

Speaking as the Oracles of God

If anyone speaks, let him speak as the oracles of God - 1 Peter 4:11

Russian roulette with Human Life

John Guillebaud's book, "The Pill and other forms of hormonal contraception," is recommended by the Family Planning Association (FPA) and described by the Guardian Newspaper (on the front cover) as: "the most authoritative lay-persons guide."

When the book was written (1997), Professor Guillebaud (MA, FRCSE, FRCOG and MFFP) was Professor of Family Planning and Reproductive Health at the University College London, and the Medical Director of the Margaret Pyke Family Planning Centre.

It is logical to presume, due to Professor Guillebaud's impressive credentials; that he has been one of the major influences of our time when it comes to the promotion of the Birth Control Pill as a morally acceptable form of contraception.

Is the Birth Control Pill a morally acceptable form of contraception? Do the Professor's arguments warrant the conclusions he has caused many to reach? Does he present strong medical evidence to support his conclusions? Do the people being influenced to use the Birth Control Pill actually know that the pills are able to work **after** fertilization? Does John Guillebaud's book clearly show the all-important ethical distinction between methods of Birth Control which prevent fertilization (true contraception) and methods which prevent implantation (induced abortion)?

For the purpose of providing some preliminary remarks, and at the same time show clearly from the start that regular **and** emergency birth control pills do have a mechanism which causes very early chemical abortions, please note a letter I received from Daniel Vincent of the Department of Health, dated 16th July 2002. He states [Emp. BC]:

You asked a number of questions about how various methods of contraception work. Regular contraception pills are designed to be taken regularly and the **main way** the method works is to prevent ovulation.

However, if ovulation does occur (e.g. if tablets are not taken regularly or an interacting medication is used concurrently) then the hormonal effects of the cervix and endometrium **will provide secondary contraception effects similar to that caused by emergency contraception.**

In particular, one of its effects is to prevent implantation of a fertilized egg.

Other methods of regular contraception also prevent implantation, either as a primary or secondary effect, these include progestogen implants, progestogen IUD'S and copper IUD'S.

The main effect of emergency contraception is to **prevent** the implantation of any fertilized egg, which may be in the uterus and **cause it to be expelled.**

Furthermore, in April 2002, in a case brought before the High Court by the Society for the Protection of the Unborn Child (SPUC) (even though the case was in connection with the legality and supply of the emergency or morning after pill); Justice Munby QC stated – due to the similarity of working methods – **that the same legal consequences must also follow in the case of the regular birth control pill**, should SPUCS case be correct concerning the emergency pill.

Listen to him carefully:

... whatever SPUC may say, these allegations of serious criminality which it makes extend to cover **any** form of birth control which may have the effect of **discouraging a fertilized egg from implanting in the lining of the womb** – that is to say, **not merely** the morning after pill but also IUD's, the mini-pill, **and even the Pill itself** (Justice Munby Overview: Paragraph 6). [Emp. BC].



The precise ways in which the pill, the mini-pill and the morning-after pill operate are still not fully understood.

It is known, however, that *the pill*, the mini-pill and the morning after-pill are all capable of operating either to **prevent fertilization** and/or to prevent implantation. So, according to SPUC, the morning after-pill is an abortifacient.

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And that is why, if SPUC's case is correct in relation to the morning-after pill, then the same legal consequences must follow in the case of the pill and the mini-pill (Justice Munby Overview: Paragraph 12). [Emp. BC].

Tragically, Justice Munby ruled against SPUC's allegations of serious criminality concerning the emergency-pill, basing his decision on so-called: "*current medical understanding of what is meant by [the term] miscarriage,*" and his belief that there is: "*no established pregnancy prior to implantation*" (Justice Munby Overview: Paragraph 17).



Daniel Vincent, speaking on behalf of the Department of health (in the same letter previously quoted from), puts it like this:

On 18th April 2002 Justice Munby ruled that the supply and use of emergency contraception is lawful and that the **prevention of implantation**, which is brought about by emergency contraception products, does not amount to procuring a miscarriage under the 1861 Act.

The decision confirms the Government's long held position that a pregnancy begins at implantation **not when an egg is fertilized** [Emp. BC].

Guillebaud's Book

In the hope that many couples will search their hearts – become better informed – and re-evaluate their birth control methods. This article will now carefully examine the thinking and arguments found in the book written by John Guillebaud (surname pronounced gil-boe).

Notice first of all how the Professor places the issue firmly in the realm of subjective evaluation. Concerning the emergency pill (page70) and then any birth control method which sometimes works after fertilisation (page 214) Professor Guillebaud writes:

It is believed to act sometimes by stopping egg-release, but sometimes by preventing implantation... Either way in **my opinion** it is not causing abortion, though others *may* disagree. [Emp. BC].

It is **my view** along with **many** modern ethicists that methods which sometimes work **after** fertilization (Stage 4) but **before** the completion of implantation (Stage 7) are **not** causing abortion [Emp. BC].

(Stage 5 being, "Transportation of the dividing fertilized egg," and Stage 6, "Development of the early embryo," as presented in chart form on page 217 of his book).

In other words, Professor Guillebaud believes it is not induced abortion to use a chemical which kills and removes (1) *the dividing fertilized egg* (Stage 5) or (2) *the developing early embryo* (Stage 6).

This is hardly scientific from the man who is supposed to be the authority and who has most likely influenced not only Justice Munby and the British Government, but also an unthinkable number of people to believe that the emergency and regular Birth Control Pills are morally acceptable.

By saying, "*Other's may disagree,*" and on page 118, "*I shall have to leave it to you to decide whether you draw the line at fertilization (Stage 4), or at the time of implantation (Stage 7)*", the Professor places the matter firmly in the realm of personal taste and private interpretation. He's saying; *just do what's right according to your own personal view and opinion.*

But Professor, we are not discussing whether we like or do not like chocolate cake or strawberry flavored ice-cream.

We are discussing whether we have the right to use a powerful chemical which kills and removes, from the warmth of the mother's body, a newly created growing and developing human being.

But listen to Professor Guillebaud once again (on page 214) under the heading "*Some ethical aspects of birth-control methods.*" He states the all-important question, and begins his presentation of what we can confidently presume (due to his impressive credentials) are indeed the main arguments which convinced a High Court Judge and a British Government that "**pregnancy begins** at implantation **not** when an egg is fertilised."

The Professor writes:

A question which concerns some people is whether methods which are able to act **after fertilization** are always to be considered abortifacients (inducing an abortion) and hence ethically unacceptable.

Just as the **definition** of death has had to be altered—it is no longer cessation of the heartbeat, but death of the brain—so now we have more knowledge of the processes of reproduction **the definition of conception needs to be reconsidered.** [Emp. BC].

This is nothing more than a fine example of plausible argument, because whatever may or may not be true concerning the definition of death, the fact that a new and unique human life comes into existence at the very moment of conception is a very observable and important scientific and medical fact. It is simply not possible for the truth on this important matter to be hidden because of the all-seeing eye of modern day technology.

The following quotes, from some of the most prominent scientists and physicians, as well as even a cursory reading of any embryology textbook or scientific literature, proves unequivocally that human life begins at conception. Throughout these quotes all emphasis has been supplied:

Every time a sperm cell and ovum unite **a new being is created** which is alive and will continue to live unless its death is brought about by some specific condition.¹

A new individual is created when the elements of a potent sperm merge with those of a fertile ovum, or egg.²

I have learned from my earliest medical education that human life begins at conception...I submit that **human life is present throughout this entire sequence from conception to adulthood and that any interruption at any point throughout this time constitutes a termination of human life...**³ [Dr. Alfred M. Bongioanni, Professor of Pediatrics and Obstetrics at the University of Pennsylvania].

...after fertilization has taken place a new human being has come into being... (this) is no longer a matter of taste or opinion... it is plain experimental evidence... Each individual has a very neat beginning, at conception.⁴ [Dr. Jerome LeJeune, Professor of Genetics at the University of Descartes in Paris (the discoverer of the chromosome pattern of Down's syndrome)].

It is incorrect to say that biological data cannot be decisive...**It is scientifically correct to say that an individual human life begins at conception...**Our laws, one function of which is to help preserve the lives of our people, should be based on accurate scientific data.⁵ [Professor Micheline Matthews - Roth, Harvard University Medical School].

It is a well-established fact that a genetically distinct human being is brought into existence at conception. Once fertilization takes place, the zygote is its own entity, genetically distinct from both mother and father. **The newly conceived individual** possesses all the necessary information for a self-directed development and will proceed to grow in the usual human fashion, given time and nourishment.⁶

From the first instant of fertilization, that first single cell contains the entire genetic blueprint in all its complexity. This accounts for every detail of human development, including the child's sex, hair and eye color, height, and skin tone.⁷

Take that **single cell** of the just-conceived zygote, put it next to a chimpanzee cell or a gorilla cell, and **"a geneticist could easily identify the human. Its humanity is already that strikingly apparent."**⁸

With this medical evidence firmly in mind, observe how Professor Guillebaud continues to blur the distinction between birth control methods which prevent fertilisation (true contraception) and birth control methods which prevent implantation (induced abortion).

He has already stated that the "definition of conception needs to be reconsidered," and on Page 215 he writes:

The fundamental question to ask the scientists is *what is the status of the dividing fertilized egg* (technically known as the blastocyst)?

The highly relevant answer they give is, *100 percent certainty of non-existence*, unless and until it can stop the next menstrual flow, which would certainly wash it away. The only way it can stop this is by getting enough hCG to the ovary—and that requires implantation.

Until then, because the woman's body does not know it is there, it is in a 100 percent 'no-go' situation.

Question: Since when did, "one person's ability or inability to recognize the presence of another have anything whatsoever to do with the second person's reality? Human life begins at conception not at **perception.**"⁹

Birth control pills work by chemically hindering and preventing the implantation of the newly conceived baby. Why can't the professor see that his so-called: "**100% certainty of non-existence**" and "**100% no-go situation**" idea, is being artificially produced and enhanced by the birth control pill's powerful chemicals?

Patient Information Leaflets

At this time please consider the following taken from the Birth Control Pill Patient Information Leaflets themselves. All emphasis has been supplied by me.

The **regular** birth control pill has a secondary method which works by:

...**alter(ing)** the lining of the womb to make it **less likely to accept a fertilised egg** (*Ovranette*: Wyeth Laboratories, Taplow, Maidenhead, and Berks SL6 0PH).

...**change(ing)** the lining of the womb so that eggs are **unable to grow there** (*Cilest*: Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ).

[Notice how Cilest use the term 'egg.' Eggs don't implant and grow. Babies implant and grow. There is a big scientific difference between an egg and a fertilised egg. The terminology they use dehumanizes the baby and minimizes the taking of human life: BC.¹⁰].

The **emergency** pill (primarily):

...**stops** a fertilised egg from attaching itself to your womb lining (*Levonelle*: Schering Health Care Ltd).

...works by **stopping** the fertilised egg implanting in the lining of the uterus **preventing the progression of pregnancy** (Tesco Medicine Information leaflet: Progesterone Only *Emergency Hormonal Contraception*, Leaflet No: 868, Tesco In store Pharmacy, Cambridge Road, Milton, Cambridge).

The evidence is overwhelming and unmistakable. Even the Patient Information Leaflets themselves inform us that Birth Control Pills work by causing very early chemical abortions – the emergency pill as a **main** method – and the regular pill as a **secondary** method.

This is why Professor Guillebaud wants us to question the status of the dividing fertilised egg. He has no choice. He *must* devalue and dehumanize the dividing fertilised egg.

However, when the medical facts are considered, the truth regarding the status of the dividing fertilised egg becomes knowable, objective and absolute.

The following is how we **should** be thinking:

To suggest that a newly conceived human being is not a living person just because she has not yet settled into her mother's endometrium is illogical. The endometrium is simply the source of "housing" and nourishment that will allow the **already** conceived child to continue living. Would we say the homeless and the hungry are not really people since they aren't living in a house or being fed? Just as we would do all we can to be sure adults who are homeless and hungry are not deprived of shelter and food, we should do **all we can** to be sure children are **not deprived** of the shelter and food provided by their mother's endometrium [Emphasis mine: BC]¹⁰

Moving the start of Pregnancy Goalposts

But I ask you (the reader) to consider John Guillebaud for the final time. On page 215 he gets to the very heart of his efforts to justify and explain away the abortive methods of the birth control pills. He writes:

There is not any **true** 'carriage' of the pregnancy **until implantation**. Without 'carriage', therefore, how can one be 'procuring a miscarriage', by a method stopping implantation?

If it is Family Planning to stop the particular sperm and egg that caused that fertilized egg from meeting, **then surely it is still Family Planning to stop conception by blocking the unimplanted fertilized egg?**

All three share that 100 percent 'no-go' status. The very word conception means being 'with child' and in the light of modern research can best be applied to a *process* not a point in time - a process begun certainly by sperm meeting egg at fertilization, but not complete until implantation. Thus: FERTILIZATION + IMPLANTATION = CONCEPTION, **the start of pregnancy**. [Emphasis mine: BC] [Capitalization: JG]

Professor Guillebaud prepared us for this moment on page 214 by arbitrarily asserting that the: "*definition of conception needs to be reconsidered.*" He continues by giving his own opinion that there is not any: "*true carriage of pregnancy until implantation*" and then blatantly redefines the meaning of the word conception itself by calling it a: "*process not a point in time.*"

However, it is simply unscientific and biased beyond comprehension to equate "*stopping*" the sperm and egg from meeting with "*blocking*" the unimplanted fertilised egg. The sperm, the egg and the dividing fertilised egg do **not** share the same *100 percent no-go status*.

On the contrary, scientifically and medically speaking the dividing fertilised egg is a genetically distinct growing and developing human being.

I invite you to consider: (1) is the fertilised egg at the **beginning** of Professor Guillebaud's newly defined "**process of conception**" a new and distinct human being? And (2) if it is not, does the dividing fertilised egg only **become** a new and distinct human being **after** implantation?

What an absurd position to be forced into when we attempt to deny plain and simple scientific facts.

How dare we **conveniently** move the start of pregnancy goalposts in order to make the birth control pill ethically acceptable! Did anyone question or devalue the starting point of human life *prior* to finding out that the birth control pill sometimes causes very early chemical abortions?

You *can't* stop conception by blocking the unimplanted fertilised egg because conception *produces* the fertilised egg and has therefore *already* taken place!

Dr Robert Youngson in the "The Royal Society of Medicine Health Encyclopedia" (page 200) writes:

The aim in contraception is to avoid contact between ovum and sperm so that fertilization is impossible, *but* the term is also commonly used to include methods that prevent implantation of the fertilized egg into the lining of the womb.

Such methods are not strictly contraceptive because conception has already taken place.

The intrauterine device (IUD) mainly works in this way, although some such devices also work by releasing hormones that prevent conception.

Even so, the IUD is nearly always considered as a contraceptive measure... Similarly, the 'morning-after' pill... can hardly be described as a contraceptive. [Emphasis mine: BC].

The Semantic Shift

Dr Eugene Diamond, writing in the *Physician* magazine, explains where the confusion about the meaning of contraception came from:

Prior to 1976, a contraceptive was understood to be an agent that prevented the union of sperm and ovum. In 1976 the American College of Obstetricians and Gynecologists [ACOG], realizing that this definition didn't help its political agenda, arbitrarily changed the definition.

A contraception now meant anything that prevented implantation of the blastocyst, which occurs six or seven days after fertilization. Conception, as defined by *Dorland's Illustrated Medical Dictionary* [27th edition], became "the onset of pregnancy marked by implantation."¹¹

The Royal Society of Medicine Health Encyclopedia acknowledges this change in definition by saying that the term contraception is also:

...commonly used to **include** methods that prevent implantation of the fertilized egg into the lining of the womb.

However, contrary to John Guillebaud, modern research, modern ethicists and so-called current medical understanding. Like a breath of fresh air for truth. The Royal Society of Medicine remains true and rooted in medical scholarship by then saying:

Such methods are not strictly contraceptive because conception has already taken place [and] similarly, the 'morning-after' pill... can hardly be described as a contraceptive.

These are the very points of truth that this article has set out to maintain. They make John Guillebaud's attempts to blur the distinction between birth control methods which prevent fertilisation (true contraception) and birth control methods which prevent implantation (induced abortion) simply illogical and irrational.

INFORMED CONSENT

Until such a time that birth control methods which act by preventing implantation are made illegal and removed from our society; Governments; Pill Manufacturers; Doctors; Professors of Family Planning, and Medicine Control Agencies, have a legal and medical responsibility to provide potential users with the kind of information they need to make an informed choice.

This requires Patient Information leaflets to be clearly labeled and specifically directed towards those who believe that life begins at fertilization.

Changing the meaning of a well-known word like conception; redefining the word contraception; blurring the important distinction between preventing fertilisation and preventing implantation; playing word games and equating '**stopping**' the sperm and egg from meeting with '**blocking**' the unimplanted fertilised egg; and using words like 'fertilised egg' and 'blastocyst' (and even 'egg' which obviously depersonalises newly created human life); **hardly** constitutes providing adequate information for informed consent.

CONCLUSION

I conclude, that the British Government, Pill Manufacturers, and men like Professor John Guillebaud and Justice Munby QC, are holding a position which promotes and sanctions the chemical removal of the most weak and vulnerable members of human society.

Such a position (1) undermines and trivializes the value and importance of human life and (2) is disgracefully unethical and shamefully unscientific.

ENDNOTES

¹ E.L. Potter and J.M. Graig, *Pathology of the Fetus and the Infant*, 3d ed. (Chicago: Year Book Medical Publishers, 1975), vii.
[As quoted by Randy Alcorn in Pro Life Answers to Pro Choice Arguments, P.52].

² "Pregnancy," New *Encyclopedia Britannica*, 15th ed., Macropedia, vol 14 (Chicago, Ill: Encyclopedia Britannica, 1974), 968.
[As quoted by Randy Alcorn in Pro Life Answers to Pro Choice Arguments, P.52].

³ Subcommittee on Separation of Powers to Senate Judiciary Committee S-158, *Report*, 97th Cong., 1st Sess., 1981. (A United States Senate Judiciary Subcommittee invited experts to testify on the question of when life begins. These quotes come directly from the official government record of their testimony).
[As quoted by Randy Alcorn in Pro Life Answers to Pro Choice Arguments, P52]

⁴ *Ibid.*, 53

⁵ *Ibid.*

⁶ John J. Davis. *Abortion and the Christian*. (Phillipsburg, N.J.: Presbyterian & Reformed Publishing Co., 1984), 23.
[As quoted by Randy Alcorn in Pro Life Answers to Pro Choice Arguments, P.57]

⁷ *The First Nine Months*. (Colorado Springs, colo.: Focus on the Family), 3.
[As quoted by Randy Alcorn in Pro Life Answers to

Pro Choice Arguments, P.71]

⁸ *Preview of a Birth*. (Norcross, Ga: Human Development Resource Center, 1991), 4.
[As quoted by Randy Alcorn in Pro Life Answers to Pro Choice Arguments, P.71]

⁹ Randy Alcorn. *Pro Life Answers to Pro Choice Arguments*, expanded and updated ed. (Oregon: Multnomah Publishers, 2000), P.85.

¹⁰ *Ibid.*, 83

¹¹ Dr. Eugene F. Diamond. "Word Wars: Games People Play about the Beginning of Life," Focus on the Family Physician, November-December 1992, 1-5.
[As quoted by Randy Alcorn in Pro Life Answers to Pro Choice Arguments, P.64]