



Written by [Lisa Shaw](#) on April 2, 2016

## Utah Abortion Bill Requires Anesthesia for Babies Being Aborted

In an unprecedented move, Utah takes the fight for unborn life a step further. While Virginia Governor Terry McAuliffe was busy vetoing a bill to defund the nation's leading abortion provider, Governor Gary Herbert of Utah was signing a bill requiring anesthesia to be given to unborn babies being aborted at 20 weeks or more.



S.B. 234 was signed into law on March 28 and has given the pro-abortion advocates yet another hurdle to overcome as they race frantically, and often clumsily, toward their goal of justifying abortion at any cost.

The question of fetal pain has become a controversial topic. Some organizations, such as *The American Congress of Obstetricians and Gynecologists* and the *Guttmacher Institute*, claim there is no medical evidence that an unborn child can feel pain at 20 weeks. A [clinical review](#) from *The Journal of the American Medical Association*, used as a foundation to support this notion, was written in 2005, and suggests that pain can not be felt before 29 or 30 weeks. However, other more recent reports show that babies can indeed feel pain at 20 weeks, and possibly earlier. A [documentation](#) from *Doctors on Fetal Pain* reveals these doctors' findings:

Brusseau, 2008, p.14, para.3, "The first essential requirement for nociception is the presence of sensory receptors, which develop first in the perioral area at around 7 weeks gestation. From here, they develop in the rest of the face and in the palmar surfaces of the hands and soles of the feet from 11 weeks. By 20 weeks, they are present throughout all of the skin and mucosal surfaces.<sup>19</sup>

Van Scheltema 2008, p.313, para.1 — "The connection between the spinal cord and the thalamus (an obligatory station through which nearly all sensory information must pass before reaching the cortex) starts to develop from 14 weeks onwards and is finished at 20 weeks."

Rollins, 2012, p.465, "Immature skin nociceptors are probably present by 10 weeks and definitely present by 17 weeks. Nociceptors develop slightly later in internal organs. Peripheral nerve fibers that control movement first grow into the spinal cord at about 8 weeks of gestation."

Dr. Paul Ranalli, a neurologist at the University of Toronto, says that a 20-week unborn baby can feel pain and that that pain can be recorded. "At 20 weeks, the fetal brain has the full complement of brain cells present in adulthood, ready and waiting to receive pain signals from the body, and their electrical activity can be recorded by standard electroencephalography (EEG)," he states.

A professor of neurosurgery at Case Western University, Doctor Robert J. White, believes that an unborn child at 20 weeks "is fully capable of experiencing pain. Without question, [abortion] is a dreadfully painful experience for any infant subjected to such a surgical procedure."

According to [LifeNews.com](#),



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Dr. David Prentice of the Charlotte Lozier Institute said science conclusively shows that “young babies still in the womb at 20 weeks after conception, and probably even earlier, do indeed feel pain, and in fact, may feel more intense pain than a newborn or an adult.”

Prentice explained that unborn babies may feel excruciating pain during abortions because they have a high density of nerve receptors but lack pathways to tone down pain.

As there is no consensus on the matter of when pain is actually felt by the unborn infant, Utah State Senator Curt Bramble, the sponsor of the bill, believes if there is any chance that the baby might endure pain then his bill will prove valuable. In regard to women choosing not to have the anesthesia before an abortion. He asserts, “That individual patient might not want to decide to have that abortion in Utah.”

This bill has been labeled absurd and nonsensical by those in opposition, fearing that this legislation will make it difficult for doctors to perform abortions after 20 weeks. Some are even making this a science vs politics argument.

According to Dr. Hal C Lawrence, executive vice president and CEO of *The American Congress of Obstetricians and Gynecologists*, “Sound health policy is best based on scientific fact and evidence-based medicine. The best health care is provided free of governmental interference in the patient-physician relationship. Personal decision-making by women and their doctors should not be replaced by political ideology.”

Dr. Sara Imershein, an OB/GYN in Washington D.C., states, “It concerns me that we have personal political and ideological agendas on an absurd law. This law is designed to mislead patients against what is scientifically shown to be true.” She goes on to say, “Women’s health is medical, not political.”

Another weak argument is that this procedure will somehow be dangerous to the woman having the abortion, as anesthesia can have risks. Though the abortion procedure itself is risky, there seem to be no concerns in that area.

According to Dr. Anne Davis, consulting medical director of Physicians for Reproductive Health, this is a confusing law requiring doctors to create a medication that doesn’t exist at the expense of women’s health. She says, “The bill seems to assume there is some kind of fetal anesthesia, and that care providers know how to give it, but no such pain medication exists.” She continues, “Because it’s not necessary, it’s going to be very difficult for a doctor to try and come up with anything that makes sense.”

With the invasion of ObamaCare, the onslaught of mandatory vaccinations, and the casual prescriptions of antidepressants, one could find these arguments claiming government intrusion, risky procedures, and lack of pharmaceuticals in the case of this act almost comical. However, the concern in the pro-abortion arena is mounting, as Indiana just passed a [law banning abortions due to genetic abnormalities](#) and requiring the remains of aborted babies to be buried or cremated, and Florida most recently passed a bill [defunding Planned Parenthood](#). With these advances for pro-life matters, one can hardly wonder at the frenzy of feeble and unethical attempts of the opposition to gain ground.

Though pro-lifers agree that unborn babies feel pain, not all agree that this bill is positive. According to *LifeNews.com*:

Some pro-lifers argue that methods of making abortion more humane and acceptable miss the point, since a painless killing still results in death. Other pro-lifers argue that as long as abortion is



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legal, the baby should be spared unnecessary pain.

The continuation of legislation acting to protect the unborn, though it be done in small steps, is still a progression in the right direction, as there are many unethical laws to be worked around. And whether or not doctors and science agree as to when unborn babies feel pain, there is consensus that an unborn baby feels pain at some point, proving the “fetus” is a human being, not a blob of tissue.

“The law makes sense in Utah where convicts sentenced to death and animals facing euthanasia receive anesthetics,” Bramble says of his legislation, adding, “We go to extraordinary lengths in Utah to prevent the pain of an individual sentenced to death. With euthanasia, we make every effort to not inflict pain on [an] animal.... [Mandating anesthesia] is consistent with other policies we have in the state of Utah.”

Perhaps the fears of the pro-abortionists will be recognized and other states will begin to follow the strong example of states such as Utah, fighting for those who can not fight for themselves.



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