A Defense of Abortion: Analytical Essay

In Judith Jarvis Thomson outstanding essay “A Defense of Abortion” she asserts that even if a fetus is a person at conception, some abortions should be moral permissibility. At the start of her eloquent essay, Thomson acknowledges that fetus has a right to life as it is considered a person at conception. The correct lesson about the unborn’s right to life is not that killing a fetus is always wrong, but killing it unjustly is always wrong (Vaughn pg. 307). She then when further to argue that despite the fetus’s right to life, the pregnant woman’s right to her body surpasses that of the fetus. In her conclusion say says while I am arguing for the permissibility of abortion in some cases, I am not arguing for the right to secure the death of the unborn child.

In one of her many thought experiments, Thomson uses two scenarios to illustrate her point why abortion should be permissible in some cases. In the first scenario she says, “if the room is stuffy, and I therefore open a window to air it, and a burglar climbs in, it would be absurd to say, 'Ah, now he can stay, she's given him a right to the use of her house--for she is partially responsible for his presence there, having voluntarily done what enabled him to get in, in full knowledge that there are such things as burglars, and that burglars burgle.'' It would be still more absurd to say this if I had had bars installed outside my windows, precisely to prevent burglars from getting in, and a burglar got in only because of a defect in the bars. It remains equally absurd if we imagine it is not a burglar who climbs in, but an innocent person who blunders or falls in” (Vaughn pg. 312). Secondly, she uses the story of people-seeds to argue that if a woman had voluntary intercourse, she has the right to an abortion if was to become pregnant. She tells the story of people-seeds drifting about in the air like pollen into people’s houses. It’s important to use fine mesh screens and to use people-seed repellent around the house to keep the people-seeds out. If one of those people-seeds got into the house through a defective screen, would you let it remain rooted in your carpet despite the fact that you voluntarily opened the window? Does it have a right to remain in there? No, of course, it does not. It would be kind to let it remain there and grow, but it is certainly not necessary. The argument is somewhat similar to pregnancy following voluntary intercourse with the mesh screens being equal to contraception, the house equal to the body, and the people-seeds equal to the fetus).

Thomson proceed to point out the dissimilarities between Minimally Decent Persons and Good Samaritans, during the latter of this her paper. Minimally Decent Persons are just that; minimally decent. They do what is required by them as members of society, but they do not go above and beyond, unlike Good Samaritans. Thomson argues that no one is obliged to be a Good Samaritan and for that reason people must only be Minimally Decent Persons. As mentioned above in the people-seed argument, one would be considered a Good Samaritan if they allow the people-seed to remain in their home. Nonetheless, it would be a kindness, not necessary an obligation, as the right to their house trumps the people-seed’s right to remain in their carpet.

A woman’s right to her body surpasses the fetus’ right to life. Moreover, there are instances in which the fetus is better off not claiming that right. To be clear, there are times in which a fetus is better off not being born. To elaborate on this, we can use a variation of Thomson’s people-seed argument. We have agreed that if a people-seed flies through a person’s windows and burrows itself into their carpet, it does not have the right to remain there. The person could

choose to let it remain there and let grow into a person, but numerous circumstances can affect whether that decision would be in the best interest of the people-seed. What if the carpet is moldy or requires removal in the near future? What if the people-seed shows deformities that will significantly hinder it as it continues to grow? If from the beginning, a person was fully aware of any of these situations, they might not be acting in the best interest of the people-seed if they chose to let it remain in the carpet. Like Thomson's thought-experiment, this people-seed argument is also comparable to abortion. There are times when fetuses are significantly threatened by conditions outside of the control of others and, if born, face an extremely low-quality of life. For the purposes of this paper, we are defining "an extremely low quality of life" as a quality of life in which the individual is not gaining anything, or very little, out of being alive, and there is little to no potential for improvement.

A woman might have health issues that pose a significant risk to the fetus' development and could likely result in a stillbirth. Let's ignore that, for recovery reasons, it would likely be in the best interest of the pregnant woman to remove it as quickly as possible. If the fetus was extremely likely to die before or within minutes of birth, would it be kinder or more humane to stop the pregnancy before it became that advanced? If the fetus is tremendously unlikely to make it to term or must be removed at a later date, it would be in the fetus' best interest to remove it as early as possible.

Frequently, fetuses are shown to have abnormalities that will significantly lower their quality of life in the future. Those who live with extremely low qualities of life are often miserable if they are cognitively aware enough to understand that they are miserable. Their caretakers – often parents - work long hours to provide them with basic care that is usually only provided to infants for a few short months, rather than people for decades of their lives. In other cases, people with the extremely low quality of life can have completely normal faculties, but maybe in an immense amount of pain throughout the duration of their lives. In either circumstance, if the evidence shows that a fetus' future will be that bleak, abortion may be the ideal option, as it would prevent them from years of considerable pain, and their parents or caretakers the emotional consequences of this type of long-term circumstance as well as a considerable amount of time, expense, and effort.

Would you recommend that these women remove the people-seeds from their houses? While they are certainly well within their rights to let the people-seeds grow in their houses, it is not always within the people-seeds or anyone else's best interest to let them remain there. The people-seed might be better off being removed while it is small, rather than withering away and suffering as it continues to grow. This conclusion blurs the lines that Thomson drew of what Minimally Decent Persons and Good Samaritans are. For instance, if a person was pregnant with a fetus that was facing an extremely low quality of life, it might seem like they were a Good Samaritan if they opted to not abort it. A Good Samaritan would give up their livelihood to take care of someone who was completely unable to take care of themselves. However, would a person be a Good Samaritan if they opted for abortion instead? If fetus might be better off not being born at all, perhaps the abortion makes you a Good Samaritan since you are sparing them a life of extreme pain and suffering.

There are several counterarguments a person might make in response to my statements. They might point out that amniocentesis or another prenatal testing can have incorrect results, or that physicians can make mistakes. They argue that if the test results are wrong, the fetus does not face an extremely low quality of life, and if the fetus does not face an extremely low quality of

life, you are aborting a fetus that, in many cases, would be wanted. There are also people who belong to various religions that believe in the existence of souls and an afterlife, which means that aborting fetuses has different stakes for them than it does for nonreligious people. Although I understand the importance of addressing these counterarguments, I am going to refrain from doing so in this paper due to the length that this paper would quickly become. I will instead address the strongest objection to my argument, the argument that all life is valuable.

There are many people that would say that it is better to be living poorly than to not have a life at all. They believe that the experience of being alive or conscious is fundamentally better than having never experienced life or consciousness at all. If a fetus is projected to die within hours of their birth, it should not be aborted because the experience of taking even just a few short breaths is greater than never getting that chance. I agree that the experience of being alive is valuable. I will add, however, that the value is limited. For example, while the awareness of unconsciousness persons is hotly debated, it is perhaps safe to say that people who are in a permanent state of unconsciousness have limited awareness and may not know whether they are alive or dead. A large number of people with an extremely low quality of life are conscious but are not aware that they are conscious. They might experience emotions but may not be aware that they are having said emotions. A person with an extremely low quality of life might slightly gain something from being alive, but if they are not aware, they are gaining something, the value significantly diminishes. If a person with an extremely low quality of life is aware and mentally sound, but perhaps bed-bound and living in severe pain, the value of their life significantly diminishes to similar levels. If a fetus's future is as bleak as that, without room for improvement, then they often are better off not being born. There is not any sense in never-ending and intense suffering in exchange for a beating heart. Again, since we are ignoring religion, for now, that is more or less all that is at stake.

The natural question that follows this is "where does this end? Do we start euthanizing living people who have an extremely low quality of life?" This is where the popular debate on physician-assisted suicide begins. Does the right to life become the right to end your life? If so, under which circumstances is it acceptable? If an elderly woman in a nursing is in severe chronic pain, is unable to move or take care of herself, does not remember the name of her own children, and is projected to live in that state for an undermined length of time until her death, does she have to? If a living person's quality of life falls to the point where it is extremely low, which we earlier defined as "a quality of life in which the individual is not gaining anything, or very little, out of being alive, and there is little to no potential for improvement", then euthanasia should be an option available to them.

These are not rigid rules that apply to everyone. I am not making a generalization that says everyone over a certain age or diagnosed with a particular disorder should be euthanized, or that every fetus that fails to meet certain criteria that should be aborted. Both abortion and euthanasia are important decisions that need to be evaluated on a case-by-case basis. For instance, there are incurable diseases that have successful long-term treatment options. These diseases can vary from mental disorders such as depression to viruses like HIV. Individuals diagnosed with these diseases can live many long years and should not be euthanized upon diagnosis due to either the potential for the immediate situation to improve or the potential for many reasonably healthy years before their quality of life can be called extremely low. IT is the same for abortion. Abnormalities that prenatal testing can find vary wildly, and few fetuses, pregnancies, circumstances, and futures are alike. People need to make the decisions that are best for the fetus in question. Cases should be evaluated cautiously; just like the pregnant

woman is responsible for making decisions for the fetus, those responsible for the care of these individuals need to carefully assess the situation before making a decision.

While the traditional story of the Good Samaritan is about saving a person’s life, depending on the situation, it can be about saving a person or fetus from a lifetime of agony and distress. To reiterate, each case is different and should be carefully appraised before drastic and permanent decisions are made.