birnbach added, however, that an infant born alive with depressed respiration can still survive normally. "The narcotics are not a problem. We can reverse the narcotics and we can breathe for the baby."

Another recurring theme at both the hearings and during the ensuing debate about the procedure centers around fetal pain. Specialists in this procedure claim the fetus feels no pain for a variety of reasons, but usually because they say fetuses lack the neural development necessary to perceive pain, or if they are capable of feeling pain, an-

esthesia given to the mother prevents the perception of pain in the fetus.

Robert J. White, MD, PhD, professor of neurosurgery at Case Western University in Cleveland, testified on the topic before Congress last summer. "There are published scientific studies that demonstrate that by the 20th week, many of the neuronal pathways that sense pain have already started to develop," he said. "By the 24th week, the connections of the cortex and the thalamus are well under way. . . . There is no way to argue with impunity that pain reception is not possible."

Michael J. Murray, MD, an anesthesiologist at the Mayo Clinic in Rochester, Minn., and president of the Minnesota Medical Assn., agrees.

In fact, he said, physicians doing fetal surgery inject narcotic fentanyl and muscle relaxants into the umbilical cord to provide pain relief, even though the mother is already anesthetized, "because what they get from the mom is not enough." He added that studies on neonates getting surgery right after birth indicate that those who were given opioids had much better outcomes than those who were just given muscle relaxants.

The bottom line for many anesthesiologists, regardless of their position on abortion: Women should not be concerned about questionable claims thrown out in the heat of the debate.

"Women who need anesthesia for emergency surgery during pregnancy or who request analgesia for labor should take heart that both they and their babies will do just fine," Dr. Birnbach said.