**reAbortion Analogies**

A common strategy of abortion defenders is to elicit a response to a real or hypothetical case in which someone can survive only by commandeering another’s body as a life support system or as a source of transplantable tissues. The expectation is that the intuitive response will be that such a person has no right to so use another’s body without permission. The lesson then drawn for abortion is that fetuses likewise do not have a right to coopt the bodies of their mothers. Pregnant women can avoid such unjust intrusions even if it brings about the death of one or more fetuses with moral status comparable to their own.

This was Judith Thomson’s strategy in the most fertile article ever written about unwanted fertility (1971). Thomson asks her reader to imagine that she is kidnapped and wakes up in the hospital attached to an ailing violinist who will need to use her kidneys for nine months until his own have recovered sufficiently for him to be safely detached. Thomson expects her readers to share her conclusion that pro-lifer individuals are inconsistent if they maintain that it is just to refuse to support the violinist but unjust to lethally deny the fetus the use of a pregnant woman’s body. Her article spawned one cottage industry constructing arguments that the analogy is flawed and another defending the argument as it is or modifying it so it can better serve its original purpose.

David Boonin, arguably Thomson’s most prolific and ingenious defender, has published two books defending her approach (2013, 2019). The more recent substitutes the real legal case of Shimp v McCall for the fictional ailing violinist (2019). Robert McFall was dying from aplastic anemia and needed a bone marrow transplant from a compatible donor. His cousin David Shimp was the only known compatible donor but he refused donation. McFall sued to obtain the bone marrow. Given Shimp’s unwillingness to donate, the police would have had to forcibly restrain him and doctors would have had to painfully invade his body and take the needed life-saving bone marrow. Judge Flaherty ruled that the state could not force Shimp to provide the bone marrow. Boonin expects his readers to agree with the judge that the state should not force Shimp to save a life, even that of a relative. Like Thomson before him, Boonin inferred that since people like McFall and the violinist lack a right to use another’s body to stay alive, then fetuses are not entitled to have their lives saved by using their mother’s body. Women have a right to abort if that is the only way they can cease to gestate the fetus.

I will argue that no such pro-abortion lesson can be learned from the saga of Thomson’s violinist or Boonin’s account of Shimp and McFall. I will focus more upon the latter as it is newer and so has received less attention. My contention is that if we modify the Shimp and McFall scenario to where it is analogous in the morally relevant ways to pregnancy and abortion, the intuitive force of Boonin’s pro-choice lesson dissipates. I will offer three alterations to the McFall and Shimp relationship that render it more akin to that of the fetus and the pregnant woman.

Everyone who exists was once gestated by their mother. Our nature is such that we all begin our lives dependent upon others. It is a universal condition of our species. It is not rare like terminal aplastic anemia that can be cured only by a bone marrow transplant. So, the first change is to make aplastic anemia a condition that befalls of all of us once in our life. Every one of us will be in McFall’s situation (or that of the violinist). Just as we are all created as needy creatures who depend upon others to live - an anthropological point recently stressed by O. Carter Snead (2020) - we should assume that we are all born disposed to later require a life-preserving bone marrow transplant that only one particular person can provide. That unique donor will also later develop aplastic anemia and only one person in the world will be able to keep the former donor alive. **It is true that the unique burdens of providing the needed bone marrow, when made analogous to undergoing the burdens of pregnancy, would fall upon only half the population. But this alleged inequity no more provides a reason not to provide the universally needed support than does the fact that only the young and strong can serve in the military provides a reason to abandon a draft during a just defensive war. Considerations of inequality provide neither necessary nor sufficient justifications for abortion. The lack of necessity is evident in that abortion defenders would not become abortion opponents if men also could become pregnant and the childbearing burdens equally distributed. Ending inequality is not a sufficient condition for killing an innocent as that would allow women to kill their newborns that they were unable to put up for adoption.**

So, the condition of McFall is not rare. If aplastic anemia is really a universal condition, then it does not make sense to think of it as a fatal disease. Instead, it is akin to a necessary, dependent, developmental stage that we all experience, just as every fetus needs to be gestated. By making the need of another’s body universal, we neutralize any implicit probabilistic reasoning that allows us to reject providing support that we assume will not need ourselves. (In Thomson’s scenario, this bias was heightened by her asking readers to imagine that they were kidnapped rather than to consider that that they will someday need kidney support and might have to provide it.)

It is helpful to make the aplastic anemia-caused need for a bone marrow transplant exist in the future. This prevents unwitting hypocrisy or quick and superficial judgment that that it would have been just for someone to refuse to provide you with the bone marrow transplant that she had provided you in the past, so you do not have to provide such support to another person in the future. Similarly, since everyone in the abortion debate is too old to be aborted, it is relatively easy, perhaps too easy, for someone to say that “I am glad that my mother didn’t abort me but she had the right to do so.” If we each vividly picture ourselves having to undergo a fetus-like dependency upon another’s body in the future due to a McFall-like case of aplastic anemia (or Thomson-like kidney scenario) then we are more likely to deeply and sincerely reflect upon whether we really believe it is morally permissible to refuse to provide such assistance.

Gestating a fetus is something bodies naturally do after conceiving. Using our kidneys to support someone else is not something they naturally do. Nor is the removal and transplantation of our bone marrow to someone else something that our bodies are designed to accomplish on their own. There is a tendency to believe that we do not have to do something that is unnatural, and this habit of thought could be distorting people’s judgments in the analogies of Thomson and Boonin. Moreover, to make others provide the life-saving bone marrow when they are unwilling would require the involvement of state power. The police would have to threaten or capture the reluctant, and then doctors must invade their bodies. Such violence and intrusive invasive medical procedure rightly produce feelings of moral repugnance. Therefore, let’s change the story so the bone marrow transplant is more like the gestation that might automatically occur after a woman voluntarily engages in sex and conceives an unwanted baby.

Our second modification has it that if a certain person chooses to associate with someone who has aplastic anemia, then there is a chance - comparable to that of a pregnancy resulting from consensual sex - that the presence of such a condition in the latter will trigger the former person to naturally shed bone marrow. The tissue will leave the body unforced, as do hair, pheromones, perspiration, and CO2. There is no need for police or surgeons to violently transfer the bone marrow. The hypothetical shedding, though natural, is as painful as the real-world procedure of the medical acquisition of bone marrow via needles inserted into rear pelvic bones. It is well-known that the mother’s body will naturally gestate a growing fetus that was unintentionally conceived due to consensual sex and would die without her support. Likewise, I stipulate that it is common knowledge the donor’s body will naturally shed its bone marrow and the released tissue can then be delivered to the needy person who would otherwise die from aplastic anemia. If we imagine that a bone marrow transplant arises in a way that is actually analogous to the typical pregnancy, namely via voluntary, natural interactions between adults, then we will be far less likely to see Shimp’s refusal to save his cousin’s life as permissible.

Prior to viability, an unwanted pregnancy is ended by killing the fetus. Shimp, in contrast, merely allows McFall to die by refusing his request for a transplant. He does not kill his cousin to stop the withdrawal of his bone marrow. So, the third and final modification of aplastic anemia to make it more analogous in the morally relevant ways to an unwanted pregnancy is to stipulate that the natural but painful shedding of bone marrow can only be stopped by killing the person with aplastic anemia.

Killing is widely considered morally worse than letting someone die, ergo, one must take on more burdens to avoid killing than letting someone die. For example, if one is rushing to the hospital with an injured arm that will have to be amputated if it is not immediately treated, one does not have to stop to save someone dying along the side of the road. But if an unconscious person is in the middle of the road, one cannot fatally drive over him to avoid the delay in getting to the hospital. One must step on the brakes and accept the loss of one’s arm to avoid killing the person in the road.

Since abortion involves killing an innocent to avoid providing bodily support, I have stipulated that the cessation of the bone marrow provision can only be accomplished if the person shedding the needed tissue kills or authorizes the killing of its recipient. As soon as the needy person with aplastic anemia is killed, the painful, natural process of shedding of bone marrow ceases. Is it morally permissible for the unwilling donor to shoot the needy person causing the painful shedding of bone marrow? Is it morally permissible for the person who finds herself hooked up to the violinist to suffocate him so that she can be unhooked? I suspect that many readers will believe that it is wrong to kill an innocent person in order to avoid pregnancy or something analogous to it. Whether or not there is such a duty to rescue, there is at least a duty to not kill when refusing to rescue.

Let us take stock. First, if we make the need for *future* bone marrow transplants and kidney support as *universal* as gestation, it is not intuitively obvious that we would not recognize that we each have a duty to provide such service to another. Second, we imagined the provision of bone marrow via shedding to be as natural, common, and automatic as bodies gestating fetuses. So, there are no distortional influences arising due to the unnaturalness of some unusual bodily act to save a dying person from a disease. More importantly, there is not any need for police and surgeons to capture, restrain, and invade bodies as McFall was demanding the state to do to Shimp. Third, unlike Shimp and Thomson’s kidnapped reader whose refusals to save allowed individuals to die, it is being assumed that the ongoing provision of the bone marrow and kidney support can be ended only by intentionally killing the recipient of the bodily support. My conclusion is that when aplastic anemia and kidney support are made more analogous to pregnancy in these ways, they provide little in the way of a justification for abortion.

**References**

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3 Judith J Thomson, “A Defense of Abortion. *Philosophy and Public Affairs*. 1:1 (1971): 47-66.

4. O. Carter Sneed, *What It Means to Be Human: The Case for the Body in Public Bioethics.* Cambridge, MA: (Harvard University Press 2020)