Coleman presents her conclusions as 'an unbiased, quantitative analysis of the best available evidence' concerning the adverse mental health consequences of abortion.[1] Huge numbers of papers by respectable researchers that have not found negative mental health consequences are ignored without comment. Not surprisingly, over 50% of the 'acceptable' studies she uses as her 'evidence' are those done by her and her colleagues Cougle and Reardon. The work of this group has been soundly critiqued not just by us[2,3] but by many others as being logically inconsistent and substantially inflated by faulty methodologies. As noted by the Royal Society of Obstetricians and Gynaecologists,[4] the authors consistently fail to differentiate between an association and a causal relationship and repeatedly fail to control for pre-existing mental health problems. We note that Coleman did not include in her articles the publication by Munk-Olsen *et al* in the January 2011 *New England Journal of Medicine*,[5] which concluded that

'the rates of a first-time psychiatric contact before and after a first-trimester induced abortion are similar. This finding does not support the hypothesis that there is an overall increased risk of mental disorders after first-trimester induced abortion'.

Indeed, the draft position statement of the Royal College of Psychiatrists concludes that when researchers control for wantedness of the pregnancy and pre-existing mental health problems, there is no increase in mental health disorders following an abortion. That same document, currently being finalised, is very critical of the methodology of the studies by Coleman and her colleagues. The 'unbiased nature' of most of the studies Coleman has used in her analysis and the Declaration of interest stated as being 'none' must be taken with a large grain of salt. Reardon, the leader of this group, has clearly expressed his rhetorical strategy as 'we can convince many of those who do not see abortion to be a "serious moral evil" that they should support anti-abortion policies that protect women and reduce abortion rates'.[6] He has stated that 'I do argue that because abortion is evil, we can expect, and can even know, that it will harm those who participate in it. Nothing good comes from evil'.[7] These authors have a clear agenda and publish a steady stream of papers, based on faulty methodology, designed to prove their point. If we and other researchers know this, how is it that reviewers for esteemed journals such as yours consistently fail to recognise these deficiencies and biases?

1 Coleman PK. Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009. *Br J Psychiatry* 2011; **199**: 180–6.

2 Robinson GE, Stotland NL, Russo NF, Lang JA, Occhiogrosso M. Is there an 'abortion trauma syndrome'? Critiquing the evidence. *Harv Rev Psychiatry* 2009; **17**: 268–90.

3 Major B, Appelbaum M, Beckman L, Dutton MA, Russo NF, West C. *Report of the APA Task Force on Mental Health and Abortion*. American Psychological Association, 2008.

4 Royal College of Obstetricians and Gynecologists. RCOG statement on BJPsych paper on mental health risks and abortion. RCOG, 1 September. 2011.

5 Munk-Olsen T, Laursen TM, Pedersen CB, Lidegaard Ø, Mortensen PB. Induced first-trimester abortion and risk of mental disorder. *N Engl J Med* 2011; **364**: 332–9.

6 Reardon DC. A defense of the neglected rhetorical strategy (NRS). *Ethics Med* 2002; **18**: 23–32.

7 Reardon DC. A defense of the neglected rhetorical strategy (NRS). In *Proceedings of the University Faculty for Life Conferences, Life and Learning XII – 2002*: 77–96. University Faculty for Life, 2003 (http://uffl.org/vol12/contents12.htm).

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We strongly disagree with the conclusions of Coleman's analysis of research about the relation between abortion and mental health.[1] An earlier study by Munk-Olson *et al*,[2] not mentioned in the study, concluded that, contrary to what is generally assumed, a first-trimester induced abortion was not followed by an increase in mental disorders. The strength of the study is that mental health problems are studied in women before and after an induced abortion, and not only after. From Dutch primary care data,[3] we can confirm this: in a case–control study in family practice, we compared the medical history of women 3 years before and 3 years after they had an induced abortion with a control group.[4] Differences were found with regard to mental health (visits for mental health problems, psychopharmaceutical prescriptions or referrals to mental health facilities). However, compared with the control group, women who had an induced abortion had more social problems. This should be an important focus of attention in the care of women who choose to have an abortion.

1 Coleman PK. Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009. *Br J Psychiatry* 2011; **199**: 180–6.

2 Munk-Olsen T, Laursen TM, Pedersen CB, Lidegaard Ø, Mortensen PB. Induced first-trimester abortion and risk of mental disorder. *N Engl J Med* 2011; **364**: 332–9.

3 van Weel C. The Continuous Morbidity Registration Nijmegen: background and history of a Dutch general practice database. *Eur J Gen Pract* 2008; **14**: 5–12.

4 Kooistra PAA, Vastbinder MB, Lagro-Janssen ALM. No increase in medical consumption in general practice after induced abortion. *Ned Tijdschr Geneeskd* 2007; **151**: 409–13.

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The study by Coleman[1] and the following comments may offer a further useful point of view to the bioethical debate. Irrespectively of moral judgement, in the majority of cases abortion is performed by physicians to protect women's mental health from an unintended/unwanted pregnancy or birth, but as a minimum what we can say is that evidence does not support any beneficial effect on women's mental health as a result of having an abortion. On the public health level, abortion may therefore be considered no more than a procedure satisfying criteria for futility.[2,3] On the individual level, any abortive procedure should be instead preceded by an in-depth analysis of the various factors known to interfere with the psychological outcomes. But as far as we know this is almost never the case. If women's health is what abortion providers intend to preserve, they should accept a substantial revision of their protocols under the assistance of skilled psychiatrists.

1 Coleman PK. Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009. *Br J Psychiatry* 2011; **199**: 180–6.

2 Schneiderman LJ, Jecker NS, Jonsen AR. Medical futility: its meaning and ethical implications. *Ann Intern Med* 1990; **112**: 949–54.

3 Waisel DB, Truog RD. The cardiopulmonary resuscitation-not-indicated order: futility revisited. *Ann Intern Med* 1995; **122**: 304–8.

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Editors' response: The article by Coleman[1] was submitted in October 2010 and accepted for publication in March 2011, so predated the Munk-Olsen paper,[2] as Coleman has indicated in

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