IX.

RECOMMENDATIONS

1. Therapeutic research directed toward the fetus may be conducted or supported, and should be encouraged, by the Secretary, DHEW, provided such research (a) conforms to appropriate medical standards, (b) has received the informed consent of the mother, the father not dissenting, and (c) has been approved by existing review procedures with adequate provision for the monitoring of the consent process. (Adopted unanimously.)

2. Therapeutic research directed toward the pregnant woman may be conducted or supported, and should be encouraged, by the Secretary, DHEW, provided such research (a) has been evaluated for possible impact on the fetus, (b) will place the fetus at risk to the minimum extent consistent with meeting the health needs of the pregnant woman, (c) has been approved by existing review procedures with adequate provision for the monitoring of the consent process, and (d) the pregnant woman has given her informed consent. (Adopted unanimously.)

3. Nontherapeutic research directed toward the pregnant woman may be conducted or supported by the Secretary, DHEW, provided such research (a) has been evaluated for possible impact on the fetus, (b) will impose minimal or no risk to the well-being of the fetus, (c) has been approved by existing review procedures with adequate provision for the monitoring of the consent process, (d) special care has been taken to assure that the woman has been fully informed regarding possible impact on the fetus, and (e) the woman has given informed consent. (Adopted unanimously.)

It is further provided that nontherapeutic research directed at the pregnant woman may be conducted or supported (f) only if the father has not objected, both where abortion is not at issue (adopted by a vote of 8 to 1) and where an abortion is anticipated (adopted by a vote of 5 to 4).

4. Nontherapeutic research directed toward the fetus *in utero* (other than research in anticipation of, or during, abortion) may be conducted or supported by the Secretary, DHEW, provided (a) the purpose of such research is the development of important biomedical knowledge that cannot be obtained by alternative means, (b) investigation on pertinent animal models and nonpregnant humans has preceded such research, (c) minimal or no risk to the well-being of the fetus will be imposed by the research, (d) the research has been approved by existing review procedures with adequate provision for the monitoring of the consent process, (e) the informed consent of the mother has been obtained, and (f) the father has not objected to the research. (Adopted unanimously.)

5. Nontherapeutic research directed toward the fetus in anticipation of abortion may be conducted or supported by the Secretary, DHEW, provided such research is carried out within the guidelines for all other nontherapeutic research directed toward the fetus *in utero*. Such research presenting special problems related to the interpretation or application of these guidelines may be conducted or supported by the Secretary, DHEW, provided such research has been approved by a national ethical review body. (Adopted by a vote of 8 to 1.)

6. Nontherapeutic research directed toward the fetus during the abortion procedure and nontherapeutic research directed toward the nonviable fetus *ex utero* may be conducted or supported by the Secretary, DHEW, provided (a) the purpose of such research is the development of important biomedical knowledge that cannot be obtained by alternative means, (b) investigation on pertinent animal models and nonpregnant humans (when appropriate) has preceded such research, (c) the research has been approved by existing review procedures with adequate provision for the monitoring of the consent process, (d) the informed consent of the mother has been obtained, and (e) the father has not objected to the research; and provided further that (f) the fetus is less than 20 weeks gestational age, (g) no significant procedural changes are introduced into the abortion procedure in the interest of research alone, and (h) no intrusion into the fetus is made which alters the duration of life. Such research presenting special problems related to the interpretation or application of these guidelines may be conducted or supported by the Secretary, DHEW, provided such research has been approved by a national ethical review body. (Adopted by a vote of 8 to 1.)

7. Nontherapeutic research directed toward the possibly viable infant may be conducted or supported by the Secretary, DHEW, provided (a) the purpose of such research is the development of important biomedical knowledge that cannot be obtained by alternative means, (b) investigation on pertinent animal models and nonpregnant humans (when appropriate) has preceded such research, (c) no additional risk to the well-being of the infant will be imposed by the research, (d) the research has been approved by existing review procedures with adequate provision for the monitoring of the consent process, and (e) informed consent of either parent has been given and neither parent has objected. (Adopted unanimously.)

8. Review Procedures. Until the Commission makes its recommendations regarding review and consent procedures, the review procedures mentioned above are to be those presently required by the Department of Health, Education, and Welfare. In addition, provision for monitoring the consent process shall be required in order to ensure adequacy of the consent process and to prevent unfair discrimination in the selection of research subjects, for all categories of research mentioned above. A national ethical review, as required in Recommendations (5) and (6), shall be carried out by an appropriate body designated by the Secretary, DHEW, until the establishment of the National Advisory Council for the Protection of Subjects of Biomedical and Behavioral Research. In order to facilitate public understanding and the presentation of public attitudes toward special problems reviewed by the national review body, appropriate provision should be made for public attendance and public participation in the national review process. (Adopted unanimously, one abstention.)

9. Research on the Dead Fetus and Fetal Tissue. The Commission recommends that use of the dead fetus, fetal tissue and fetal material for research purposes be permitted, consistent with local law, the Uniform Anatomical Gift Act and commonly held convictions about respect for the dead. (Adopted unanimously, one abstention.)

10. The design and conduct of a nontherapeutic research protocol should not determine recommendations by a physician regarding the advisability, timing or method of abortion. (Adopted by a vote of 6 to 2.)

11. Decisions made by a personal physician concerning the health care of a pregnant woman or fetus should not be compromised for research purposes, and when a physician of record is involved in a prospective research protocol, independent medical judgment on these issues is required. In such cases, review panels should assure that procedures for such independent medical judgment are adequate, and all conflict of interest or appearance thereof between appropriate health care and research objectives should be avoided. (Adopted unanimously.)

12. The Commission recommends that research on abortion techniques continue as permitted by law and government regulation. (Adopted by a vote of 6 to 2.)

13. The Commission recommends that attention be drawn to Section 214(d) of the National Research Act (P.L. 93-348) which provides that:

> "No individual shall be required to perform or assist in the performance of any part of a health service program or research activity funded in whole or in part by the Secretary of Health, Education, and Welfare if his performance or assistance in the performance of such part of such program or activity would be contrary to his religious beliefs or moral convictions."
>
> (Adopted unanimously.)

14. No inducements, monetary or otherwise, should be offered to procure an abortion for research purposes. (Adopted unanimously.)

15. Research which is supported by the Secretary, DHEW, to be conducted outside the United States should at the minimum comply in full with the standards and procedures recommended herein. (Adopted unanimously.)

16. The moratorium which is currently in effect should be lifted immediately, allowing research to proceed under current regulations but with the application of the Commission's Recommendations to the review process. All the foregoing Recommendations of the Commission should be implemented as soon as the Secretary, DHEW, is able to promulgate regulations based upon these Recommendations and the public response to them. (Adopted by a vote of 9 to 1.)

DISSENTING STATEMENT OF
COMMISSIONER DAVID W. LOUISELL

I am compelled to disagree with the Commission's Recommendations (and the reasoning and definitions on which they are based) insofar as they succumb to the error of sacrificing the interests of innocent human life to a postulated social need. I fear this is the inevitable result of Recommendations (5) and (6). These would permit nontherapeutic research on the fetus in anticipation of abortion and during the abortion procedure, and on a living infant after abortion when the infant is considered nonviable, even though such research is precluded by recognized norms governing human research in general. Although the Commission uses adroit language to minimize the appearance of violating standard norms, no facile verbal formula can avoid the reality that under these Recommendations the fetus and nonviable infant will be subjected to nontherapeutic research from which other humans are protected.

I disagree with regret, not only because of the Commission's zealous efforts but also because there is significant good in its Report especially its showing that much of the research in this area is therapeutic for the individuals involved, both born and unborn, and hence of unquestioned morality when based on prudent medical judgment. The Report also makes clear that some research, even though nontherapeutic, is merely observational or otherwise without significant risk to the subject, and therefore is within standard human research norms and as unexceptional morally as it is useful scientifically.

But the good in much of the Report cannot blind me to its departure from our society's most basic moral commitment: the essential equality of all human beings. For me the lessons of history are too poignant, and those of this century too fresh, to ignore another violation of human integrity and autonomy by subjecting unconsenting human beings, whether or not viable, to harmful research even for laudable scientic purposes.

Admittedly, the Supreme Court's rationale in its abortion decisions of 1973--Roe v. Wade and Doe v. Bolton, 310 U.S. 113, 179--has given this Commission an all but impossible task. For many see in that rationale a total negation of fetal rights, absolutely so for the first two trimesters and substantially

so for the third. The confusion is understandable, rooted as it is in the Court's invocation of the specially constructed legal fiction of "potential" human life, its acceptance of the notion that human life must be "meaningful" in order to be deserving of legal protection, and its resuscitation of the concept of partial human personhood, which had been thought dead in American society since the demise of the Dredd Scott decision. Little wonder that intelligent people are asking: how can one who has no right to life itself have the lesser right of precluding experimentation on his or her person?

It seems to me that there are at least two compelling answers to the notion that Roe and Doe have placed fetal experimentation, and experimentation on nonviable infants, altogether outside the established protections for human experimentation. First, while we must abide the Court's mandate in a particular case on the issues actually decided even though the decision is wrong and in fact only an exercise of "raw judicial power" (White, J., dissenting in Roe and Doe), this does not mean we should extend an erroneous rationale to other situations. To the contrary, while seeking to have the wrong corrected by the Court itself, or by the public, the citizen should resist its extension to other contexts. As Abraham Lincoln, discussing the Dredd Scott decision, put it:

> "(T)he candid citizen must confess that if the policy of the government upon vital questions affecting the whole people, is to be irrevocably fixed by decisions of the Supreme Court, the instant that they are made, in ordinary litigation between parties in personal actions, the people will have ceased to be their own rulers, having, to that extent, practically resigned their government, into the hands of that eminent tribunal." (4 Basler, The Collected Works of Abraham Lincoln 262, 268 (1963).)

Thus even if the Court had intended by its Roe and Doe rationale to exclude the unborn, and newly born nonviable infants, from all legal protection including that against harmful experimentation, I can see no legal principle which would justify, let alone require, passive submission to such a breach of our moral tradition and commitment.

Secondly, the Court in Roe and Doe did not have before it, and presumably did not intend to pass upon and did not in fact pass upon, the question of experimentation on the fetus or born infant. Certainly that question was not

directly involved in those cases. Granting the fullest intendment to those decisions possibly arguable, it seems to me that the woman's new-found constitutional right of privacy is fulfilled upon having the fetus aborted. If an infant survives the abortion, there is hardly an additional right of privacy to then have him or her killed or harmed in any way, including harm by experimentation impermissible under standard norms. At least Roe and Doe should not be assumed to recognize such a right. And while the Court's unfortunate language respecting "potential" and "meaningful" life is thought by some to imply a total abandonment of *in utero* life for all legal purposes, at least for the first two trimesters, such a conclusion would so starkly confront our social, legal, and moral traditions that I think we should not assume it. To the contrary we should assume that the language was limited by the abortion context in which used and was not intended to effect a departure from the limits on human experimentation universally recognized at least in principle.

A shorthand way, developed during the Commission's deliberations, of stating the principle that would adhere to recognized human experimentation norms and that should be recommended in place of Recommendation (5) is: No research should be permitted on a fetus-to-be-aborted that would not be permitted on one to go to term. This principle is essential if all of the unborn are to have the protection of recognized limits on human experimentation. Any lesser protection violates the autonomy and integrity of the fetus, and even a decision to have an abortion cannot justify ignoring this fact. There is not only the practical problem of a possible change of mind by the pregnant woman. For me, the chief vice of Recommendation (5) is that it permits an escape hatch from human experimentation principles merely by decision of a national ethical review body. No principled basis for an exception has been, nor in my judgment can be, formulated. The argument that the fetus-to-be-aborted "will die anyway" proves too much. All of us "will die anyway." A woman's decision to have an abortion, however protected by Roe and Doe in the interests of her privacy or freedom of her own body, does not change the nature or quality of fetal life.

Recommendation (6) concerns what is now called the "nonviable fetus *ex utero*" but which up to now has been known by the law, and I think by society generally, as an infant, however premature. This Recommendation is unacceptable to me because, on approval of a national review body, it makes certain infants

up to five months gestational age potential research material, provided the mother who has of course consented to the abortion, also consents to the experimentation and the father has not objected. In my judgment all infants, however premature or inevitable their death, are within the norms governing human experimentation generally. We do not subject the aged dying to unconsented experimentation, nor should we the youthful dying.

Both Recommendations (5) and (6) have the additional vice of giving the researcher a vested interest in the actual effectuation of a particular abortion, and society a vested interest in permissive abortion in general.

I would, therefore, turn aside any approval, even in science's name, that would by euphemism or other verbal device, subject any unconsenting human being, born or unborn, to harmful research, even that intended to be good for society. Scientific purposes might be served by nontherapeutic research on retarded children, or brain dissection of the old who have ceased to lead "meaningful" lives, but such research is not proposed--at least not yet. As George Bernard Shaw put it in The Doctor's Dilemma: "No man is allowed to put his mother in the stove because he desires to know how long an adult woman will survive the temperature of 500 degrees Fahrenheit, no matter how important or interesting that particular addition to the store of human knowledge may be." Is it the mere youth of the fetus that is thought to foreclose the full protection of established human experimentation norms? Such reasoning would imply that a child is less deserving of protection than an adult. But reason, our tradition, and the U.N. Declaration of Human Rights all speak to the contrary, emphasizing the need of special protection for the young.

Even if I were to approach my task as a Commissioner from a utilitarian viewpoint only, I would have to say that on the record here I am not convinced that an adequate showing has been made of the necessity for nontherapeutic fetal experimentation in the scientific or social interest. The Commission's reliance is on the Battelle Report and its reliance is misplaced. The relevant Congressional mandate was to conduct an investigation and study of the alternative means for achieving the purposes of fetal research (P.L. 93-348, July 12, 1974, Sec. 202(b); National Research Act).

As Commissioner Robert E. Cooke, M.D., who is sophisticated in research procedures, pointed out in his Critique of the Battelle Report: "The only true objective approach beyond question, since scientists make [the analysis of the necessity for nontherapeutic fetal research], is to collect information and analyze past research accomplishments with the intention of disproving, not proving the hypothesis that research utilizing the living human fetus nonbeneficially is necessary." The Battelle Report seems to me not in accord with the Congressional intention in that it proceeds from a viewpoint opposite to that quoted, and is really an effort to prove the indispensability of nontherapeutic research. In any event, if that is its purpose, it fails to achieve it, for most of what it claims to have been necessary could be justified as therapeutic research or at least as noninvasive of the fetus (e.g., probably amniocentesis). In view of haste with which this statement must be prepared if it is to accompany the Commission's report, rather than enlarge upon these views now I refer both to the Cooke Critique and the Battelle Report itself both of which I am informed will be a part of or appended to the Commission's Report.

An emotional plea was made at the Commission's hearings not to acknowledge limitations on experimentation that would inhibit the court-granted permissive abortion. However, until its last meeting, I think the Commission for the most part admirably resisted the temptation to distort its purpose by pro-abortion advocacy. But at the last meeting, without prior preparation or discussion, it adopted Recommendation (12) promotive of research on abortion techniques. This I feel is not germane to our task, is imprudent and certainly was not adequately considered.

Finally, I do not think that the Commission should urge lifting the moratorium on fetal research as stated in Recommendation (16). To the extent that duration of the moratorium is controlled by Section 213 of the National Research Act, the subject is beyond our control and we ought not assume authority that is not ours. This is matter not for us and not, ultimately, for any administrative official, but for Congress. If the American people as a democratic society really intend to withdraw from the fetus and nonviable infant the protection of the established principles governing human experimentation, that action I feel should come from the Congress of the United States, in the absence of a practical way to have a national vote. Assuming that any representative voice is adequate

to bespeak so basic and drastic a change in the public philosophy of the United States, it could only be the voice of Congress. Of course there is no reason why the Secretary of DHEW cannot immediately make clear that no researcher need stand in fear of therapeutic research.

As noted at the outset, the Commission's work has achieved some good results in reducing the possibilities of manifest abuses and thereby according a measure of protection to humans at risk by reason of research. That it has not been more successful is in my judgment not due so much to the Commission's failings as to the harsh and pervasive reality that American society is itself at risk--the risk of losing its dedication "to the proposition that all men are created equal." We may have to learn once again that when the bell tolls for the lost rights of any human being, even the politically weakest, it tolls for all.

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STATEMENT OF COMMISSIONER KAREN LEBACQZ,
WITH THE CONCURRENCE OF COMMISSIONER ALBERT R. JONSEN
ON THE FIRST ITEM

The following comments include some points of dissent from the Recommendations of the Commission. For the most part, however, these comments are intended as elaborations on the Report rather than dissent from it.

1. At several points, the Commission established as a criterion for permissible research an acceptable level of risk--e.g., "no risk" or "minimal risk." I support the Commission's Recommendations regarding such criteria, but I wish to make several interpretative comments.

First, I think it should be stressed that in the first trials on human subjects or on a new class of human subjects, the risks are almost always unknown. The Commission heard compelling evidence that differences in physiology and pharmacology between human and other mammalian fetuses are such that even with substantial trials in animal models it is often not possible to assess the risks for the first trials with human fetuses. For example, evidence from animal trials in the testing of thalidomide provided grounds for an estimation of low risk to human subjects; the initial trials in the human fetus resulted in massive teratogenic effects.

I would therefore urge review boards to exercise caution in the interpretation of "risk" and to avoid the temptation to consider the risks "minimal" when in fact they cannot be fully assessed.

Second, I think it important to emphasize the evaluative nature of judgments of risk. The term "risk" means <u>chance of harm</u>. Interpretation of risk involves both an assessment of statistical <u>chance</u> of injury and an assessment of the <u>nature</u> of the injury. Value judgments about what constitutes a "harm" and what percentage chance of harm is acceptable are both involved in the determination of acceptable risk. A small chance of great harm may be considered unacceptable where a greater chance of a smaller harm would be acceptable. For example, it is commonly accepted that a 1-2 percent chance of having a child with Down's syndrome is a "high" risk, where the same chance of minor infection from

amniocentesis would be considered a "low" risk. Opinions will differ both about what constitutes "harm" or injury and also about what chance of a particular harm is acceptable.

For all these reasons, the interpretation of risk and the designation of acceptable "minimal risk" merit considerable attention by the scientific community and the lay public. The provision of national review in problematic instances should engender serious deliberation on these critical issues.

Third, the establishment of criteria for "no risk" or "minimal risk" is obviously related to the interpretation of "harm." In general, the Commission has discussed "harm" in terms of two indices: (1) injury or diminished faculty, and (2) pain. A third commonly accepted definition of "harm" is "offense against right or morality"; this meaning of harm has been subsumed under the rubric of violation of dignity or integrity of the fetus, and thus is separated out of the Commission's deliberations on acceptable levels of risk. In establishing acceptable levels of risk, therefore, the Commission has been concerned with injury and pain to the fetus.

Several ethicists argued cogently before the Commission that the ability to experience pain is morally relevant to decisions regarding research. Indeed, the argument was advanced that the ability to experience pain is a more appropriate consideration than is viability for purposes of establishing the limits of intervention into fetal life.

However, scientific opinion is divided on the question of whether the fetus can experience pain--and on the appropriate indices on which to measure the experience of pain. Several experts argue that the fetus does not feel pain.

I believe that the Commission has implicitly accepted this view in making Recommendation (6) regarding research on the fetus during the abortion procedure and on the nonviable fetus *ex utero*. Should this view not be correct, and should the fetus indeed be able to experience pain before the twentieth week of gestation, I would modify Recommendation (6) in two ways:

First, the Recommendation as it now stands does not specify an acceptable level of risk. The reason for this omission is essentially as follows: in a dying subject prior to viability, "diminution of faculties" does not appear to

be a meaningful index of harm since this index refers largely to future life expectations. Therefore, the critical meaning of "harm" for such a subject lies in the possibility of experiencing pain. If the fetus does not feel pain it cannot be "harmed" in this sense, and thus there is no risk of harm for such a fetus. It is for this reason that the Commission has not specified an acceptable level of "risk" for fetuses in this category, although it has been careful to protect the dignity of the fetus.

Clearly, however, if the fetus does indeed feel pain, then it can be "harmed" by the above definition of harm. If so, then I would argue that an acceptable level of risk should be established at the same level as that considered acceptable for fetuses *in utero*--namely, "no risk" or "minimal risk."

Second, the Commission has concluded that out of respect for the dying subject, no interventions are permissible which would alter the duration of life of the subject--i.e., by shortening or lengthening the dying process (item 6h). I find the prohibition against shortening the life of the dying fetus to be acceptable provided the fetus does not feel pain. If the fetus does feel pain, however, then its dying may be painful and respect for the dying subject may require that its pain be minimized even if its life-span is shortened in so doing.

2. The Commission has stated that its provisions regarding therapeutic and nontherapeutic research directed toward the pregnant woman are not intended to limit research on improving abortion techniques. I support this stand and wish to clarify the reasons for my support.

In supporting this statement, I neither condone nor encourage widespread abortion. However, I do believe that some abortions are both legally and morally justifiable. It is therefore consonant with the principle of minimizing harm to develop techniques of abortion that are least harmful. Indeed, under the present climate of legal freedom to abort and widespread practice of abortion, adherence to the principle of not-harming may impose an obligation on us to research abortion technology in order to minimize harm. This obligation arises not only out of consideration of the health and well-being of the woman but also from a concern for possible pain or discomfort of the fetus during the abortion procedure.

3. Evidence presented to the Commission indicates that there is a strong emphasis in the law on avoiding possible injury to a child to be born. This evidence, coupled with the uncertainty of risks in a new class of human subjects, suggests that considerable importance ought to be attached to the question of compensation for injury incurred during research.

The Commission will study this question in depth at a later time, and therefore has not made any recommendations on compensation at this time. As a matter of personal opinion, I would like to note that I am reluctant to allow any research on the living human fetus unless provision has been made for adequate compensation of subjects injured during research.

4. The Commission's Recommendation on research during the abortion procedure and on the nonviable fetus *ex utero* prevents prolongation of the dying process for purposes of research. This prohibition may appear to have the effect of preventing research on the development of an artificial placenta.

It is my understanding that such an effect does not necessarily follow. Steps toward the development of an artificial placenta are prohibited only through nontherapeutic research; innovative therapy or therapeutic research on the possibly viable infant is not only condoned but encouraged. Thus the development of an artificial placenta may proceed, but under more restricted circumstances in which it is limited to therapeutic research or to nontherapeutic research which does not alter the duration of life. I do not believe that it was the intention of the Commission to curtail all research toward the development of an artificial placenta, nor do I believe that such will be the effect of the Commission's Recommendations.

Were the Recommendations to have such an effect, however, I would dissent. Indeed, I would argue that a prematurely delivered fetus that is unable to survive, given the support of available medical technology, would have an interest in the development of an artificial placenta that would allow others like it to survive. Thus it would not be contrary to the interests of that fetus for it to be subjected to nontherapeutic research in the development of an artificial placenta.

In making such an argument, I invoke a principle that I call the "principle of proximity": namely, that research is ethically more acceptable the more closely it approximates what the considered interests of the subject would reasonably be. For example, Hans Jonas has argued that dying subjects should not be used in nontherapeutic research, even when they have consented, unless the research deals directly with the cause from which they are dying; that is, it is presumed that a dying subject has an interest in his/her own disease which legitimates research on that disease where research in general would not be legitimate.

Such a principle is, of course, open to wide interpretation. But I think it not unreasonable to suggest that the dying fetus would have an interest in the cause of its dying or in the development of technology which would allow others like it to survive. On such a principle, one might argue that it is more ethically acceptable to use dying fetuses with Tay-Sachs disease as subjects in nontherapeutic research on Tay-Sachs disease than in nontherapeutic research on general fetal pharmacology. Similarly, one might argue that it is ethically acceptable to use nonviable fetuses *ex utero* as subjects in nontherapeutic research on the development of an artificial placenta. The development of a full rationale for such a position would require an analysis along the lines suggested by McCormick and Toulmin, and I cannot attempt that here. At this point I simply wish to suggest that I believe it is possible to argue for both therapeutic and nontherapeutic research directed toward the development of an artificial placenta.

5. Finally, members of the Commission disagreed about changes in the timing or method of abortion in relation to research. Recommendation (10) states clearly that the recommendations of a physician regarding timing and method of abortion should not be determined by the design or conduct of nontherapeutic research. I am in full agreement with this Recommendation.

The provision in Recommendation (6) (item g), however, is more ambiguous. I would argue that changes in timing or method of abortion are ethically acceptable provided that they are freely chosen by the woman and that she has been fully informed of all possible risks from such changes. I base this argument on the right of any patient to be informed about alternative courses of treatment and

to choose between them. It seems to me that the pregnant woman, as a patient, may choose the timing and method of abortion, provided that she has been fully informed of the following: 1) the relation of alternative methods of abortion to possible research on the fetus; 2) risks to herself and to possible future children of alternative possible methods of abortion; and 3) procedures which would be introduced into the abortion as part of the research design which would not be medically indicated.

Some members of the Commission have argued that a woman might choose such changes provided that they entail no additional risk. While I appreciate the concern to protect the woman's health and well-being, such a restriction seems to me a violation of her right to freedom of choice as a patient. Thus I would allow a woman to choose to delay her abortion until the second trimester for purposes of research, provided that she has been fully informed of all risks in so doing. One restriction seems imperative to me, however: in no case, should she be allowed to delay the abortion beyond the twentieth week of gestation for research purposes. This position is reflected in the Deliberations and Conclusions of the Commission's Report.

U.S. Department of Health, Education, and Welfare
DHEW Publication No. (OS) 76-127