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View From the Operating Room

Abortion as a Necessity and a Sorrow

By Magda Denes

Stepping off the elevator on the seventh floor of the abortion hospital, I find myself in the saline unit where I am to start my research on how people involved in the performing of legal abortions feel about the work they do. Altogether there are 18 patients here, full house for the floor. Three are 15 years old; one, 16; seven, 17; two, 21; one, 25; two, 27; and one, 32. Their periods of gestation range from 16 to 23 weeks. The one 23 weeks pregnant is 15 years old.

Magda Denes is a clinical psychologist who, some years ago and with great reluctance, had an abortion. Because her own feelings had been so strong, she returned to a hospital to talk with medical personnel, patients and their families and friends to probe the impact of abortion. Her new book, In Necessity and Sorrow: Life and Death in an Abortion Hospital, from which this article is excerpted, gives her powerful, wrenching report.

Straight ahead of me, about six feet away, I see the television room. It is here that the girls wait, together, to be ushered by the nurse, one by one, into the treatment room for induction.

I knock and enter without waiting for an answer. Four faces look up at me. "Hi",, I say. "I am Doctor Denes. I am here to . . . " I am stuck. The wind has been knocked out of me. In my mind, abortions happen to grownups who are unwillingly pregnant but don't look it. These are little girls far gone with child.

I gradually shift my eyes to the girl sitting nearest me, wearing pink furlike booties. She must be one of the 15-year-olds, although she appears much younger. She sits totally absorbed in the show, the title of which is "Hospital." Her lips are slightly parted, and in the left corner of her mouth there is a small bubble of saliva. Her hands, folded, rest on her large belly, in the age-old posture of pregnant women. From close up, her legs are thin, vulnerable, little-girl legs, covered with long blond transparent hair.

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The following day I am invited to watch one of the doctors at work. He is Dr. Szenes — like me, by an odd coincidence, an emigre from Hungary. The patient, a girl of about 16, half dead with fear, is helped by a nurse onto a treatment table. The nurse makes her lie down. She lifts the girl's white hospital gown to her waist and covers her thighs and genitals with a sterile disposable towelette, leaving her protruding belly exposed. With a small gauze pad she washes the area with alcohol. Meanwhile, Dr. Szenes scrubs his hands at a tiny sink in the corner.

'Somebody has to do it. And, unfortunately, we are the executioners in this instance.'

'The belief that the work done here is truly in the service of humankind is manifest again in the swollen-bellied body' of 12-year-old Debbie.

"What is your name, young lady?" he asks.

"Flo. Florence Sullivan."

"Sullivan. Irish, eh? And how old are you?"

"Well, my father was Irish. Sixteen and a half."

"That's pretty young to be going through this. When was your last period?"

"June or July."

"Which?"

"June, I guess."

"That makes you 22 weeks pregnant. Right?"

"That's what I was told."

The conversation goes on, partly to gather information, partly I suppose to reassure the obviously terrified girl.

When he is through scrubbing, Szenes stands in front of the nurse, who holds open the sterile rubber gloves so that the doctor can slip his hands into them. "Now this, whole thing should not hurt you," he says, again addressing the girl. "It will be uncomfortable, but it should not hurt."

The nurse hands Dr. Szenes a syringe. He expels a little liquid into the air, then injects Flo, near her belly button, just under the skin, holding the syringe parallel to the girl's abdomen. About two seconds later, without removing the needle, he jerks the syringe to make the needle plunge straight down into the abdominal cavity. The needle is now invisible and the syringe is completely vertical in the doctor's hands. The injected liquid is 5 cc's of Novocain.

Flo winces and her eyes well up but she remains silent. Szenes smiles at her. "That was the worst part, the rest is apple pie."

The nurse sprays the area with iodine solution, tinting Flo's skin the color of brown mustard. She takes the syringe from the doctor and hands him a needle. It looks enormous. He holds it up to show me. "It is an 18-gauge, three-and-a-half-inch long spinal needle. We use this to tap the fetal sac. It works very well."

Turning back to the patient he places the needle on the exact spot of the injection and pushes it in to the hilt in one firm, fluid motion resembling the choreographed movement of a dancer. Szenes' professional competence is unmistakable.

There is no reaction from Florence. The needle ends in a pink hub about half an inch long. Holding on to it, Szenes removes the stylet to permit the free flow of amniotic fluid.

As he lifts the stylet, I see a little squirt of yellowish liquid shoot up through the pink hub. Szenes says: "That's good. We're doing very well." The nurse hands him a short, thin rubber tube, one end of which he attaches to the needle hub. To the other end of the tube he connects a large syringe. Holding it steady, he slowly pulls the plunger outward, filling the syringe with a thin liquid the color and consistency of urine. He is suctioning out the amniotic fluid.

See ABORTION, C-4

ABORTION

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When the syringe is filled, he disconnects it from the rubber tube and squirts the liquid into the corner sink. The process is repeated three times — amounting altogether to 150 cc's of amniotic fluid removed from Flo's belly.

"How do you feel, young lady?"

"Fine." Flo's voice is barely audible. Her hands are clutched on her chest, and she is very pale.

"Excellent, because we are almost finished. I am going to hook you up now to the saline to replace the fluid we took out. While that's going on, you'll have to tell me whether you feel anything unusual. Like if your face gets flushed or if you suddenly feel numb or very thirsty. Things like that, okay?" Flo nods. He adds, "Talking doesn't interfere with this process, you know."

The intent is to console, the result is disaster. Flo breaks into racking sobs. Her belly heaves up and down, causing the rubber tube to flop about. "Stop it at once, you will dislodge the needle."

The nurse, who until now has not uttered a sound, puts her hand on Fo's forehead and says, "Come on, dear, it is almost over." Flo grabs a corner of her folded-up white gown, stuffs it into her mouth and bites down on it. She looks like a broken-hearted three-year-old.

Next to the treatment table there is an intravenous stand about 10 feet tall with an inverted bottle hanging from each side of its crossbar. Szenes removes the short tubing from the hub of the needle in Flo's belly and connects it to the long tube leading from the bottle. The bottle contains hypertonic solution. He checks to see that the flow is steady.

The words of a pamphlet I had picked up weeks ago come back: "As a result of the concentrated solution of saline in the uterus, the fetus will not survive more than a few hours after the injection."

Szenes sits down at a small desk in my corner to make notes in the charts. "Look here," he says to me, pointing to a number that exceeds 9,000.

"What is it?"

"The patient's number."

"You mean you have done this many?"

"Well, not I, the five of us. Four, really, because Dr. Marcus joined us only a couple of hundred ago. I'd say it's about 2,000 apiece, give or take a few."

"Okay," says Dr. Szenes, getting up and checking the bottle. "I think we can remove this now." He disconnects the bottle, retracts the needle, and the nurse puts an adhesive strip on the tiny puncture site.

"Do you feel all right?" Flo nods. "You can go back to your room now. Lie down for a half-hour. Then drink two glasses of water. After that, you can walk around. Watch TV. Make phone calls, whatever you want to do. When dinner comes you must eat it all whether you like it or not. All of it.

"After dinner you are to stay in bed. The house doctor will come to your room and put an intravenous needle in your arm. Once that's done you may not move at all, nor eat or drink anything. The IV contains glucose to nourish you and a medicine called Pitocin to stimulate labor. If the cramps get bad you can ask the nurse for some Demerol, a pain killer. You must ask for it if you want it, because the nurse can't tell when your pains get really bad. Don't believe anyone who says it retards labor. It does nothing of the sort. With any luck, you should be all done 24 hours after the IV is inserted."

The process, in other words, though he does not say this to Flo, is exactly like giving birth to a child: cramps, water-break, fetus, placenta, end.

Except, of course, that in this case the fetus is already dead.

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The saline floor is a difficult place for lasting clarity and durable convictions. One day I speak with Debbie, 12 years old, six months pregnant by her uncle, who, through the convoluted miseries of Debbie's short life, also happens to have been her stepfather for the past 10 years.

"He has been messing with me for two years, but I only got my first period eight months ago," she reports, her brown eyes full of tears behind gold-rimmed glasses.

"What hurts, Debbie?"

"I don't want him to be in jail, where they put him. I love my uncle. He was like a father to me. We played games." By now she is sobbing, bitterly mourning a vanished parent as any child will.

"But Debbie, what he did with you, what about that?"

"It was wrong, but I miss my uncle," she says, her shoulders shaking with grief.

Thanks to Debbie's presence, the seventh floor experiences a spirit of solidarity bordering on joy.

The belief that the work done here is truly in the service of humankind is manifest again in the swollen-bellied body of this little girl, whom everyone in concerted effort wants to help and to comfort.

The attendants give her candy. Her doctor, in departure from the usual procedure, orders no IV so as to avoid confining her to bed while she waits to deliver. The nurses call her "little Debbie" and keep asking her how she feels.

So there is a live child on this floor whose future people are hard at work to save.

Quantity, however, has a way of radically altering quality. When, under one roof, the number of dead fetuses mounts into the thousands, the simple fact of death gradually overshadows the significance of individual histories.

It seems that no one who works here can witness the extinction of a segment of the future generation without guilt and fear. In my interviews with them, the word "murder" surfaces again and again, and it sticks on the tongue like a searing coal of fire that one knows will do further damage whether it is swallowed or spat out.

Dr. Szenes, age 36, says:

"I think that every woman should be given the right to determine whether she wants to be pregnant or not. And if she doesn't want to be, and it's not two days before term, but is a reasonable time before the fetus becomes viable, she should be able to go to any gynecologist, whom she would go to for a Pap smear, or for a discharge, or whatever, and that the gynecologist should not sit back and say, 'Now let's see what are your reasons for having this abortion.' I don't think that should be our decision.

"With somebody who wants to have a child, you should do your utmost to help bring that direction. And with the one who doesn't want it, you should do your utmost to help her out of that situation.

"You have to become a bit schizophrenic. In one room you encourage the patient that the slight irregularity of the fetus heart is not important, everything is going well, she is going to have a nice baby, and then you shut the door and go into the next room and assure another patient on whom you just did a saline abortion, that it's fine if the heart is already irregular, she has nothing to worry about, she is not going to have a live baby. I mean you definitely have to make a 180-degree turn, but somehow it evolved in my own mind gradually, and I have no trouble now making the switch . . .

"At the beginning we were doing abortions on fetuses that were not quite as large. And the kicking and the fetal heartbeat did not manifest itself quite as obviously as it does now, in the larger cases. So I can imagine, if I had started doing 24-weekers right off the bat, I would have had much greater conflict in my own mind whether this is tantamount to murder. But since we started gradually, with 15, 16-weekers, where the overwhelming interest of the mother was so obvious, the fetus just never got consideration. It just did not enter the picture.

"Then, as one gained experience, the whole range of cases that we had to take care of started to become larger. All of a sudden one noticed that at the time of the saline infusion there was a lot of activity in the uterus. That's not fluid currents. That's obviously the fetus being distressed by swallowing the concentrated salt solution and kicking violently and that's, to all intents and purposes, the death trauma. You can either face the method or you can turn the other way and claim it's uterine contractions.

"That, however, would be essentially repressing, since as a doctor you obviously understand that it is not. Now, whether you admit this to the patient, that's a different matter.

"The whole technique of saline abortions has come in so gradually, that there was no outstanding dramatic event which would have signaled, 'Now, here is an issue that I have to face whether I do it, or I don't.' It never happened like that.

"The patient's distress by unwanted pregnancy is to me the primary consideration and I am willing to put that ahead of the possible considerations for the fetus. We'll just have to face it, that somebody has to do it. And, unfortunately, we are the executioners in this instance.

"But I think I have no conflict in my own mind of representing the patient's interest all the way . . ."

NC Photo by Bob Wolfe

Fetus from an ectopic pregnancy (occuring outside the uterus).

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Two doors down from the nurses' station there is a little room with several large garbage cans, each neatly marked for different types of garbage, and a table on top of which stand paper buckets — the type in which one buys fried chicken from carry-out stores. The buckets are covered with their paper lids. Attached to each lid there is a white carboard label bearing — printed in ink — the mother's name, the doctor's name, the time of delivery, the sex of the "item," the time of gestation. Inside each bucket there is a fetus and its placenta stored in formaldehyde.

At the end of the day the buckets are transferred to the laboratory where the contents are examined for abnormalities. That done, they are collected in a large plastic bag, and a special messenger takes them to a sister hospital which has an incinerator. There they are burned.

One day, driven by my own need to arrive at a measure of clarity, I go into the little room, place my stuff on the floor next to the garbage cans, and pull on a pair of rubber gloves. Planting myself in front of the table, I remove with one hand the lid of a bucket. The sharp fumes of formaldehyde instantly hurt the insides of my nose and throat. The smell also brings with it the long-forgotten memory of fetal pigs.

The association strikes me as unseemly; nevertheless I remember, with unwanted total recall, the misery of my sophomore year in college, when we dissected the fetal pig. On the first day of class the instructor brought in a huge container filled with formaldehyde and floating pigs. He fished out one pig for each student, tagged with the student's last name, giving the impression that the pig was a lost, finally returned relative, in regrettable shape.

The present comes back and I look inside the bucket in front of me. There is a small naked person in there floating in a bloody liquid — plainly the tragic victim of a drowning accident. But then perhaps this was no accident, because the body is purple with bruises and the face has the agonized tautness of one forced to die too soon. I have seen this face before, on a Russian soldier lying on a frozen snow-covered hill, stiff with death and cold.

But then I remember 12-year-old Debbie, pregnant by her stepfather-uncle; and once gain, like everyone else on the saline floor, I lose the lasting clarity and durable conviction which for a moment I though I had found.

People ply their trades and character. They gather and disperse, they breathe, weep, chat, laugh, quarrel, compete, become unconscious, find hope — all in the pivotal shadow of one decision, made over and over again, that this life, this heartbeat, this unique combination of unpredictable possibilities for good or evil, glory or shame, will not be allowed to become.

No one is untouched. No one is untorn. Each, propelled by who he is, builds his own mythical world where this is all right, that is wrong, one thing is just, another a crime. Morality is a fluid notion. Decisions are made in the forgotten histories of people. And there vulnerable innocence clamors for the preservation of growing things. Those who would ignore that are enemies.

To say that of all things in this world the seeds are most worthy of preservation is a sentimental falsehood.

The greatest of our men have died unreproduced or with progeny alien to their greatness. To say that the lives of those living are of larger import than the lives of those to come is the hubris of degeneration.

Abortions reside in the realm of individual struggle, personal defeat, private hell. The enemy is embedded in being human.

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