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PHILOSOPHERS AND THE ISSUE OF ABORTION

the pregnancy is to determine what type of abortion procedure would be the safest for the woman. In addition to the pro-life and the pro-choice views concerning when human life begins, a debatable topic of fetal homicide laws come into practice. According to Facts on File News Services, “ Fetal Homicide Laws ” , due to the Unborn Victims of

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abortion is safer than giving birth. However, abortion is not entirely free from risk. Problems at the time of abortion are not very common but are even less likely when the abortion is carried out early in pregnancy and when it is performed by an experienced doctor or nurse. Abortion is free if you are referred by the NHS. In some areas, over 90

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Abortion is a legal medical procedure that has been provided to millions of American women. Since the Institute of Medicine first reviewed the health implications of national legalized abortion in 1975, there has been a plethora of related scientific research, including well-designed randomized clinical trials, systematic reviews, and epidemiological studies examining abortion care. This research has focused on examining the relative safety of abortion methods and the appropriateness of methods for different clinical circumstances. With this growing body of research, earlier abortion methods have been refined, discontinued, and new approaches have been developed. The Safety and Quality of Abortion Care in the United States offers a comprehensive review of the current state of the science related to the provision of safe, high-quality abortion services in the United States. This report considers 8 research questions and presents conclusions, including gaps in research.

Presents opposing viewpoints on the legality, morality, responsibility for, and justification of abortion, and includes critical thinking skills activities.

At a UN General Assembly Special Session in 1999, governments recognised unsafe abortion as a major public health concern, and pledged their commitment to reduce the need for abortion through expanded and improved family planning services, as well as ensure abortion services should be safe and accessible. This technical and policy guidance provides a comprehensive overview of the many actions that can be taken in health systems to ensure that women have access to good quality abortion services as allowed by law.

"A groundbreaking and illuminating look at the state of abortion access in America and the first long-term study of the consequences-emotional, physical, financial, professional, personal, and psychological-of receiving versus being denied an abortion on women's lives"--

Medical abortion care encompasses the management of various clinical conditions including spontaneous and induced abortion (both viable and non-viable pregnancies), incomplete abortion and intrauterine fetal demise, as well as post-abortion contraception. Medical management of abortion generally involves either a combination regimen of mifepristone and misoprostol or a misoprostol-only regimen. Medical abortion care plays a crucial role in providing access to safe, effective and acceptable abortion care. In both high- and low-resource settings, the use of medical methods of abortion have contributed to task shifting and sharing and more efficient use of resources. Moreover, many interventions in medical abortion care, particularly those in early pregnancy, can now be provided at the primary-care level and on an outpatient basis, which further increases access to care. Medical abortion care reduces the need for skilled surgical abortion providers and offers a non-invasive and highly acceptable option to pregnant individuals.

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A collection of stories of women who survived abortions and those who did not, based on narratives from involved parties as well as court records, police reports, medical literature, and coroners' reports

Planned and regulated task shifting and task sharing can have a range of benefits. It can ensure a rational optimization of the available health workforce, address health system shortages of specialized health-care professionals, improve equity in access to health care and increase the acceptability of health services for those receiving them. This guideline provides a range of options for expanding of health worker roles in the provision of safe abortion care, the management of complications of abortion (also known as post-abortion care in some settings and provided as part of emergency obstetric care) and for post-abortion contraception provision.

"This report assesses progress over the past decade regarding the legality, safety and accessibility of abortion services worldwide. It summarizes developments in policy and documents recent trends in abortion incidence, with a focus on unsafe abortion. It also examines the relationship between unintended pregnancy, contraception and abortion, placing abortion within the broader context of women's reproductive lives." - p. 4.

"As the landmark Roe v. Wade decision reaches its 40th anniversary, abortion remains a polarizing topic on America's legal and political landscape. Blending history, culture, and law, *Before Roe v. Wade* explores the roots of the conflict, recovering through original documents and first-hand accounts the voices on both sides that helped shape the climate in which the Supreme Court ruled. Originally published in 2010, this new edition includes a new Afterword that explores what the history of conflict before Roe teaches us about the abortion conflict we live with today. Examining the role of social movements and political parties, the authors cast new light on a pivotal chapter in American history and suggest how Roe v. Wade, the case, because Roe v. Wade, the symbol."--Cover, p. 4.

Available Open Access under CC-BY-NC licence. The public and parliamentary debate about UK abortion law reform is often diverted away from key moral and political questions by dispute regarding basic questions of fact. And all too often, claims of scientific 'fact' are ideologically driven. But what effect would decriminalisation be likely to have on women's health? What would be the impact on the incidence of abortions? Would decriminalisation equate to deregulation, sweeping away necessary restrictions on dangerous or malicious conduct? With each chapter written by leading experts in the fields of medicine, law, reproductive health and social science, this book offers a concise and authoritative account of the evidence regarding the likely impact of decriminalisation of abortion in the UK.

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