Little wooden coffins: the disposal of foetal material in Swedish hospitals and its significance for abortion imagery and abortion rights

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1995:6
INTRODUCTION

In July of 1990, the Swedish National Board of Health and Welfare (Socialstyrelsen) announced new guidelines for how hospitals should dispose of foetal material aborted after the 12th week of pregnancy. The new guidelines directed that aborted foetal material be disposed of in what the Board called a "more dignified" (värdigare) manner. Previously, foetal material up to the 22nd week of pregnancy had been deposited in cardboard bowls and plastic bags, put in bins labeled "Hazardous Waste" (riskavfall), and incinerated at the hospital, or, if the hospital lacked a furnace, at the county dump. The new guidelines stated that foetal material aborted after the 12th week of pregnancy should, first of all, be kept "for a reasonable period" at the hospital’s pathology department, so that "the woman (or couple) has/have the opportunity to convey whatever wishes she/they may have concerning the care for and future of (omhändertagande) the foetus" (SOSFS 1990:8, pg. 3). If no special instructions from the woman or the couple are forthcoming during this period, then the new recommendations directed that the foetus be transported to the local cemetery, and "cremated" (kremerad) there. The resulting ashes are to be either buried, or strewn in a special part of the cemetery that can be literally translated as the "Grove of Remembrance" (minneslund).

Even before they were made official, the National Board’s recommendations had already sparked bitter debate in Sweden, with individual women and feminist groups claiming that the Board’s recommendations undercut Swedish abortion law by, in effect, redefining the foetus as a person, and with the Board arguing that all they were doing was proposing an efficient administrative solution to a procedural problem that had arisen in Swedish hospitals.

What I wish to do in this paper is briefly retrace the history of the National Board’s recommendations, and discuss the different reactions that the recommendations received from different individuals and groups. I do this to make the more general point that by focusing on foetal material, rather than on abortion or abortion rights, the National Board of Health and Welfare perhaps unwittingly facilitated a number of subtle, but nevertheless quite significant, reconfigurations in the interpretive frameworks commonly employed in Sweden to think about abortion. Not only did the Board's recommendations effectively redefine the status of the foetus, as women and women's organizations were quick to point out. They also, simultaneously, redefined public and private understandings of the physical, temporal, affective and social relationships that are seen to exist between a foetus and the woman who bears it. In addition, the recommendations took a step towards
expanding public perception of whose voices legitimately "count" in discussions about abortion. From having been seen largely as an issue of concern only to the woman, and perhaps her doctor and her partner, the National Board's recommendations introduced the idea that discussions about abortion must take account of the opinions and wishes of hospital personnel who perform them. In reviewing all these redefinitions and changes, I will be arguing that the Board's recommendations concerning the disposal of foetal material may ultimately have extremely serious repercussions for understandings of abortion, and hence for abortion rights, in Sweden.

ABORTION IN SWEDEN

Since 1975, Sweden has had one of the most generous abortion legislations in the world. Abortion is considered to be a fundamental right, and is permitted with a minimum of bureaucratic intervention until the conclusion of the 18th week of pregnancy. Up until the conclusion of the 12th week of pregnancy, a woman is entitled to an abortion on demand, with no obligatory counselling. After the 12th week of pregnancy, a woman seeking an abortion is supposed to submit to a meeting with the abortion clinic's counsellor. In reality, however, this often does not occur, either because the woman and her doctor think it unnecessary, or because there is no counsellor at the clinic where the abortion is to be performed (SOU 1989:51, pg. 61). After the 18th week of pregnancy, abortion is permitted only with the permission of the National Board of Health and Welfare. Current praxis does not allow abortion after the conclusion of the 22nd week of pregnancy, because it is held that from this point on, the foetus is capable of surviving outside the woman's womb.

Abortion is covered by the national health insurance and costs individual women the equivalent of about between fifteen and thirty US dollars (120-250 kr). Every year, approximately 37,000 abortions are carried out in Swedish hospitals. Of these, 90% occur before the conclusion of the 12th week of pregnancy. Only 0.8% occur later than the 18th week.

HISTORY OF AND REACTION TO THE RECOMMENDATIONS CONCERNING THE CARE OF ABORTED FETAL MATERIAL

According to the National Board of Health and Welfare, the question of hospital routines for disposing of foetal material was first raised by local delegations of the Swedish State Church and by an organization called the Swedish Organization of
Cemetary Administrators (Föreningen Svenska kyrkogårdschefer), which is an interest group of cemetary administrators and inspectors. Representatives of both the Swedish State Church and the Swedish Organization of Cemetary Administrators approached the National Board of Health and Welfare with claims that hospital personnel who perform abortions, and women who had miscarriages, felt that it was unethical and undignified to treat foetal material, especially foetal material expelled after the 12th week, when it was sometimes possible to see bodily parts of the foetus, as garbage. They also produced evidence that a number of hospitals throughout the country had already begun to address these concerns by contracting local cemeteries to cremate foetal material.

There are two things to note at this point. The first is that the impetus for the National Board of Health and Welfare to review hospital routines concerning the disposal of foetal material did not come from women or women's groups. It came, instead, largely from individuals and organizations with strong ties to the Swedish State Church. The second thing to note is that those individuals and organizations did not frame the issue as being about abortion or abortion rights. Rather, they framed it as a practical, humanitarian problem that required an administrative solution. If one agreed that it was objectionable to incinerate foetal material at the county dump, then what to do? What was the best and easiest way to dispose of it?

This particular framing of the issue - as a practical problem that could be solved by central administrative directives - was accepted by the National Board of Health and Welfare from the very beginning of its engagement with the question. This definitional move turned out to be decisive for every subsequent stage of the Board's handling of the question.

For example, the reference group appointed to draft the new recommendations consisted of twelve people. Of those twelve, three were doctors contracted as experts by the National Board, three were representatives of the Swedish Organization of Cemetary Administrators, four worked in various capacities within the Cemetary Delegation of the Swedish State Church (Svenska kyrkans krykovårdsdelegation), one represented the County Health Department (landstingsförbundet), and one was the secretary from the National Board. Only the single representative from the County Health Department and the secretary were women. All the other ten members of the reference group were men.

This reference group began their investigation by sending out a questionnaire to ninety-three hospitals throughout the country. They discovered that sixteen of
those ninety-three hospitals had indeed already adopted special routines for disposing of foetal material from late abortions and miscarriages. The routines were all similar. They commonly involved placing the foetal material in what in all correspondence is referred to as a "coffin" [kista], and transporting it to the local cemetery. There, it is cremated, and the resulting ashes are either strewn or buried in the cemetery's "Grove of Remembrance". In most cases, this procedure is followed without the knowledge or consent of the woman who has had the abortion or miscarriage.

With these routines in mind, the reference group authored a draft of recommendations (remisshandling), which they sent out to a number of organizations and private persons to review and comment on. This is a common procedure in Sweden, and the way it works is that the organizations and private persons who receive the draft are given a deadline by which time they must have commented on it if they want their viewpoints to be considered in the final text. The important thing to note in this context is that because the question was defined by the reference group as a hospital-administrative one, the only people invited to comment on the draft were gynecologists known to the reference group, the heads of hospital clinics that performed abortions, and the heads of organizations such as the Swedish Cemetary and Crematorium Federation (Sveriges krykogårds- och kematorieförbund). Reading through the responses that the reference group later received, it is striking to discover that over 70% of them are written by men. So again, we see how the interpretive framework used to frame this issue resulted in women and women's groups being marginalized and excluded from voicing an opinion.

The draft text of the proposed changes in disposal procedures was sent out for review in late November 1989. By January 1990, it was making news. The first report on the recommendations occurred January 19, on one of the most widely viewed evening news programs (Aktuellt). The draft recommendations were the top story of the evening. The report began with a shot of a man walking slowly into a room containing four large coffins. In the man's hands was a wooden box slightly smaller than a shoebox. The man walked over to a large table and placed the box next to six other tiny boxes already there, as the anchorman's voice intoned:
In this little coffin [lies] an aborted foetus. It is going to be cremated like a normal dead person (som en vanlig död) and its ashes are going to be strewn in a grove of remembrance - [instead of being] thrown away as waste, as is the case today. Yes, this is the National Board of Health and Welfare's suggestion, one that has prompted criticism from women doctors, [who argue that it will] increase women's feelings of guilt.

A report from a hospital in middle Sweden, where foetal material was already being cremated at the local cemetery, followed. The man who had been walking around carrying the small boxes was revealed to be a worker in the cemetery's crematorium. Filmed looking morosely down at the small wooden boxes lined up on the table beside him, this worker confirmed for the reporter that the tiny "coffins" and their contents were treated in exactly the same way as "the others here who have passed away".

This segment was followed by a seven minute long discussion in the television studio between the news anchorman, the head of the department at the National Board of Health and Welfare that had drafted the new recommendations, and a female doctor from a town in southern Sweden. Several points emerged in this discussion that would get repeated in most subsequent debates about the proposed recommendations. The department head, for example, explained that the proposal had been prompted by hospital personnel, who found the current disposal procedures "repellent" (stötande). And when asked by the anchorman what kind of consequences he thought the new recommendations might have for debates about abortion, the department head answered that he saw absolutely no connection between the National Board's recommendations and discussions about abortion.

The female doctor, on the other hand, saw a connection. She expressed concern that the new routines would be interpreted as supporting anti-abortion rhetoric about the murder of foetuses. She also believed that the new routines would "add stones to the [already heavy] burden" that a woman bears when she decides to have an abortion. Finally, the doctor said that she thought that the new proposals were "illogical" (ologiskt): How would it be possible to continue to permit abortion, she asked, if what one aborted was treated as something that had once been alive and had died?

This question was repeated time and time again by opponents of the proposed recommendations in the public debate that followed this news broadcast, and that occurred in all the mass media throughout Sweden. Individual women and
representatives from groups who work with feminist and women's issues, such as the Swedish Association for Sex Education (Riksförbundet för Sexuell Upplysning) and the National Federation of Social Democratic Women in Sweden (Sveriges Socialdemokratiska Kvinnoförbund), roundly condemned the recommendations in the mass media. "Horrible" (fruktansvärt), "idiotic" (idiotiskt), "absurd" (barockt), "sick" (sjukt), "cruel" (grymt), and "macabre" (makabert) are some of the most common assessments of the recommendations from women. They repeatedly criticized the National Board of Health and Welfare for the composition of its reference group, and for its disinterest in soliciting the opinions of women and women's groups. They were dismayed that the feelings of medical personnel who performed abortions were given such weight: "The primary objective of an abortion is not, in fact, to make hospital staff feel happy", commented one well-known woman in a widely read op-ed letter (Birgitta von Otter, Expressen, 20/3/90: pg. 29). And they expressed exasperation and outrage that the National Board could take it upon themselves to redefine an aborted foetus as something to be buried in a cemetery without first sounding out public opinion on the matter.

Even doctors and other medical personnel who were dissatisfied with the prevailing routines for disposing of foetal material from late abortions and miscarriages expressed concern that the new recommendations in effect cast them as murderers. "To give legally aborted foetuses the same status as people who have died implies a symbolic criminalization of the aborting woman and the gynecologist", wrote a group of doctors in the medical journal Läkartidningen. "There has to be congruence between words and actions. If a legally aborted foetus is indeed a human individual who must be treated as a dead person, 'with dignity and respect', [as the National Board of Health and Welfare states], then the most dignified way to treat it is not to abort it in the first place" (Dagens Nyheter 15/4/91:B12).

Throughout this debate, members of the National Board of Health and Welfare's reference group continued to maintain that their recommendations were misunderstood and misinterpreted. In internal memos to one another, they decried the "emotional and unannounced" reactions of women in the mass media. In a press release, they upbraided the mass media for "providing incorrect information on the contents of the recommendations". Their recommendations that foetal

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1 A letter to the National Board from the National Federation of Social Democratic Women in Sweden, for example, concludes with the following lines: "A final thought is how it is even possible in the year 1990 to allow a reference group consisting of eleven men, one woman and a female secretary to deal with the question of what to do with fetuses after abortions - something that concerns women to a very high degree".
material be cremated in cemeteries and buried or strewn in a "Grove of Remembrance" did not constitute a burial, they contended, because no religious ceremony accompanied the act. And in no way did the recommendations "imply a new view of abortion". They were simply "intended to create - for both patients and hospital staff - better routines for caring for foetuses than we have today" (Press release from Socialstyrelsen 1990-01-19).

Despite the debate that the draft recommendations stirred up, they were made official, in a largely unaltered form\(^2\), in July 1990. I have not investigated whether hospitals throughout the country have followed the recommendations and altered their routines accordingly. However, the National Board of Health and Welfare is a powerful and respected institution in Sweden, and any recommendations it issues are generally followed. As the secretary for the Board's reference group told me in a recent interview, "We take it for granted that our recommendations were followed. They are always followed. If hospitals don't implement them, then they generally have very good reasons for it".

**CONCLUSION**

In reading newspaper articles and listening to interviews and debates that occurred in 1990, at the height of the controversy on the National Board's recommendations, it seemed to me unbelievable at first that members of the reference group in charge of drafting the new guidelines for the disposal of foetal material could steadfastly maintain that their work was completely unrelated to, and could have no impact on, more general discussions about abortion rights in Sweden. I finally concluded that their definition of the issue as an administrative problem in need of a solution did indeed constrain the reference group's understanding of what they were doing. However, I am still not entirely convinced that some sort of hidden agenda was completely absent. The majority of the members of the reference group (seven out of twelve) had direct ties to Christian organizations such as the Swedish State Church, for example. And as we all are aware, Christian organizations tend to have rather specific opinions on what abortion is and whether it should be allowed. Also, despite their denials to the contrary, the reference group did in fact redefine

\(^2\) The two major changes that occurred between the draft of the recommendations and their final form were:

1) all original references to "the parents" (föräldrarne) of the fetus were deleted and replaced with the more neutral terms "woman" and "couple"

2) the recommendation that "the parents" of an aborted fetus be informed of the disposal routines used by the hospital was changed to a recommendation that the hospital counsellor decide if this information should be passed on to "the woman (or couple)".
the foetus, from "hazardous waste" to "something that should be cremated in local cemeteries" (föremål för kremering genom respektive kyrkogårdsförvaltningens förspjör-SOSFS 1990:8, pg. 2). Now what that "something" might be exactly is left tantalizingly unstated, but since the only thing cremated in local cemeteries is dead bodies, it seems impossible to interpret the "something" in any other way. Finally, in interviews on the radio and television, members of the reference group, after first conveying surprise that anyone could possibly see a connection between their recommendations and debates about abortion, several times articulated an understanding that there was, in fact, a connection. The departmental head who appointed the reference group, for example, expressed the desire in one interview that people "be given the opportunity to discuss all the issues that are connected to abortion, and this is one of them" (avdelningsdirektör Bertil Widman, Aktuellt 1990-01-19).

Whatever the intentions of the reference group may have been, their recommendations concerning the disposal of foetal material did enter public debate and consciousness, and they had a number of practical and conceptual consequences. One of these was that public perception of whose voices could legitimately be heard in discussions about abortion was expanded to include the opinions and feelings of the hospital staff who perform them. In every debate about the new recommendations, representatives from the National Board repeated that the new recommendations were primarily intended to take into account the feelings of hospital staff, who reportedly objected to current disposal routines for foetal material. No direct evidence for this claim was ever produced by the National Board, and in various journalistic reports from hospitals around the country, it was clear that while some hospital staff did indeed find the disposal routines objectionable, others did not find them particularly problematic. "It's our job to take care of the foetus after an abortion, and personally, I don't feel that that's so terribly difficult", one nurse commented on a radio program devoted to the issue, "One doesn't think about it very much, I mean, it just gets sent away to be incinerated" (Kanalen, P1 1990-03-20). Whatever the reality of the situation might be, the National Board's focus the feelings of hospital staff in abortion situations, and their repeated use of the word "repellent" (stötande) to describe those feelings, invited the Swedish public to imagine abortion from a very different perspective than from that of a woman who decides that she must have an abortion.

In addition, hospital staff in Sweden, unlike the United States, for example, are ideologically unmarked in public discussions of abortion. While doctors and
nurses perform abortions, this is seen as part of their jobs, not as an expression of an ideological commitment. This ideological neutrality in itself has the potential of constituting a powerful weapon in abortion debates. This is so because to the extent that hospital staff are seen to occupy a position of ideological neutrality within the field of abortion debate, the feelings attributed to them on abortion can easily come to be invested with a kind of legitimacy that more politically charged positions lack. The feelings of hospital staff can come to be interpreted as being more natural, and more real - genuine feelings unclouded by ideological posturing. The risk is that these feelings, precisely because they can seen as being somehow more heartfelt than those of feminists or Christians, who have high political stakes in abortion debates, will come to be granted great authority in public understandings of abortion. And if those feelings are understood to be negative, as the National Board continually stressed that they were, then the ultimate consequences for abortion rights could be serious.

Another consequence of the National Board's recommendations was that it brought to public awareness a dimension of abortion procedures that until that point had escaped attention. Contrary to what representatives of the Board claimed, it became clear in the debates that followed their recommendations that it was, in fact, quite uncommon for women to ask questions about what hospitals do with the foetal material expelled from their bodies. This undoubtedly has to do with how the foetus is conceptualized. To the extent that the foetus is understood to be a part of their body that they want removed, or that their body expelled spontaneously, women would probably not dwell on how that part is discarded - just as few people who have ever had tonsils or cysts or tumors operated out of their bodies wonder excessively about what happens to them after the operation.\(^3\)

As a result of the attention that the National Board focused on precisely that step in the procedure, however, women and others were confronted with a new fact about abortion. And in a manner similar to the way that the Swedish photographer Lennart Nilsson's famous images of foetuses dramatically altered public perceptions of the foetus and of abortion, it seems reasonable to suggest that by exposing this step in hospital routines and making it visible to the general public, the National Board of Health and Welfare succeeded in introducing an entirely new consideration - a highly negatively charged consideration, since it involves thinking about the expelled foetus either as waste to be thrown in the garbage and

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\(^3\) Any woman who did wonder about and object to the way a hospital disposed of foetal material has had, since 1982, the possibility of requesting that her foetus be cremated and buried in a cemetery. All hospitals responded to the National Board's original questionnaire by stating that they always followed a woman's wishes in this matter, if she expressed them herself of her own accord.
incinerated at the county dump, or a tiny corpse to be cremated at a cemetery - into any woman's decision about whether or not to have an abortion.

Yet another consequence was that the new recommendations did not only redefine the foetus - they also recontextualized it, reframing it as having been expelled in the context of miscarriage. One of National Board's oft-repeated justifications for the new recommendations was that previous methods of foetal disposal did not distinguish between different understandings of foetal material. The disposal routines did not take into account the fact that women who suffered miscarriages had very different affective ties to their foetuses than did women who sought medical intervention to expel theirs, and the Board implied that the, what they called, "undignified" treatment accorded foetal material in hospitals was the result of seeing the material from the perspective of women who wanted to abort. The National Board thus clearly recognized that context is important, and that the meanings of foetal material differ profoundly, depending on whether the material emerges spontaneously in miscarriage, or induced through medical intervention.

But rather than act on that insight and recommend different disposal methods for foetal material expelled in different ways, the Board instead simply turned the tables and directed that all foetal material now be disposed of in a "dignified" manner, that is, as if it had resulted from miscarriage. A major consequence of this move was that voluntarily aborting women became displaced from their former position as the main objects of official concern. Interpretive work now became focused on miscarrying mothers, and hospital routines were directed to change to cater to their assumed needs and feelings.

What was either lost on the National Board, or understood very well, but denied by them, was that by reevaluating the identity and status of the material expelled from a woman's body during an abortion or miscarriage, they were simultaneously reevaluating what that material had been while it had remained inside the woman's body. Furthermore, in redefining an expelled foetus as a dead body, and by recontextualizing it further as the victim of a miscarriage, the National Board simultaneously redefined the status of the woman who expelled the foetus from her body. She was no longer just a woman, she was defined, on both counts, as a mother. Her body and her behavior were thus given a very different semantic marking, which meant that they could be thought about and evaluated according to very different standards.
This resignification of the bodies and behaviors of voluntarily aborting women, together with all of the other interpretive and practical shifts that I have reviewed in this paper, all occurred as a result of a focus not on abortion or abortion rights, but, rather, on the biological material expelled from the female body as a result of an abortion or a miscarriage. By spotlighting that material instead of the aborting woman, the National Board of Health and Welfare was able to influence abortion debates, even as it claimed that it was not doing so. This claim may have been ingenuous or not. The point, however, is that the way the Board's engagement with abortion issues was structured allowed them the possibility to deny participation in debate, even as they did participate, in a highly visible and authoritarian manner, no less. If I am to end this paper with a general point that could be of interest to all of us who do research on, and have personal and political stakes in, abortion rights, then that would be that what this Swedish example reminds us is that as soon as the discursive focus shifts from the aborting woman to any other dimension of the abortion process - and not just to the foetus as such, but to any other dimension of the process - then abortion rights become reopened for examination and interpretation, and they become highly vulnerable, even in such a supposedly progressive and liberal country as Sweden.
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The Department of Child Studies

Linköping University hosts an interdisciplinary Institute of Advanced Study known as the Institute of Tema Research. The Institute of Tema Research is divided into five separate departments, each of which administers its own graduate program, and each of which conducts interdisciplinary research on specific, though broadly defined, problem areas, or "themes" (tema in Swedish, hence the name of the Institute). The five departments which compose the Institute of Tema Research are: the Department of Child Studies (Tema B), the Department of Health and Society (Tema H), the Department of Communication Studies (Tema K), the Department of Technology and Social Change (Tema T), and the Department of Water and Environmental Studies (Tema V).

The Department of Child Studies was founded in 1988 to provide a research and learning environment geared toward the theoretical and empirical study of both children and the social and cultural discourses that define what children are and endow them with specific capacities, problems, and subjectivities. A specific target of research is the processes through which understandings of 'normal' children and a 'normal' childhood are constituted, and the roles that children and others play in reinforcing or contesting those understandings. The various research projects carried out at the department focus on understanding the ways in which children interpret their lives, how they communicate with others, and how they produce and/or understand literature, language, mass media and art. Research also documents and analyses the historical processes and patterns of socialization that structure the ways in which childhood and children can be conceived and enacted in various times, places and contexts.

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