

deVeber Institute Launches New Website

This November the deVeber Institute launched a new, exciting website. “Our website is an important platform for engagement with our diverse audiences” commented Minha Ha, a volunteer for the Institute who took time from her PhD studies at York University to work on the development of the site. “In alignment with our mission, knowledge dissemination and public engagement are key functions of our website,” continues Minha. “From content organization to functionalities, the new website aims to support easy access to research, participation in deVeber events, and connection to the deVeber community. We are really excited to have launched the new website, and look forward to engaging with our audiences worldwide”.



“This new site is a tremendous step forward for the Institute,” comments Executive Director Elaine Drake. “It’s attractive, easy to use and makes our research and publications much more accessible to the public. I would like to thank the many individuals – both staff and volunteers – who worked to make this outstanding website such a great success”.

You can visit the new website at www.deveber.org



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2018

Perspectives

The deVeber Institute for Bioethics and Social Research

Research and Scholarship for an Informed Social Response to Human Life Questions

“Conscience is something we all have. Rather than letting it divide us, it should be a point of connection between people. If we recognize that each of us has a conscience we can start to understand why we should respect and value each person’s right to act according to their conscience and the choices they make from it.”



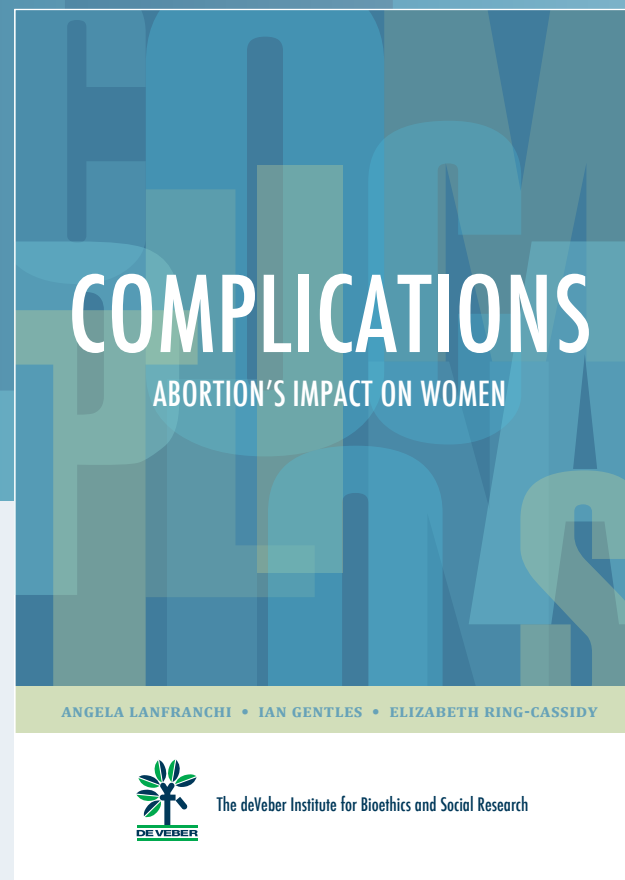
The above quote is from a lecture Dr. Christina Lamb (RN, PhD) gave for the annual deVeber Institute public lecture on November 14th, 2017, entitled “Conscience and conscientious objection for nurses and other health care professionals: Advancing a way forward for education and practice”. The lecture, based on her recent PhD research, was delivered to a full house at Carr Hall, University of Toronto.

Current attempts in Canada that undermine the rights of health care professionals to act according to their conscience, such as whether or not to participate in cases of assisted suicide, ignore what is essential and fundamental to every human person: we all have consciences and are compelled to live according to them.

As one nurse Dr. Lamb interviewed for a study on nurses and conscientious objection stated: “There will be some nurses who cannot participate, so let the public know... We have to have our protection too...”.

Given that we live in a very pluralistic society where people differ greatly in what they view as morally right and wrong, the healthy way forward, according to Dr. Lamb, is to recognize that conscience is what unites us and finding a way to ensure health care workers are free to exercise their conscience in deciding to participate in certain health care practices or not is essential.

Dr. Lamb is now an expert consultant on conscientious objection for the Canadian Nurses Association. Dr. Lamb has recently been appointed as Assistant Professor at the University of Alberta, Faculty of Nursing.



Complications: the revised edition



By Ian Gentles

This past summer, Tiffany Tran, Kvitka Tsap, Katie Pfaff and I worked on revising the first edition of *Complications: Abortion's Impact on Women*, which came out in 2013. We focused on three key chapters, the global study of maternal and infant mortality, the examination of the link between breast cancer and induced abortion, and the examination of the link between induced abortion and subsequent premature deliveries.

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The global study of the relationship between induced abortion and maternal and

infant mortality originally came up with the astounding finding that countries where abortion is not permitted, or has recently become illegal, have a much better record over the past ten to fifty years, of reducing maternal and infant mortality than nearby countries where abortion is available on request. For the revised e-edition the experience of several more countries — Mexico, Bangladesh, Afghanistan, Indonesia, Mexico, Malta — was examined. Their experience abundantly confirms the findings of the first edition, that countries which do not engage in abortion seem to take better care of their women and newborn children. They do this through skilled attendance at birth, improved emergency obstetric care and, above all, better education for women. It is puzzling that Ireland is on the brink of modifying its law against abortion, when it has such a strikingly superior record of reducing maternal and infant mortality compared to its neighbour,

the much richer United Kingdom. Just recently Chile has modified its absolute ban on abortion to allow it in cases of rape, incest and when the mother's life is in danger. These revisions are not expected to result in many new abortions in Chile.

The revised chapter on the link between induced abortion and the rate of subsequent prematurity also strengthens the findings of the first edition. Studies that appeared after 2013 confirm that a woman who has one or more induced abortions has a greater likelihood of giving birth to a very preterm child than a woman who has not had any abortions. Preterm children suffer much higher rates of infant mortality, cerebral palsy, developmental handicap, autism, epilepsy and blindness than children who are born full term. Again we see that abortion entails a heavy price for our society.