

Abby Johnson, *Unplanned: The ultrasound* (novel excerpt)

Cheryl poked her head into my office. “Abby, they need an extra person back in the exam room. Are you free?” I looked up from my paperwork, surprised. “Sure.”

5 Though I’d been with Planned Parenthood for eight years, I had never been called into the exam room to help the medical team during an abortion, and I had no idea why I was needed now.

10 Nurse-practitioners were the ones who assisted in abortions, not the other clinic staff. As director of this clinic in Bryan, Texas, I was able to fill in for any position in a pinch, except, of course, for doctors or nurses performing medical procedures. I had, on a few occasions, agreed at a patient’s request to stay with her and even hold her hand during the procedure, but
15 only when I’d been the counselor who’d worked with her during intake and counseling.

That was not the case today. So why did they need me? Today’s visiting abortionist had been here at the Bryan clinic only two or three times before. He had a private abortion practice about 100 miles away. When I’d talked with him about the job several weeks before, he had explained that at his own facility he did only ultrasound-guided abortions—the abortion procedure with the least risk of complications for the woman.
25 Because this method allows the doctor to see exactly what is going on inside the uterus, there is less chance of perforating the uterine wall, one of the risks of abortion. I respected that about him. The more that could be done to keep women safe and healthy, the better, as far as I was concerned. However, I’d
30 explained to him that this practice wasn’t the protocol at our clinic. He understood and said he’d follow our typical procedures, though we agreed he’d be free to use ultrasound if he felt a particular situation warranted
35 it.

To my knowledge, we’d never done ultrasound-guided abortions at our facility. We did abortions only every other Saturday, and the assigned goal from our Planned Parenthood affiliate was to perform twenty-five to thirty-five procedures on those days. We liked to wrap them up by around 2:00 p.m. Our typical procedure took about ten minutes, but an ultrasound added about five minutes, and when you’re trying to schedule up to thirty-five abortions in a day, those
40 extra minutes add up.
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I felt a moment’s reluctance outside the exam room. I never liked entering this room during an

abortion procedure – never welcomed what happened behind this door. But since we all had to be ready at any time to pitch in and get the job done, I pushed the door open and stepped in.
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“I’m going to perform an ultrasound-guided abortion on this patient. I need you to hold the ultrasound probe,” the doctor explained. As I took the ultrasound probe in hand and adjusted the settings on the machine, I argued with myself, I don’t want to be here. I don’t want to take part in an abortion. No, wrong attitude – I needed to psych myself up for this task. I took a deep breath and tried to tune in to the music from the radio playing softly in the background. It’s a good learning experience—I’ve never seen an ultrasound-guided abortion before, I told myself. Maybe this will help me when I counsel women. I’ll learn firsthand about this safer procedure. Besides, it will be over in just a few minutes.
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I had occasionally performed diagnostic ultrasounds for clients before. It was one of the services we offered to confirm pregnancies and estimate how far along they were. The familiarity of preparing for an ultrasound soothed my uneasiness at being in this room. I applied the lubricant to the patient’s belly, then maneuvered the ultrasound probe until her uterus was displayed on the screen and adjusted the probe’s position to capture the image of the fetus. I was expecting to see what I had seen in past ultrasounds. Usually, depending on how far along the pregnancy was and how the fetus was turned, I’d first see a leg, or the head, or some partial image of the torso, and would need to maneuver a bit to get the best possible image. But this time, the image was complete. I could see the entire, perfect profile of a baby.
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“Thirteen weeks,” I heard the nurse say after taking measurements to determine the fetus’s age.

“Okay,” the doctor said, looking at me, “just hold the probe in place during the procedure so I can see what I’m doing.” (762 words)
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Annotations

line 8: nurse-practitioner – *Krankenschwester*

line 11: in a pinch – in an emergency situation

line 27: to perforate – to make a hole into sth

line 27: uterine wall – *Gebärmutterwand*

line 31: protocol – standard procedure

line 39: affiliate – *Zweigniederlassung*

line 55: probe – *Sonde*

Tasks

1 Content/Comprehension

Describe Abby's job at Planned Parenthood.

2 Form/Analysis

Choose one of the following tasks:

- a) Examine to what extent Abby's situation is a dilemma.
- b) Compare Abby's dilemma situation with other dilemmas you have discussed in class.

3 Comment

In the preface to her book *Unplanned*, Abby Johnson says: "Until we each set aside our own preferences for how we wish others would think and behave, or how we assume others think and behave, we won't be able to understand those with whom we differ in order to engage in real dialogue and discover truth." Comment on this statement.

Erwartungshorizont

Textinformation

Autor	Abby Johnson
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Textformat (Textlänge)	Romanauszug (762 Wörter)

1 Content/Comprehension

Describe Abby Johnson's job at Planned Parenthood.

The excerpt taken from Abby Johnson's book *Unplanned*, published by Tyndale in 2010, deals with an ultrasound-guided abortion that is being performed on a pregnant woman in a Planned Parenthood clinic. At the time this abortion takes place, Abby Johnson has been working for Planned Parenthood for eight years and is the director of the clinic in which the ultrasound-guided abortion will be carried out. She can replace almost all people working in the clinic if this is necessary, except for the medical staff, but it is not part of her daily routine. She is in charge of administrative matters ("paperwork"). She has performed diagnostic ultrasounds before as part of a service offered to women, but has not assisted during an abortion. It is part of her job to talk to doctors who perform abortions in the clinic and explain the clinic's routines and protocol. She also has to schedule abortions and make sure that the goals set by Planned Parenthood with regard to the number of abortions performed are reached. Furthermore, she counsels clients and, if they ask her to, holds their hand during the abortion.

2 Form/Analysis

a) Examine to what extent Abby's situation is a dilemma.

Abby is neither a nurse nor a doctor, so assisting in abortions is not part of her daily routine. She has been present during ordinary abortions, but has never been in the room when an ultrasound-guided abortion has taken place. Such abortions are very unusual in her clinic because they take up extra time, and the idea of having to assist in one makes her feel very uneasy.

On the one hand, she feels that the doctor is doing the right thing in reducing the risk of complication for the women by doing an ultrasound-guided abortion. She also knows that if the clinic is to reach the goal of twenty-five to thirty abortions that day, she will have to assist the doctor, as nobody else is free.

On the other hand, she feels reluctant about entering the exam room. She says that she does not welcome what is being done in this room. Once inside, she tries to convince herself that she is doing the right thing; she feels that she does not want to take part in the abortion, but tells herself that this is the wrong attitude and that she should consider taking part in an ultrasound-guided abortion a good learning experience that will help her counsel women.

Abby's situation is a dilemma because circumstances demand her to do something she is instinctively reluctant to do. As the director of an abortion clinic she cannot account for the uneasiness she feels when she actively has to assist in an abortion. She has been counselling women for eight years and has worked to achieve the abortion figures set by Planned Parenthood for her clinic. She knows that she should welcome the ultrasound-guided abortion as the safer procedure, and yet she has a gut feeling that what she is doing is wrong. However, as the director of the clinic she cannot refuse: her staff would probably question her devotion to the pro-choice cause. From the last paragraph it becomes clear that what is different is the fact that with the ultrasound scan, she can actually see a perfectly-shaped baby being 'removed', i.e. she can watch its life being taken away.

b) Compare Abby's dilemma situation with other dilemmas you have discussed in class.

Individual answers expected, depending on the dilemma situations discussed in class.

3 Comment

In the preface to her book *Unplanned*, Abby Johnson says: “Until we each set aside our own preferences for how we wish others would think and behave, or how we assume others think and behave, we won’t be able to understand those with whom we differ in order to engage in real dialogue and discover truth.”

Comment on this statement.

As the director of a clinic that provides abortions, Abby Johnson probably had the pro-life and pro-choice campaigners on her mind when she wrote this statement in her preface to *Unplanned*. There is hardly a debate which is more fiercely held than that between people who fight for and against the right to abort. Both sides firmly believe that they are doing the right thing: defending a baby’s right to life, and defending the woman’s freedom to choose whether she wants to have a child or not.

However, Abby Johnson’s statement contains a fitting description of the fierce way in which many debates over controversial issues are held. Very often, when we disagree with others, we are unwilling or unable to see their true motives. Instead of inquiring about these, we have preconceptions that we are not prepared to give up. We also believe that we know exactly what these others who disagree with us think, and how they behave in a given situation. Instead of trying to understand, we condemn. This attitude becomes particularly obvious in such heated debates as the one over abortion: as with all matters of life and death, emotions often take over and cloud our vision. We refuse to see that the other side might also be motivated by goodwill, charity, and love. Instead we prefer to believe that egoism and cold-heartedness, paired with blindness and ignorance, determine the thinking of those who are against us. But the same attitude can be seen in other debates (e.g. in politics) or in our daily life (e.g. when we have rows with friends).

It is very hard to find solutions to problems and to reconcile if we are not willing to overcome our prejudices, and accept that people are not automatically evil just because they do not share our opinion. If we are not prepared to see the good in others with whose convictions we strongly disagree, we cannot honestly and respectfully discuss our differences. Without such honest discussions and dialogue, it is difficult to find out the truth.

What Abby Johnson asks us to do with this statement is not easy, as it involves setting aside habitual thinking and entrenched positions, but it needs to be done in order to be really convincing.