IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

NATIONAL INSTITUTE OF FAMILY AND LIFE ADVOCATES, et al.,	)	No. 16 CV 50310
Plaintiffs,	)	Judge Frederick J. Kapala
v.	)	
	)	Magistrate Judge Iain D. Johnston
BRUCE RAUNER and BRYAN A. SCHNEIDER,	)	
Defendants.	)	

BRIEF OF *AMICI CURIAE* AMERICAN ASSOCIATION OF PROLIFE OBSETRICIANS AND GYNOCOLOGISTS, AMERICAN COLLEGE OF PEDIATRICIANS, CHRISTIAN MEDICAL AND DENTAL ASSOCIATIONS, AND HEARTBEAT INTERNATIONAL IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

INTEREST OF *AMICI CURIAE*

Amici includes national medical organizations whose members consist of physicians and other medical professionals who have a profound interest in defending the sanctity of human life in their practice of medicine. These medical professionals recognize their ethical and moral duty to treat and protect the lives of both their pregnant patients and their unborn infant patients, and submit this brief to highlight their concerns regarding being forced to participate in elective procedures that violate their sincerely held religious, moral, and ethical beliefs. Amici include the following medical associations:

American Association of Pro-life Obstetricians & Gynecologists ("AAPLOG") is a nonprofit professional medical organization consisting of over 4,000 obstetrician-gynecologist members and associates. The purpose of AAPLOG is to reaffirm the unique value and dignity of individual human life in all stages of growth and development from fertilization onward. AAPLOG

views the physician's role as a caregiver, responsible, as far as possible, for the well-being of both the mother and her unborn child.

American College of Pediatricians ("ACPeds") is a national scientific organization of pediatricians and other healthcare professionals dedicated to the health and well-being of children. Formed in 2002, the College is committed to fulfilling its mission by producing sound policy, based upon the best available research, to assist parents, and to influence society in the endeavor of childrearing. The College currently has members in 47 states, and in four countries outside of the United States. Of particular importance to the College is the sanctity of human life from conception to natural death. As a scientific organization, the College promotes a society where all children, from the moment of their conception, are valued unselfishly.

Christian Medical Association ("CMA") is a non-profit national organization of over 1,800 physicians, dentists, and allied healthcare professionals. In addition to its physician and dentist members, it also has associate members from a number of allied health professions, including nurse practitioners/nurses and physician assistants. CMA provides up to-date information on the legislative, ethical, and medical aspects of defending medical professionals' right of conscience in health care for its members and other healthcare professionals, as well as for patients, institutions, and students in training. CMA is opposed to the practice of abortion as contrary to Scripture, a respect for the sanctity of human life, and traditional, historical and Judeo Christian medical ethics.

Heartbeat International ("Heartbeat") is the largest national and international affiliate organization forming a network of individual pregnancy help organizations ("PHOs"). Heartbeat's affiliates include pregnancy medical clinics ("PMCs") and pregnancy resource centers ("PRCs"),

with approximately 1,300 Heartbeat affiliate locations nationwide. In Illinois, Heartbeat has a total of 60 affiliate locations, 45 of which provide medical services. Heartbeat submits this brief in order to represent its own interests and the interests of its Illinois affiliates.

ARGUMENT

I. *Amici* Organizations Follow Strict Ethical Guidelines Regarding Patient Care

A. The Historical Foundation of Medical Ethics is the Hippocratic Oath

The Hippocratic Oath forms the basis of medical professional ethics. The oath defines the physician-patient relationship, and imparts to the physician fiduciary responsibilities to act at all times in the best interests of his/her patient, while simultaneously forbidding acts which are intrinsically harmful to patients, including euthanasia and elective abortion. The Plaintiff organizations and *amici* follow the ethical guidelines as delineated in the Hippocratic Oath in their care of patients.

B. Pregnancy Help Organizations Follow Comprehensive Ethical Guidelines

In addition to basic Hippocratic ethics, national pregnancy center organizations such as Heartbeat International require compliance with comprehensive standards of care. Affiliates must abide by these stringent guidelines in order to maintain affiliation. For example, as a condition of affiliation with *Amici* Heartbeat International and 11 other national pregnancy center organizations, affiliates are required to abide by the "Commitment of Care and Competence."[1] This detailed code of practice, which is strictly followed by pregnancy centers in Illinois and elsewhere across the nation, includes the following:

[1] Heartbeat International (Heartbeat) et al., *Commitment of Care and Competence* (developed 1995, version date June 2009).

- Clients are treated with kindness, compassion, and in a caring manner.
- Clients always receive honest and open answers.
- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.[2]

Furthermore, Heartbeat maintains a Medical Advisory Council made up of members who actively practice in the fields of Obstetrics and Gynecology, Pharmacy, Nursing, Registered Diagnostic Medical Sonography, Medical Education, and Research. In addition, Heartbeat's two staff nurses work closely with the Medical Advisory Council as they address medical concerns and questions and provide educational materials, training, guidance, and support to affiliated pregnancy centers.

Heartbeat offers its affiliates in-depth training opportunities which include an annual conference with workshops, presenters from a variety of qualified medical backgrounds, and an annual in-depth training including ultrasound and leadership tracks. Affiliates also have access to Heartbeat's extensive reference materials, including policy and procedure manuals, medical service manuals, and other materials reviewed and approved by medical and legal professionals.

For example, the *Medical Essentials* manual by Heartbeat provides guidance on the provision of medical care including, but not limited to, the use of ultrasound, STI testing, and general policies regarding medical personnel. It instructs that "medical services are offered to clients for medical reasons only," in compliance with applicable laws. [3] Medical staff are to be licensed and/or

[2] *Id.*
[3] Heartbeat*, Medical Essentials*, Part V, 4.

certified in their particular field, and copies of licenses and certificates are to be kept on file.[4] All clinics operate under the supervision of a qualified physician, procedures are performed by properly trained and documented personnel, performed under appropriate licensure, in accordance with accepted standards of medical care, and with equipment that meets accepted medical standards. In some cases, the affiliation standards exceed those required by the individual states where the pregnancy center is located. All educational materials are to be reviewed for accuracy, professionalism, and suitability for patients and approved by medical professionals.

Heartbeat also publishes *Medical Matters*, a monthly medical education publication addressing current relevant topics, featuring contributions by physicians, nurses, registered medical diagnostic sonographers, pharmacists, and other medical personnel and qualified expert contributors. Heartbeat also provides hundreds of detailed forms and policies for use by affiliates, which clearly show that transparency and quality service is the standard of care in pregnancy centers, earning their high client approval ratings.

Furthermore, the national organization ensures that ultrasound services are provided under guidelines issued by the American Institute in Ultrasound Medicine, the American College of Obstetricians and Gynecologists, and the American College of Radiology. Ultrasounds must be performed under the supervision of a qualified physician and by properly trained personnel, in accordance with accepted standards of medical care.[5]

[4] Heartbeat*, Medical Essentials*, Part VI, 2.
[5] Heartbeat International*, Medical Essentials*, Part V, 19-20.

C. Members of *Amici* Medical Professional Groups Are Dedicated to Providing the Highest Standard of Patient Care

In similar fashion, *amici* medical organizations representing various medical professionals adhere to Hippocratic ethical principles as exemplified in publicly accessible mission statements that promote respect for human life, honesty, scientific research, informed consent, and public education on important medical and scientific topics.

The Mission Statement of *Amicus* the American Association of Prolife Obstetricians and Gynecologists (AAPLOG), states:

> We, as physicians and medical practitioners, are responsible for the care and well-being of both our pregnant woman patient and her unborn child… We are committed to educate abortion-vulnerable patients, the general public, pregnancy care counselors, and our medical colleagues regarding the medical and psychological complications associated with induced abortion, as evidenced in the scientific literature; and [w]e are deeply concerned about the profound, adverse effects of elective abortion, not just on women, but also on the entire involved family, and on our society at large.[6]

Likewise, the Core Values and Objectives of *Amicus* the American College of Pediatricians (ACPeds) show a profound respect for life and informed consent, calling on members to:

- Recognize the unique value of every human life from the time of conception to natural death and pledge to promote research and clinical practice that provides for the healthiest outcome of the child from conception to adulthood.

- Recognize that health professionals caring for children must maintain high ethical and scientific standards and pledge to promote such practice.[7]

- To advocate for children at all stages of development, from conception to young adulthood;

- To engender the honest interpretation of scientific pediatric research, without deference to current political persuasions;

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[6] American Association of Prolife Obstetricians and Gynecologists (AAPLOG), "*Mission Statement*" available at: http://aaplog.org/about-us/our-mission-statement/ (last visited June 6, 2017).
[7] American College of Pediatrics (ACPeds), "*Core Values of the College*" available at: https://www.acpeds.org/about-us (last visited June 6, 2017).

- To promote the highest standards of medical practice among its Members and within the field of pediatrics;

- To encourage and support sound, ethical scientific research in all aspects of healthcare for infants, children, and adolescents.[8]

Finally, *Amicus* the Christian Medical Association (CMA) also publishes ethical guidelines for their membership and affirms the following standards:

- We hold all human life to be sacred as created in God's image.

- We affirm the standard of honesty in all circumstances.

- We believe that our patients have the right to be carefully taught about all aspects of their disease and treatment so that they may give consent that is properly informed.[9]

Despite claims to the contrary, organizations and individual medical professionals with moral, ethical, or scientific objections to certain elective procedures are not abdicating their ethical duties to their patients. To the contrary, Hippocratic medical professionals adhere to a higher ethical standard which requires them to at all times to protect the lives of the patients entrusted to their care, both born and unborn, and to ensure that their patients are given the highest quality of care available under the specific sets of circumstances.

II. Conscientious Objection to Elective Induced Abortion Stems from Concerns About Harm to Women as Well as Concerns About Killing Unborn Human Beings

While religious and moral concerns forbidding killing innocent human beings in utero certainly play a part in providers' and organizations' refusal to participate in, perform, or refer for elective abortions, *amici* medical organizations and those providers that are represented by them also have

[8] ACPeds, "*Objectives of the College*" available at: https://www.acpeds.org/about-us (last visited June 6, 2017).
[9] Christian Medical Association (CMDA), "*Principles of Christian Excellence in Medical & Dental Practice*." available at: https://cmda.org/resources/publication/principles-of-christian-excellence-ethics-statement (last visited June 6, 2017).

serious ethical and scientific concerns regarding the short- and long-term effects of elective abortion on women, their families, and society at large.

A. Immediate Risks from Elective Abortion

The risks of any surgical procedure include bleeding, infection, and damage to the organ being operated on or the organs nearby. Both the Planned Parenthood website and the National Abortion Federation website list potential immediate complications from abortion as including: blood clots, hemorrhage, incomplete abortions, infection, and injury to the uterus, cervix, and other organs.[10] Other complications from abortion include cardiac arrest, respiratory arrest, renal failure, metabolic disorder, shock, and missed ectopic pregnancy. One recent study concluded that immediate medical complications affect approximately 10% of women undergoing abortions, and approximately one-fifth of these complications are life-threatening.[11]

The immediate and short-term risks associated with Mifeprex abortions are higher than surgical abortions, as demonstrated by numerous studies comparing the short-term outcomes of medical and surgical abortion. One study found that the overall incidence of immediate adverse events is fourfold higher for Mifeprex ("chemical" or "RU-486") abortions than for surgical abortions.[12] In particular, the study found that hemorrhage and incomplete abortion are more

[10] *See, e.g.*, Planned Parenthood, *How safe is an in-clinic abortion?*(2017), available at: https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/how-safe-is-an-in-clinic-abortion (last visited May 10, 2017); National Abortion Federation, *Abortion Facts*, available at: http://www.prochoice.org/pubs_research/publications/downloads/about_abortion/safety_of_abortion.pdf (last visited May 10, 2017).

[11] Shadigian, Elizabeth, M.D. "*Reviewing the Medical Evidence: Short and Long-Term Physical Consequences of Induced Abortion*", testimony before the South Dakota Task Force to Study Abortion, September 21, 2005.

[12] Maarit, Niinimäki, et al., *Immediate Complications after Medical compared with Surgical Termination of Pregnancy*, OBSTET. GYNECOL. 114:795 (Oct. 2009).

common after chemical abortions.[13] Medical researchers identified immediate complications (within 42 days after abortion) using high-quality registry data obtained from all women in Finland who underwent abortions from 2000-2006 with a gestational duration of 63 days or less. The study found the incidence of hemorrhage is 15.6 percent following chemical abortions, compared to 5.6 percent for surgical abortions.[14] The study also found that 6.7 percent of chemical abortions result in incomplete abortions, compared to 1.6 percent of surgical abortions.[15] In addition, 5.9 percent of women required surgery after chemical abortions performed up to 63 days gestation.[16]

A major review of nearly 7,000 abortions performed in Australia in 2009 and 2010 found that 3.3 percent of patients who used mifepristone (the first drug in the Mifeprex chemical abortion regime) in the first-trimester required emergency hospital treatment, in contrast to 2.2 percent of patients who underwent surgical abortions.[17] The study also found that women receiving chemical abortions were admitted to hospitals at a rate of 5.7 percent following the abortions, as compared with 0.4 percent for patients undergoing surgical abortions.[18]

A 2015 study seeking to measure abortion complications among women in California found that the rate of major complications from Mifeprex abortions was nearly double the rate of major complications from surgical abortions, and the rate of minor complications from Mifeprex abortions was fourfold higher than minor complications from surgical abortions.[19]

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[13] *Id.,* at 799.
[14] *Id.*
[15] *Id.*
[16] *Id.*
[17] E. Mulligan & H. Messenger, *Mifepristone in South Australia: The First 1343 Tablets*, AUSTRALIAN FAMILY PHYSICIAN 40(5) :342-45 (May 2011).
[18] *Id*., at 344
[19] Upadhyay, Ushma D. et al., *Incidence of Emergency Department Visits and Complications After Abortion,* 125 OBSTET. & GYNECOL. 178 (2015).

Among the 2,207 adverse events reported to the FDA in the first 6 years after Mifeprex's approval were 14 deaths, 612 hospitalizations, 339 blood transfusions, and 256 infections (including 48 "severe infections"). [20] At least eight women in the U.S. have died from serious infections following use of RU-486.[21] Significantly, both mifepristone, [22] the first drug used in the RU-486 regimen, as well as misoprostol, the second drug in the RU-486 regimen both, interfere with the body's innate immune response, allowing bacteria, if present, to flourish, which can cause widespread, multi-organ infection in the woman.[23] The use of both mifepristone and misoprostol can increase a woman's chances of dying from clostridial toxin related sepsis.[24]

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[20] Food and Drug Administration, *Mifepristone U.S. Post marketing Adverse Events Summary Through 04/30/2011* (July 2011), available at: http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM263353.pdf (last visited Feb. 10, 2017).

[21] *Id*.; *see also* Food and Drug Administration, MIFEPREX QUESTIONS AND ANSWERS (updated Feb. 24, 2010), available at: http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111328.htm (last visited Feb. 10, 2017).

[22] See, e.g., J.I. Webster & E.M. Sternberg, Role of the Hypothalamic-Pituitary-Adrenal Axis, Glucocorticoids and Glucocorticoid Receptors in Toxic Sequelae of Exposure to Bacterial and Viral Products, J. ENDOCRINOLOGY 181:207-221(2004); R.P. Miech, Pathophysiology of Mifepristone-Induced Septic Shock Due to Colstridium Sordellii, ANNALS OF PHARMACOTHERAPY (Sept. 2005), at 39. See also STAFF REPORT, supra, at 13-14, 32-33.

[23] *See, e.g*., J.I. Webster & E.M. Sternberg, *Role of the Hypothalamic-Pituitary-Adrenal Axis, Glucocorticoids and Glucocorticoid Receptors in Toxic Sequelae of Exposure to Bacterial and Viral Products*, J. ENDOCRINOLOGY 181:207-221(2004); R.P. Miech, *Pathophysiology of Mifepristone-Induced Septic Shock Due to Colstridium Sordellii*, ANNALS OF PHARMACOTHERAPY (Sept. 2005), at 39. *See also* STAFF REPORT, *supra*, 13-14, 32-33; Aronoff, *et. al., Misoprostol impairs female reproductive tract innate immunity against Clostridium sordellii,* J IMMUNOL. 2008 Jun 15;180(12):8222-30.

[24] *Emerging Clostridial Disease Workshop*, at 91, 108, 115 (CDC-FDA-NIH Transcript May 11, 2006) (CDC Workshop); Sternberg, Proceedings of the Nat'l Acad. Sci. 86:2374-78 (1989); Statement by Donna Harrison, M.D., for *RU-486: Demonstrating a Low Standard for Women's Health?,* Hearing before the Committee on Government Reform, House of Representatives (May 17, 2006); Aronoff, *et. al., Misoprostol impairs female reproductive tract innate immunity against Clostridium sordellii, supra.*

B. Long-Term Risks of Elective Abortion

In addition to the immediate medical risks associated with induced abortion, there is also significant evidence in medical literature that induced abortion has long-term adverse effects on women's future physical and mental health.

1. Elective Abortion Increases the Risk of Future Preterm Birth

A preterm birth (PTB) is a birth occurring three or more weeks before the baby's due date. The link between having an induced abortion and PTB has been recognized in over 150 peer-reviewed scientific studies.[25] Induced abortion is also listed as an "immutable medical risk factor" for PTB by the Institute of Medicine.[26] Reasons given for induced abortion increasing a woman's risk for PTB in subsequent pregnancies commonly include "mechanical trauma to the cervix, infection, and scarring of the endometrium."[27] A 2007 study found that 31.5% of preterm births are likely the result of prior abortions.[28]

2. Elective Abortion Increases the Risk of Placenta Previa in Subsequent Births

Placenta previa, a complication during pregnancy where the placenta partially or totally covers the mother's cervix and which can cause severe bleeding before or during delivery, can be dangerous for both the mother and the baby. Induced abortion is a risk factor for a woman developing placenta previa in future pregnancies.[29] The risk of placenta previa after a dilation and

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[25] There are currently 151 known peer-reviewed studies demonstrating the link between abortion and preterm birth. List available at: http://www.aaplog.org/wp-content/uploads/2016/09/Appendix-1-Preterm-BIrth-paper-list-Julyu-2016.doc (last visited May 10, 2017).

[26] Greg R. Alexander, *Appendix B Prematurity at Birth: Determinants, Consequences, and Geographic Variation,* in INST. OF MED., Preterm Birth: Causes, Consequences, and Prevention 625 (Richard E. Behrman and Adrienne Stith Butler, eds., 2007).

[27] John M. Thorp Jr., *Public Health Impact of Legal Termination of Pregnancy in the US: 40 Years Later*, SCIENTIFICA 5 (2012).

[28] Byron C. Calhoun, et.al., *Cost Consequences of Induced Abortion as an Attributable Risk for Preterm Birth and Impact on Informed Consent*, 52 THE J. REPRO. MED. 929-937, 931 (2007).

[29] John M. Thorp, et al., *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58 OBSTETRICAL & GYNECOLOGICAL SURVEY 67, 70 (2002); Cande

curettage abortion (an early abortion procedure) holds a relative risk of 1.9 compared with women who do not have an abortion.[30] The risk of placenta previa is also greater for women who suffer infections following their abortion procedures.[31] After an abortion-related infection, a woman's risk of placenta previa is 360% higher than a woman who does not have an abortion history.[32]

3. Elective Abortion Affects Women's Long-Term Mental Health

Elective abortion is associated with an increased risk of mental health problems.[33] There are over 110 studies that establish a connection between abortion and subsequent mental health problems.[34] One study found that women whose first pregnancies ended in abortions were 65% more likely to score in the "high risk" range for clinical depression than women whose first pregnancies resulted in births—even after controlling for age, race, marital status, divorce history, education, income, and pre-pregnancy psychological state.[35] Importantly, studies have found that up to 10% of mental health problems suffered by women are directly attributable to abortion.[36]

Medical studies have also found an increased risk of suicidal ideation and suicide following induced abortion. One of the leading studies, which controlled for all relevant factors including prior history of depression, anxiety, and suicidal ideation, found that 27% of women who aborted

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V. Anath, et al., *The Association of Placenta Previa with History of Cesarean Delivery and Abortion: A Metaanalysis*, 177 AM. J. OBSTET. & GYNECOL. 1072, 1075 (1997).

[30] L.G. Johnson, *et al*., *The Relationship of Placenta Previa and History of Induced Abortion*, 81 INT'L J. OBSTET. & GYNECOL. 191, 194 (2002).

[31] *Id.* at 193.

[32] *Id.*

[33] John M. Thorp, *et al*., *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58 OBSTETRICAL & GYNECOLOGICAL SURVEY 67, 70 (2002).

[34] There are currently 113 known peer-reviewed studies demonstrating the link between abortion and adverse mental health outcomes. Available at: http://www.aaplog.org/wp-content/uploads/2016/09/Bibliography-of-Peer-Reviewed-Studies-on-Psychology-of-Abortion.pdf (last visited May 10, 2017).

[35] J.R. Cougle et al., *Depression associated with abortion and childbirth: A long-term analysis of the NLSY cohort*, 9:4 MED. SCI. MONITOR 157, 157 (2003)

[36] Priscilla K. Coleman, *Abortion and Mental Health: Quantitative Synthesis and Analysis of Research Published 1995–2009,* 199 THE BRIT. J. OF PSYCHIATRY 180, 183 (2011).

reported experiencing suicidal ideation, with as many as 50% of minors experiencing suicide or suicidal ideation.[37] The risk of suicide was three times greater for women who aborted than for women who delivered. The study also found that 42% of women who aborted reported major depression by age 25, and 39% of post-abortive women suffered from anxiety disorders by age 25.

4. Elective Abortion Can Interfere with the Protective Effect of a First Full-Term Pregnancy Against Breast Cancer

As with every topic touching on the issue of abortion, the abortion-breast cancer link has been hotly disputed. However, there is significant scientific evidence that a woman's first full-term pregnancy reduces her risk of breast cancer. Aborting a first pregnancy before 32 weeks eliminates the protective affect against breast cancer for that woman.[38] There is also evidence that the earlier a woman has a first full-term pregnancy, the lower her risk of breast cancer becomes.[39] The association between having an induced abortion and a subsequent increased risk of breast cancer has been examined in 70 studies.[40] Of these studies, 57 found a positive association between having an abortion and developing breast cancer, 34 of which were "statistically significant."

C. Elective Abortion is Not a Medically Necessary Procedure

Medical professionals both in America and around the world have affirmed that elective abortion is not necessary to save the life of a pregnant woman. This is apparent by the findings of

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[37] D.M. Fergusson et al., *Abortion in young women and subsequent mental health*, 47:1 J. CHILD PSYCHOLOGY & PSYCHIATRY 16 (2006).

[38] American Association of Prolife Obstetricians and Gynecologists (AAPLOG), *Induced Abortion and Subsequent Breast Cancer Risk: An Overview* (2008).

[39] Angela E. Lanfranchi, M.D., *Breast Cancer and Induced Abortion: A Comprehensive Review of Breast Development and Pathophysiology, the Epidemiologic Literature, and Proposal for Creation of Databanks to Elucidate All Breast Cancer Risk Factors,* 29:1 ISSUES IN L. & MED. 1, 5 (2014); Julie LeCarpentier *et. al*., *Variation in Breast Cancer Risk Associated with Factors Related to Pregnancies,* 14 BREAST CANCER RESEARCH 1 (2012).

[40] Breast Cancer Prevention Institute, *Epidemiologic Studies: Induced Abortion & Breast Cancer Risk*, available at: http://www.aaplog.org/wp-content/uploads/2016/09/BCPI-FactSheet-Epidemiol-studies_2014-2.pdf (last visited June 6, 2017).

the Congressional Hearings regarding the Federal Partial Birth Abortion Ban Act, where Congress found that "[a] moral, medical, and ethical consensus exists that the practice of performing a partial-birth abortion. . . is a gruesome and inhumane procedure that is never medically necessary."[41] In the same manner, international experts in maternal fetal health signed the "Dublin Declaration on Excellence in Maternal Health Care" in 2012, which reads in pertinent part:

> As experienced practitioners and researchers in obstetrics and gynaecology, we affirm that direct abortion – the purposeful destruction of the unborn child – is not medically necessary to save the life of a woman. We uphold that there is a fundamental difference between abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatment results in the loss of life of her unborn child.[42]

As AAPLOG Executive Director Dr. Donna J. Harrison explains, emergency parturition procedures differ in both intent and performance from elective abortion procedures:

> Elective abortion procedures are never performed as a treatment for ectopic pregnancy. In the case of a tubal ectopic pregnancy, the indicated medical procedure is salpingostomy or salpingectomy, not an elective abortion. The use of methotrexate to treat an ectopic pregnancy is not an elective abortion procedure, and methotrexate therapy is indicated only when certain specific medical criteria are met…
>
> In cases where the continuation of an intrauterine pregnancy poses an immediate risk to the life of the mother, the emergency procedures used to separate the mother and the fetus are also different from the procedures used for elective abortion. Emergency separation procedures are performed in hospitals where the separation can occur in minutes in the operating room. The procedures chosen for emergency separation have as their intent the optimum conditions for both mother and fetus to survive the separation.
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> In the case of fetuses who are 20 weeks fertilization age or above, the recommended emergency separation procedure is one which optimizes the survival of the fetus, usually a cesarean section. In the case of fetuses of gestational ages less than 20 weeks fertilization age, induction or removal procedures may be necessary, but the primary purpose of such procedures is the emergency separation of mother and fetus, not the death of the fetus, although fetal death may result as an unavoidable

[41] *Gonzales v. Carhart*, 550 U.S. 124, 141 (2007).
[42] "Dublin Declaration on Excellence in Maternal Health Care," (2012). available at: https://www.dublindeclaration.com/ (last visited June 6, 2017).

> consequence of the separation procedure. In contrast, elective abortion procedures are outpatient, and may require days of preparation of the cervix.
>
> Further, elective abortion procedures are designed specifically to ensure that the fetus will not be born alive. In cases of elective abortion procedures such as D&X or induction, where it is possible to have a live birth, many abortionists separately perform feticide procedures to kill the fetus prior to the separation in order to ensure that the fetus will be born dead.[43]

CONCLUSION

Amici Curiae respectfully urge this Court to consider the full medical, scientific, ethical, religious, and moral context for their objections to the 2017 Amendments to the Illinois Health Care Right of Conscience Act.[44] The Amendments not only obstruct the ability of the physician to make professional judgments in the best interests of their patients, but also force Hippocratic practitioners to become involved in the taking of human life or risk the loss of their medical licenses. These amendments will result in worsening health care for Illinois women.

Dated: June 8, 2017

Respectfully Submitted,

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[43] Harrison Aff. 6-7.
[44] Senate Bill 1564, Pub. Act 990-0690 (eff. Jan. 1, 2017) (amending 745 ILCS 70/1, *et seq*.).