In 1962, Mrs. Sherri Finkbine, the mother of four normal children, found herself pregnant. The pregnancy was going well, except that Mrs. Finkbine was experiencing trouble sleeping. Instead of consulting her physician, she simply took some of the tranquilizers her husband had brought back from a trip to Europe, where the sedative was a widely used over-the-counter drug.

A short time later, Mrs. Finkbine read an article concerning the great increase in the number of children with deformities being born in Europe. Some of the children’s limbs failed to develop or developed only in malformed ways; some of the children were born blind and deaf or had seriously defective internal organs. What alarmed Mrs. Finkbine was that the birth defects had been traced to the use in pregnancy of a supposedly harmless and widely used tranquilizer, whose active ingredient was thalidomide.

A visit to her physician confirmed Mrs. Finkbine’s worst fears: The tranquilizer she had taken did indeed contain thalidomide. Convinced that her patient stood little chance of delivering a baby without deformities, the physician recommended termination of the pregnancy. He explained to Mrs. Finkbine that getting approval for an abortion under such conditions should prove simple. All she had to do was explain them to the three-member medical board of Phoenix. Mrs. Finkbine followed her physician’s counsel, which proved correct: The board granted approval for the abortion.

Concerned about other women who might have unwittingly taken thalidomide, Mrs. Finkbine then called a local newspaper and told her story to the editor. While agreeing not to identify her, the editor ran the story bordered in black on the front page under the headline “Baby-Deforming Drug May Cost Woman Her Child Here.”

The wire services picked up the story straightaway, and it wasn’t long before enterprising reporters discovered and published Mrs. Finkbine’s identity. In no time, Mrs. Finkbine became the object of intense anti-abortion sentiment. L’Observatore Romano, the official Vatican newspaper, condemned Mrs. Finkbine and her husband as murderers. Although she received some letters of support, many were abusive. “I hope someone takes the other four children and strangles them,” one person wrote, “because it’s all the same thing.” Another wrote from the perspective of the fetus: “Mommy, please dear Mommy, let me live. Please please, I want to live. Let me love you, let me see the light of day, let me smell a rose, let me sing a song, let me look into your face, let me say Mommy.”

In the heat of the controversy, the medical board members decided that, if challenged, their approve could not survive a court test, for Arizona statute legally sanctioned abortion only when it was required to save the mother’s life. Rather than attempt to defend its judgment if asked to, it withdrew its approval.

Thwarted in her attempt to get a legal abortion in some other state, Mrs. Finkbine went to Sweden. After a rigorous investigation by a medical board there, she was given an abortion in a Swedish hospital.

Questions for Analysis

1. Do you think Mrs. Finkbine acted rightly or wrongly in having an abortion?
2. What bearing, if any, do you think probable or certain deformities have on the person status of the unborn?
3. How would you assess this argument: “If you’re willing to permit abortions for the reason operating in the Finkbine case, then it follows that you should permit the termination of the existence of similarly defective infants and adults.”
4. Do you believe that a government has a right and perhaps even a duty to prohibit abortions in cases like Mrs. Finkbine’s? Or do you believe it doesn’t? Explain with reference to concepts of justice and freedom.
5. Which of the moral principles discussed in Chapter 1 do you think are especially relevant to cases like this one?