

Student Ethical Viewpoint Paper

Safe Abortion – Ethics in a White Coat

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INTRODUCTION

Globally, induced abortion, whether safe or unsafe, legal or illegal, is a reproductive health service that is a part of the lives of women, couples and communities in both developed and developing nations [1].

The Indian Parliament passed the Medical Termination of Pregnancy (MTP) Act in 1971, with the goal of ensuring access to safe abortion [2]. This law however permits only registered allopathic medical practitioners to perform abortion in specified abortion centers as certified under the MTP act. For several years, sections of India's medical community, advocacy groups and government officials have been discussing an amendment to the MTP Act, which was officially proposed by the Ministries of Health and Law in 2014 and is now pending for approval by Parliament, one of which states, "expanding abortion provision to nurses, auxiliary nurse midwives and practitioners trained in the Indian system of medicine with recognized qualifications in Ayurveda, Unani, Siddha or homeopathy [3-4]." Its approval can ensure a rational optimization of the available health workers, address the shortage of specialized health-care professionals and increase the access to safe abortion services.

Several studies have found that certain characteristics of abortion providers and aspects of services are important to women in India and may influence their provider or facility preferences and their perception of the quality of care they receive [5-7]. This is where comes into action, the role of medical ethics, played by these various health professionals. There are a range of moral and ethical issues which arise due to an unintended pregnancy and abortion. In a country like India, the issue of unintended pregnancy and abortion is multi-faceted including social, moral, religious, cultural and economic factors. Exploring the values and ethics on any topic can be complex and confusing and abortion is no exception. For a health-provider, it is imperative to follow the core principles of medical ethics, namely, autonomy, beneficence, non-maleficence and justice. Whenever we talk about the ethics involved in the clinical practice of providing abortion services, the starting point should always be the point at which a woman presents to the health-provider with a request for induced abortion of an unwanted or unintended pregnancy. The present write up thus focusses on the role of health workers in providing safe abortion with best practice in view of medical ethics involved in abortion service.

Objectives

1. To emphasize the role of health workers in safe abortion care.
2. To discuss the medical ethics involved in care of women requesting induced abortion.

The write up is an extensive review of literature conducted on the already published articles and evidence-based guidelines by the World Health Organization, Royal College of Obstetricians and Gynecologists (RCOG) and the Ministry of Health and Family Welfare, Government of India. The article also contains review of literature conducted on published articles and researches on Abortion in India and globally using various online portals, namely, PubMed, etc. After briefly going through the articles, two aspects of abortion are primarily focused- the role of health-providers in providing abortion and secondly, medical ethics involved in delivering abortion service to women. The present write up focuses only on the health-care provision in India, where

abortion is legal, and thereby safe under the MTP Act of 1971. The health care provision is based on the international guidelines given by the WHO and RCOG. These international guidelines and recommendations have been adapted to the context of health services in India and have tried to ensure that all women considering induced abortion, have an access to a service of uniformly high quality. In the present paper, the role of health-providers and medical ethics is discussed only after considering that the abortion service is safe, legal, meets the criteria of the MTP Act, and not otherwise.

Over the last few decades in India, important advances have been made towards improving the availability and access of safe abortion services. However, the expansion of pool of health-providers who are legally able to be trained in and perform abortion services, other than specialist doctors, still remains to be approved by the Parliament.

According to the World Health Organization (WHO), moving beyond specialist doctors to involve a wider range of health workers is an increasingly important public health strategy [8]. Health workers as defined by the WHO are “All people engaged in actions whose primary intent is to enhance health. This includes physicians, nurses and midwives, but also laboratory technicians, public health professionals, community health workers, pharmacists and all other support workers whose main function relates to delivering preventive, promotional or curative health services.”

This is broad-based and inclusive definition of health workers, and many health workers such as advanced practitioners, midwives, nurses and auxiliaries are still inefficiently used in many settings [9-10]. The WHO has provided evidence-based guidelines on the safety, effectiveness, feasibility and acceptability of a range of health workers in the delivery of recommended and effective interventions for providing safe abortion, post-abortion care and post-abortion contraception. Involving all of these health workers makes it more likely that abortion services will be available to women easily which will increase the incidence of safe abortions.

Now, coming to the medical ethics, let's discuss the core principles, to which providing abortion service is no exception-

Autonomy

This principle acknowledges the fact that the patient has a perspective of her interest based on her values and beliefs. The patient has the right to choose or refuse treatment.

Beneficence

A doctor should always have the best interest of the patient as the supreme consideration and ensure a balance of good over harm.

Non-maleficance

A doctor must make sure that in the first place, he does no harm.

Justice

It is the fair distribution of health resources and the decision of who gets what treatment is fairness and equality.

Now let's move further in addressing the ethical behavior of a health-provider to a woman with a request of an abortion.

Conscientious objection to abortion by the health professional

The Abortion Act of 1967 has a conscientious objection clause, which permits health-providers to refuse to participate in any treatment authorized by the Act if it conflicts with their religious or moral beliefs. Coming to the ethical considerations, it is the duty of the health-provider to explain this to the woman and tell her that she has the right to see another doctor. The health-provider should make sure that all the relevant information about alternative services is available to the woman, as quickly as possible.

Access to the service

An abortion provider should not restrict access on the grounds of age, ethnicity, disability, marital status, number of previous abortions or sexual orientation of the woman. It also includes teenagers,

women with complex social problems, young women from minority groups who have difficulties in accessing healthcare services.

Tailored care

If requested, a female member of the staff should be made available to the woman. The service should be culturally sensitive and if required professional interpreters should be available along with the health-provider.

Information provision

The information should be provided to women requesting abortion in such a way that there is special emphasis on the overall safety of the procedure and in a way that women can understand. Information should be given in a non-judgemental and supportive way.

Initial assessment

To begin with, the health-provider can reduce the stigma around the issue by saying to the woman, "I have treated a number of people with the same problem you have."

Ethical considerations

- Replace the term 'married woman' with 'woman' and the word 'husband' with 'partner', to assure unmarried woman that abortion is legal for all women.
- Respect gender norms by ensuring the presence of female attendant in the presence of male health worker. If requested, make a female health worker as a primary examiner.
- Ensure and assure confidentiality.
- Ensure complete privacy. If the woman is with an accompanying person, reach an agreement as to whether they want this person to be present during the examination.
- Start the clinical interview with issues that are the least sensitive and least threatening.
- Inform the woman about what examination you want to carry out, the purpose and nature of the examination.
- Obtain the woman's consent before examination.

Making the abortion decision

The clinical staff must be sensitive to the different stages of decision making by the woman. It is imperative to identify those women who may require additional support and counselling in making a decision and provide them with necessary aid.

- Present all the relevant information.
- Respond to questions as fully and honestly.
- Help her choose.
- Respect her choice, even if it is not the one you would have wanted them to make.
- wherever possible, women should be given the abortion method of their choice

Information on post-abortion contraception

Effective methods of contraception should be discussed with women and documented.

- Intensive and positive counselling about use of contraception
- Help the woman choose
- Respect her choice
- However do not coerce a woman who is unwilling for contraception

Care after abortion

There are a number of myths about the consequences of abortion. If the woman expresses concern, she has to be reassured about those issues as and when she addresses them.

- Provide a letter with information about the procedure to allow another practitioner elsewhere to manage any complications.

- Provide written information about symptoms they may experience, emphasising those which would necessitate an urgent medical consultation.
- Advise her for routine follow-up if she wishes.
- Referral should be available for any woman who may require additional emotional support or whose mental health is perceived to be at risk.
- Inform her where to seek help if she has any concerns or if she needs further contraceptive advice or provision.

Impact

Much in line with the RCOG Guidelines, abortion service should aim to provide high quality, effective, efficient and comprehensive care which respects the dignity, individuality and rights of women to exercise personal choice over their management. An abortion service should be an integral component of a broader service for reproductive and sexual health encompassing contraception, management of STIs and support. Health-providers working within the service must be appropriately trained. All the aspects of abortion care should be delivered in a respectful and sensitive manner that recognizes women as decision makers.

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