Medical Science & the Law: The Life & Death Controversy

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Medical Science & the Law: The Life & Death Controversy

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Introduction

PROBLEMS OF LAW AND MORALITY have vexed medical practitioners and society since the early days of civilization. the development of the healing arts and of the sciences connected with them has added to these problems. Such matters as the control of human fertility, the care of the dying, experimentation with living people and the use of questionable treatments have almost always transcended the sphere of medical science; they have long been recognized as involving religion, ethics, public policy and law.

The connection between medicine and law began to be defined as early as the third millenium B.C. in Egypt and Mesopotamia. In Egypt, it is said, this connection was personified by Imhotep (*circa* 2980-2900 B.C.), who was believed to have served simultaneously as chief justice and personal physician to Pharoah Zoser. Sumerian laws of the late third millenium and early second millenium B.C. were believed to have included ordinances on the payment of physicians and on punishment for unsuccessful medical treatment. These laws presumably were the inspiration for similar legislation in Hammurabi's Code of Laws (*circa* 1700 B.C.). Rome's *leges duodecim tabularum* (449 B.C.) provided that the fetus in *utero* had the same rights as a child already born to inherit its father's estate, and it gave the *pater familias* (the chief of a clan) the right to decide whether it was necessary to kill a seriously deformed child.

The Greek physician Hippocrates of Cos (*circa* 460-377 B.C.) is generally regarded as the "father of medicine." Hippocrates and his school produced major works on medical practice and medical law,

and the so-called Hippocratic Oath is still the basic ethical guide for the medical profession.

The graduating physician, on taking the Hippocratic Oath, swears: ". . . I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death. Nor will I give a woman a pessary to procure abortion. . . . In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing. . . . All that may come to my knowledge in the exercise of my profession or outside of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal. . . ."

Religious qualms about abortion and birth control have played a major role in modern laws prohibiting or controlling such practices. Religion has also been one of the important factors in controversy involving the propriety of some modern scientific experimentation, especially in regard to research on human reproduction. But other considerations have also become increasingly important in the issue of how far medical science should—or should not—go.

Vice President Walter F. Mondale, then a Democratic Senator from Minnesota, pointed out to the U.S. Senate March 24, 1971 that it had become necessary "to consider and study the ethical, social and legal implications of advances in biomedical science and technology." Among developments motivating this concern, he said, were such breakthroughs as heart transplants, "the first successful test-tube fertilization of a human egg" and the prediction by Dr. James D. Watson "that we will soon see the day when a baby will be conceived in a test tube and placed in a woman who will bear the child." Mondale said:

> . . . Recent advances in biology and medicine make it increasingly clear that we are rapidly acquiring greater powers to modify and perhaps control the capacities and activities of men by direct intervention into and manipulation of their bodies and minds. Certain means are already in use or at hand—for example, organ transplantation, prenatal diagnosis of genetic defects, electrical stimulation of the brain. Others await the solution of relatively minor technical problems, while still others depend upon further basic reasearch. All of these developments raise profound and difficult questions of theory and practice, for individuals and for society. . . .
>
> . . . There have been major increases in the ability to detect genetic diseases, even in fetuses still unborn. By examining fetal cells present in fluid obtained from the wombs of pregnant women, diagnosis of diseases such as Mongolism are now being made. As treatment for most genetic diseases is not now available, the diagnosis is generally followed by abortion of the affected fetus.

. . . .Major steps have been taken toward developing a technology of genetic engineering which might eventually be able to provide a cure for diseases such as hemophilia, cystic fibrosis or diabetes. . . .

But these welcome prospects are accompanied by others which are frankly disturbing. In other areas of genetic research, work has progressed which may soon make possible the asexual production of large numbers of identical humans, by a technique known as cloning. Work is also in progress to make possible the predetermination of the sex of unborn children.

Research into the nervous system and behavior proceeds at an accelerated pace. . . . New drugs offer possibilities both for novel therapies and for novel abuses. There has also been increasing experimentation with electrical stimulation and with selective destruction of certain areas of the human brain, in order to achieve desired behavioral changes.

In the area of clinical medicine, there has been considerable effort to resolve existing confusion concerning the definition of clinical death. This confusion is due to the fact that, thanks to medical progress, the traditional signs of life—heartbeat and respiration—can now be maintained almost entirely by machines. Since many human matters depend upon the distinction between a man alive and a man dead, the importance of resolving this dilemma cannot be overemphasized. . . .

While holding forth the promise of continued improvements in medicine's abilities to cure disease and alleviate suffering, . . .[recent scientific] developments also pose profound questions and troublesome problems. There are questions about who shall benefit from and who shall pay for the use of new technologies. Shall a person be denied life simply because he does not have enough money for an organ transplant?

There will be questions about the use and abuse of power. When and under what circumstances can organs be removed for transplanting? Who should decide how long a person is to be kept alive by the use of a machine? Exactly what constitutes informed consent for a prospective transplant donor or recipient? . . .

There will be questions about our duties to future generations and about the limits on what we can and can not do to the unborn. Is it ethical for man and wife, each carrying a gene for a serious hereditary disease, to procreate, knowing that their children have a significant chance of acquiring the disease? Should the law enjoin certain marriages or require sterilization for such eugenic consideration? What rights do unborn children have to protect them in experiments involving genetic engineering or test tube fertilization? . . .

. . . We shall face questions concerning the desirable limits of the voluntary manipulations of our own bodies and minds. Some have expressed concern over the possible dehumanizing consequences of increasing the laboratory control over human procreation or of the increasing use and abuse of drugs which alter states of consciousness.

We shall face questions about the impact of biomedical technology on our social institutions. What will be the effect of genetic manipulation or laboratory-based reproduction on the human family? . . .

We shall face serious questions of law and legal institutions. What will the predicted new-fangled modes of reproduction do to the laws of paternity and inheritance? What would happen to the concept of legal responsibility if certain genetic diseases were shown to predispose to antisocial or criminal behavior? What would be done to those individuals with such traits?

We should expect that some people will try to have certain particularly frightening technologies banned by statute. Should this be done? Could such prohibition be effective?

Finally, we . . . will face problems of public policy. We shall need to be informed of coming developments, of the promises they hold forth and the problems they present, and of public attitudes in these matters. We shall need to decide what avenues of research hold out the most promise for human progress. And we shall need to help devise the means for preventing undesirable consequences.

. . . As serious and as vexing as these practical questions may be, there is yet another matter perhaps more profound. The biomedical technologies work directly on man's biological nature, including those aspects long regarded most distinctively human. Thus, we should expect major challenges to our traditional image of man as this technology unfolds. The impact on our ideas of free will, birth, and death, and the good life is likely to be even more staggering than any actual manipulation performed with the new technologies. . . .

Sen. Edward M. Kennedy (D, Mass.) discussed the issue in the Senate Aug. 1, 1972. "Advances in modern medical sciences have lengthened the span and changed the quality and very meaning of human life," he said. "But at the same time, these advances have opened a Pandora's box of ethical, social and legal issues in areas such as heart transplants, artificial kidneys, test-tube babies, genetic intervention, behavior modification and experiments on human beings." Kennedy continued:

For example, recently a hospital has been sued for allegedly allowing a black laborer to die so that his heart could be used in a transplant operation. . . . [The case] illustrates the range of difficult questions which must be faced: When heartbeat and other vital signs can be maintained by artificial means, how is death to be defined? Under what circumstances may the organs of the deceased be used for transplant? Who should give permission for such transplant? Did racial considerations affect the decision to use this heart, as was alleged in the suit?

Medical science advances pose many other difficult ethical and social questions: . . .

Should retarded persons be segregated from members of the opposite sex? Should they be sterilized?

What are the ethical implications of test tube babies? What will happen to our population when men and women are free to determine the sex of their children? Or to fabricate babies with pre-established characteristics?

How should society regulate the use of behavior modification drugs and other techniques to control human behavior? How can we control the controllers?

How should the nation allocate scarce medical resources between organ transplants for a few individuals versus research and services which can help many?

Which individuals should receive the life and death benefit of artificial kidney facilities? How should we choose among those who need this help? . . .

The solutions to these sorts of problems cannot be found within science alone. As Dr. Jerome Wiesner said, 'Science is no substitute for thought.' These issues cannot be resolved by complex mathematical formulas or high speed computers.

They fundamentally involve questions of ethics and social responsibility. To come to grips with them, we must focus the full range of human talent and imagination—from the natural and social sciences, the arts and humanities, religion and philosophy, and the professions of law, medicine and public service. We must draw on all the resources mankind has to offer; for after all it is the quality of man's life which is at stake. . . .

The problems brought up by Mondale and Kennedy are part of a many-sided topic that in recent years has been dubbed "bioethics." This "life and death" subject is much involved with the "right to life," a term used in opposition to abortion. But it is equally concerned with "the right to die" or "death with dignity," expressions that question the medical profession's right to prolong life by extraordinary means after all hope for recovery—or even for consciousness or lucidity—has gone. Bioethics is also involved in the controversies over medical, surgical and psychological experiments with living human beings, in the disputes over birth control and in the issue of recombinant DNA research, in which genetic material is transferred from one organism to another.

These issues are the subject of this book, which is intended to serve as a record of the "life and death" topics as controversy over them gathered momentum during the 1970s. The material that follows is based principally on the account presented by FACTS ON FILE in its weekly reports on world affairs. A conscientious effort was made to record all events without bias and to make this volume a balanced and accurate reference tool.

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New York, N.Y.
August, 1977

Abortion

Basics of the Controversy

The controversy over abortion in the U.S. is largely viewed, rightly or wrongly, as a dispute between a religious viewpoint that insists on completely prohibiting the practice and a secular stand that abortion should be a private matter left to the option of women desiring abortions and their physicians.

Although opponents of abortion include Protestants and Jews (and probably atheists as well), the general view appears to be that Roman Catholics comprise the principal force working for a ban on abortion. This opinion apparently stems from the Vatican's repeated reaffirmation of its stand against abortion and birth control. The opinion prevails despite the refusal of many Catholics in public and private life to take part in "right to life" activity and despite frequent statements by Catholic political figures that they will obey the law—regardless of whether it is pro- or anti-abortion.

Strong anti-abortion laws had been the rule throughout the U.S. until the end of the 1960s, and it was said by authorities as late as the middle-1960s that there was little chance of change. But, as Prof. Gilbert Geis of the University of California noted in "Not the Law's Business?" (a monograph produced in 1972 for the National Institute of Mental Health), "the rapidity of alterations in public attitudes and official policies in regard to abortion has been extraordinary." By 1970 Hawaii had enacted a law permitting "abortion on demand," and other states seemed ready to follow.

"The enhanced vigor . . . of the feminist movement played a very large role in the change," Geis asserted. Other factors, he said, included "Malthusian fears of overpopulation disaster," the increased ease of birth control methods and "the declining hold of theological orthodoxy on the minds and allegiances of Americans."

According to Geis, "it was a single sensational case, however, which thrust the abortion issue into public awareness. The case—that of Sherri Finkbine . . . —involved the use by a pregnant woman of a drug, thalidomide, that appeared 'likely' to cause her to give birth to a deformed child. Once the issue had been raised, it was but a short polemical jump from matters of physical deformity to those of psychic aberration, and from concern with the baby's well-being to concern with the mother's. Inevitably . . . the fundamental question appeared: Should the state have any right at all to dictate that the pregnant woman had to carry her child to term?"

(Mrs. Finkbine ultimately had an abortion in Sweden, where the fetus was found to be deformed.)

Definition. A "discursive" definition of the term "abortion" was prepared by the staff of the U.S. House Commerce Committee's Subcommittee on Health & the Environment. The definition:

abortion: termination of a pregnancy before the fetus has attained viability, i.e. become capable of independent extra-uterine life. Viability is usually defined in terms of the duration of pregnancy, weight of the fetus, and/or, occasionally, the length of the fetus. A recent inquiry by WHO [World Health Organization] revealed considerable variation in the definitions used in different countries. It has traditionally been assumed that viability is attained at 28 weeks of gestation, corresponding to a fetal weight of approximately 1000 g. This definition is based on the observation that infants below this weight have little chance of survival, while the mortality of infants above 1000 g. declines rapidly. A variety of different types of abortions is distinguished: early—less than 12 completed weeks of gestation; late—more than 12 weeks; induced—caused by deliberate action undertaken with the intention of terminating pregnancy; spontaneous—all abortions other than induced ones, even if externally caused, for instance by trauma or treatment of an independent condition; therapeutic—caused for the treatment of the pregnant woman.

British abortion law 'satisfactory.' Three British birth control authorities said Feb. 6, 1970 that Great Britain's controversial abortion law had operated satisfactorily during the 18 months since it had been enacted. The three experts—a sociologist, a family planner and a physician—recorded their joint opinions in The Lancet, a British medical journal.

The experts said the law had neither turned London into "the abortion capital of the world," nor had it driven up the rate anywhere close to that in Japan or East European nations. They agreed that the law was working "more satisfactorily, perhaps, than either its opponents or its advocates anticipated."

British health officials reported that 65,241 abortions were reported between the effective date of the act (April 27, 1967) and Oct. 28, 1969, when the figures were tabulated. Of these, about 47,127 were effected on the decisions of physicians who deemed that the operations were justifiable for either the mental or physical health of the pregnant women.

The officials also noted that despite predictions from the bill's opponents that single pregnant women would stream into London to take advantage of the law, less than seven of every 100 abortions were performed on women whose permanent residence was outside Great Britain.

State Legislation

Hawaii legislature legalizes abortions. The upper house of the Hawaii State Legislature Feb. 25, 1970 adopted a bill that would legalize abortions in Hawaii performed by licensed physicians or osteopaths in a hospital sanctioned by the state or the federal government. Gov. John A. Burns let the bill become law March 11 without signing it.

The new measure repealed Hawaii's 101-year-old statute that permitted abortions only if the woman's life was in danger. Under the new law, any woman who had lived in Hawaii for at least 90 days would be allowed to have an abortion within the first four or five months of her pregnancy simply because she did not wish to have a baby.

The eligibility clause permitting the operation only within the first four or five months of pregnancy was inserted after the Roman Catholic Church had waged a long struggle to block the passage of the new bill. The requirement was viewed by some Hawaii legislators as a compromise measure to secure the bill's passage.

The residency requirement was included after Hawaii's House of Representatives voted down the same bill which lacked any residency clause. The requirement was written in after a conference committee between members of both Houses.

State Sen. Vincent H. Yano, who played a key role in having the bill adopted, indicated that he and Gov. Burns agreed that any abortion should be left up to the individual mother and her physician. Opponents of the measure argued that the new law could create "an abortion mill" in Honolulu.

Administrators of hospitals in Hawaii reported a considerable rise in the number of abortion operations March 22.

At the Kapiolani Maternity and Gynecological Hospital in Honolulu, officials reported 46 abortions were performed in the first full week since the new law went into effect. Kapiolani administrators said this compared with a total of 70 abortions (under regulations of the old law) in a one-year period from 1968–1969. At Queen's Medical Center, the largest in Hawaii, 13 abortions were performed in the first week. This compared with the hospital's previous rate of about two a month.

Richard Davi, the chief administrator at Kapiolani, said the hospital could perform only 32 abortions a week because "we have so many other surgical cases to handle." Davi said that most of the women who had applied for abortions at Kapiolani appeared to be very young.

N.Y. also legalizes abortions. New York Gov. Nelson A. Rockefeller April 11, 1970 signed into law a controversial abortion reform bill that increased a woman's control over the medical termination of her pregnancy.

Under the new law, a woman and her physician could decide to terminate a pregnancy for any reason at any time up to the 24th week of pregnancy. After the 24th week an abortion could be performed only if the pregnancy jeopardized the woman's life. Under New York's old law, in effect since 1830, an abortion was permissible only to save a woman's life. The new law took effect July 1.

Stormy and emotional debate over the reform bill dominated nearly the entire session of the State Legislature. The State Senate voted March 18, 31–26, to replace the state's old law with what would have been the most liberal abortion reform bill ever passed in the U.S. Under the Senate version, there were no time limits on abortions, no residency requirements nor any provisions specifying how many times a woman could obtain an abortion. State assemblymen in the lower house predicted that the Senate version would not pass the Assembly unless some of those restrictions were written into the bill.

The Assembly March 30 rejected the Senate version of the bill, 71–73, three votes short of the 76 required for passage.

The bill was saved, however, when a Republican congresswoman in the early morning hours March 31 used a parliamentary maneuver to erase the unfavorable vote and table the bill for further discussion.

After a last-minute switch during a new roll call April 9, the Assembly passed a bill, 76–73, that would have removed all but one restriction on abortions in New York. The one provision written into the bill by the Assembly provided that an abortion could be performed for any reason up to the 24th week of pregnancy and after that only to save a woman's life. During the vote, Assemblyman George M. Michaels, an upstate Democrat, interrupted the roll call to announce that he was changing his "no" vote to "yes." "I realize, Mr. Speaker, that I am terminating my political career, but I cannot in good conscience sit here and allow my vote to be the one that defeats this bill." (Michaels failed to obtain the endorsement of his party for re-election April 19.)

The Senate voted 31–26 April 10 to accept the Assembly's version of the reform bill. The archbishop of New York, Terence Cardinal Cooke, issued an unsuccessful plea to Gov. Rockefeller on behalf of the Roman Catholic bishops of the state to veto the bill.

■ The Vatican published a message from Pope Paul VI Oct. 12 denouncing legalized abortion and euthanasia (mercy killing) as barbarism.

The letter was intended for a meeting of the International Federation of Catholic Medical Associations in Washington, D. C.

Vatican sources said the Pope's indictment of legalized abortion as counter to "centuries of civilization" clearly alluded to the new abortion law adopted in New York. The Pope said that "mercy killing" without the patient's consent was murder, with his consent was suicide.

Drop in deaths ascribed to new law—A former New York City health official said Oct. 12, 1971 that the liberalized abortion law had cut the city's maternal death rate by more than half since its inception.

Dr. David Harris, a former New York deputy commissioner of health, attributed the current low rate of two deaths for every 10,000 live births to the new, safe abortions which made criminal abortions unnecessary. The rate was the lowest in the city's history.

Harris made his report to the American Public Health Association, meeting in Minneapolis.

Harris said that through the years, abortion—mostly criminal abortions—had been the single leading cause of maternity-related deaths, accounting for about a third of such deaths each year.

According to medical figures, there were 15 abortion-related deaths in New York City in the first year the law was in effect. One year before the liberalized law was adopted, 24 deaths were tied to abortion-related causes.

Rockefeller for tightening abortion law—Gov. Rockefeller said April 25, 1972 that he favored amending New York's new abortion law by shortening the period during which a woman could legally obtain an abortion.

Rockefeller's remarks came amid renewed efforts by some organizations, predominantly Roman Catholic groups, to have the state legislature repeal the liberalized abortion law.

Under the liberalized law, a woman was allowed to have a legal abortion for any reason up to the 24th week of pregnancy.

Rockefeller recommended that the law be amended to reduce the 24-week period for permissible abortions to a 16-week limit. He said he believed "a modification in the present law is desirable" and if the legislature adopted such an amendment, "I will give it my approval."

Rockefeller vetoes repeal bill—Resisting pressure intensified by President Richard M. Nixon's intercession on the side of antiabortion forces, Gov. Rockefeller May 13, 1972 vetoed a bill that would have repealed New York's liberalized abortion law.

Rockefeller said: "I can see no justification now for repealing this reform and thus condemning hundreds of thousands of women to the dark age once again."

The repeal bill would have restored New York's old abortion law under which a woman could only obtain an abortion when her life was in jeopardy.

Rockefeller had been under pressure from the Roman Catholic Church and groups across the state which had organized under the "right-to-life" banner to sign the repeal bill.

The pressure was increased when the Archdiocese of New York released a letter from President Nixon to Archbishop Terence Cardinal Cooke expressing support for the campaign to repeal the liberalized law.

Rockefeller took note in his veto message that the state legislature was under heavy election-year pressure to repeal the reform law. He said he respected "the moral convictions of both sides" in the issue, but he added that "personal vilification and political coercion" surrounding the issue "raised doubts" that the legislature's votes "represented the will of a majority of the people of New York State."

Nixon had projected himself into the legislative fight in New York over abortion legislation by sending a letter to Cardinal Cooke enunciating his support for the repeal effort.

The text of Nixon's letter was released by the Archdiocese of New York May 6.

In his letter, Nixon said "I would personally like to associate myself with the convictions you deeply feel and eloquently express." Nixon called the drive of the antiabortion forces "truly a noble endeavor."

Following disclosure of Nixon's letter, there was a rising tide of criticism over Nixon's decision to intervene in a local issue. Rockefeller, who had tried to head off the repeal campaign by vowing that he would veto any antiabortion bill, was reported May 8 to be "very upset" over Nixon's letter. Rockefeller's office said "we are referring all calls [on Nixon's letter] to the White House on this."

The White House moved quickly to assuage emotions stirred by the President's letter.

John D. Ehrlichman, Nixon's top advisor on domestic affairs, said May 10 that the letter to Cooke was intended as private correspondence and was not meant to intentionally embarrass Rockefeller. Ehrlichman attributed the White House's decision to give the archdiocese permission to publicize the letter to "sloppy staff work."

N.Y. law upheld—The New York State Court of Appeals July 7, 1972 upheld the state's liberalized abortion law by rejecting an argument that fetuses were legal entities having constitutional rights.

That argument, made in a case brought by Prof. Robert M. Byrn of Fordham University, was dismissed by the court, 5–2.

Byrn had claimed that the law, enacted in 1970, violated the 14th Amendment of the Constitution, which held in part that no state shall "deprive any person of life, liberty or property without due process of law."

Judge Charles B. Breitel, writing for the majority, said "unborn children have never been recognized as persons in the whole sense." Acknowledging that some religions and philosophies might see a conceived child as a person, "it is not true, however, that the legal order necessarily corresponds to the natural order."

Wisconsin law invalid. A three-judge federal court ruled in Milwaukee March 6, 1970 that part of the Wisconsin law forbidding abortions was unconstitutional. According to the ruling, a woman could have an abortion on demand of an "unquickened" child. The judges defined unquickened to mean a fetus before the first recognizable stages of movement. In effect, the court's ruling liberalized Wisconsin's laws on abortion despite the fact that a coalition of conservatives and Roman Catholics had twice before beaten down attempts by liberals in the state legislature to ease the statutes on abortions.

The main opposition to the court's ruling was reported to have come from Roman Catholics, who comprised nearly 38% of the state's population. They were in great part responsible for turning back an attempt by liberals in the legislature to have a liberalization of Wisconsin's abortion laws in January.

The Most Rev. William E. Cousins, archbishop of Milwaukee, said "our reaction [to the court's decision] must be one of disappointment and dismay." He said the ruling was "clearly against a generally acknowledged principle that a fetus has a right to life."

One of the community groups which opposed the court's ruling was the Wisconsin Citizens Concerned for the Unborn, a group that received strong backing from the Roman Catholic Church. The association denounced the decision as a "disaster" and demanded an immediate appeal.

State Rep. Kenneth Merkel, a member of the John Birch Society, said that the decision "was typical of the sickness that is contagious in our federal courts. . . ."

An appeal of the decision was dismissed by the Supreme Court on procedural grounds Oct. 12.

Vermont law voided after repeal effort loses. After bitter debate, Vermont's State Senate March 18, 1970 killed a bill that would have repealed the state's 124-year-old abortion statutes. The 20–10 vote came after the Senate March 17 voted 15–14 to give the measure preliminary approval.

Nearly two years later, however, the state Supreme Court ruled unanimously Jan. 14, 1972 that the old antiabortion law was unconstitutional.

The law, which was enacted in 1846, permitted a doctor to perform an abortion only if a woman's life was in danger.

The court upset a lower court decision which dismissed a request by a welfare recipient for a declaratory judgment to block prosecution if she obtained an abortion.

Michigan law unenforceable. Michigan State Judge Clarence A. Reid Jr. ruled March 31, 1970 that the state's abortion law was unenforceable because of its vagueness. Reid dismissed the charges against a Detroit physician and his wife who were charged with conspiracy to commit an illegal abortion. Reid said he found the language incorporated in the state law that permitted a physician to terminate a pregnancy only when "necessary to preserve life" so vague as to deny the accused due process of law under the 14th Amendment of the U.S. Constitution.

Michigan rejects liberalization—In the Nov. 7, 1972 elections, Michigan voters defeated a proposal to liberalize abortion. The vote followed an intensive campaign that the two sides agreed would have national implications.

Pro-abortion forces in Michigan had succeeded in getting the issue on the ballot by having 300,000 persons sign petitions calling on the voters to override legislative refusal to liberalize a tough abortion law on the books since 1846. In its last four sessions, the legislature had failed to reach agreement on abortion reform.

Under the proposed law, physicians licensed by the state could terminate pregnancies at the patient's request during the first 20 weeks of pregnancy in a hospital, state-owned clinic or similar facility. Existing law allowed abortions only when a woman's life was in danger.

Virginia enacts liberalized law. Gov. Linwood Holton of Virginia signed into law during the week of April 5, 1970 a new and liberalized state abortion bill that was approved during the opening weeks of the 1970 legislative session. The new law would allow therapeutic abortions if the continuation of the pregnancy was "likely to result in the death of the woman or substantially impair the mental or physical health of the woman." The new law also provided for abortions if pregnancy resulted from rape or incest. The new law revised a 123-year-old statute that permitted abortions only if the life of the mother was endangered by continued pregnancy. The revision went into effect June 26.

Alaska liberalization vetoed. Gov. Keith Miller of Alaska April 18, 1970 vetoed a bill that would have given Alaska a reform abortion law almost without restrictions. Miller, a Methodist, said his decision to veto the measure was based on "the right to life."

He also said he disagreed with those who said he should not allow his personal convictions to influence his decision. "Any man who does not follow his personal convictions in conducting state business," he said, "is not worthy of the office of governor." Miller based a third objection to the bill on what he termed the bill's serious legal deficiencies.

The measure, passed by both houses of the legislature the week of April 13, would have allowed abortions to be a matter between the mother and her physician while the fetus was incapable of sustaining life independent of the mother, generally regarded to be until the 26th week of pregnancy.

Maryland liberalization vetoed. Maryland Gov. Marvin Mandel May 26, 1970 vetoed a liberalized abortion bill that would have erased all state restrictions on abortions. The bill was sent to the governor's office after it passed the General Assembly March 31.

Mandel emphasized that he had vetoed the bill on legal rather than ethical grounds. He said he was particularly concerned that the bill contained no resi-