



Written by [Michael Tennant](#) on April 16, 2026

Ethics Journal: Pregnant Girls Should Be Forced to Abort

Minors who become pregnant should, in virtually all circumstances, be forced to abort their unborn children even if doing so requires “sedation or physical restraint,” a recent [article](#) in the journal *Ethics* contends.

University of British Columbia philosophy professor Kimberley Brownlee and student Alyssa Izatt argue:

An impregnated girl is a child. As such, the adults responsible for her care should never pressure or compel her to continue a pregnancy. Nor should they confront her with the three “options” of abortion, adoption, or mothering, as medical professionals are currently advised to do. Instead, her adult caregivers should *view her impregnation as a malady and take steps to terminate it*. [Emphasis added.]



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Anyone who disagrees, by the way, is guilty of “antigirlism,” defined as “the specific discrimination and wrongful treatment of girls.”

The authors plainly love abortion, or, as they term it, “abortion care.” They lament the Supreme Court’s 2022 *Dobbs* decision and the ensuing abortion restrictions in many states, not to mention those in other countries, all of which “target” women and girls.

In fact, they want to see many more abortions, regardless of whether pregnant girls, their parents, or their doctors agree. As far as they are concerned, the only way parents or doctors could conceivably object to their proposal would be “from within a controversial religious worldview, one that is at odds with the values that should govern medical decision-making.” Those values, apparently, come from the *Humanist Manifesto* — or perhaps the works of the Marquis de Sade.

Defetused Attitude

Brownlee and Izatt make a few reasonable points. They note, for example, the many known risks of pregnancy, childbirth, and parenting for minors, especially young children. They also correctly state that minors are not considered competent to make many other medical decisions for themselves, though that seems to depend on the political winds. How many kids have been allowed, and even encouraged, to choose “[gender-affirming](#)” treatments even as opponents pointed out the patients’ incompetence to make such life-altering decisions?

From these two basic premises — plus the claim that children have a “right” to a “carefree” childhood



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— the authors conclude that “a [pregnant] child’s present and future well-being is best served by terminating pregnancy as quickly as possible.” Otherwise — and they explicitly state this — she might start to think of the fetus as a baby she will someday love and change her mind about aborting him or her.

It goes without saying, of course, that the unborn child receives as little attention as possible in the article. For pro-abortion types, an abortion only affects one person; the “terminated” entity is a “fetus,” never a baby. Indeed, the authors fret that “both current legislative moves to recognize ‘fetal personhood’ and broader intuitions about the fetus’s status, particularly in the later stages of pregnancy, may influence caregivers’ thoughts on the ethics of abortion care, including a willingness to defer to a child who wishes to continue a pregnancy.”

Forced Feticide

A considerable portion of the article is spent building up an analogy between abortion and organ donation that boils down to this: In most jurisdictions, a minor cannot consent or be compelled to donate all or part of an organ that would put her at great risk even if it would save the life of a loved one. Therefore, she cannot be permitted or forced to risk her own health, happiness, and future to save the life of her unborn child.

On the other hand, they contend, she can and should be compelled to abort the child. Oh, they lay out a few conditions that, if met, would favor letting her keep the baby, but such conditions “will standardly not be met.” Thus, there should be a “uniform protocol to provide an abortion as a necessary part of adequate care.”

And what of girls who refuse? “Providing care might then require sedation or physical restraint,” the authors state matter-of-factly. While this might be “distressing” for all involved, they explain, it is “justified as a last resort” in which children resist treatments that will improve or save their lives. “The unpleasantness of the abortion or the use of restraint, however, does not justify leaving — or worse, compelling — a child to endure further harm through continued pregnancy.”

No-evidence-based Medicine

Brownlee and Izatt attempt to parry the criticism they expect, specifically the notion that forcing a girl to endure an abortion is nearly always in her best interest:

While we show that gestating and mothering radically set back a girl’s fundamental interests, it seems likely that a compelled abortion would set back some important interests too. What matters is that the harms of gestation are worse than those of abortion. Ultimately, this is an empirical claim, and it is one about which we cannot fully satisfy a skeptic because there are no comprehensive data analyses on girls’ experiences of compelled abortion care.

This lack of data also seems to absolve the authors of any blame for ignoring inconvenient facts. “To change our stance,” they write, “we would need decisive evidence that abortion care is worse” for girls than gestating and mothering.

That such an article could even be written is a sad-enough commentary on modern society. But, as the Discovery Institute’s [Wesley Smith](#) observed, “the fact that an article as authoritarian in its



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argumentation as this one appeared in one of the country's most prestigious philosophy journals — and passed peer review, no less — is deeply troubling.”



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