

Physicians' Professional Responsibilities in Abortion Care

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Objectives

- Professionalism in medicine
- Guidelines for conscientious refusal
 - Pregnancy options counseling and referral
- Expectations for inclusion in medical education



“Professionalism in the New Millennium: A Physician Charter”

Signed by 130 Organizations



Three Principles

Principle of
primacy of
patient
welfare

Principle of
patient
autonomy

Principle of
social justice



American Board of Internal Medicine Foundation, the
ACP Foundation and the European Federation of Internal Medicine



Professional Behavior in Medicine

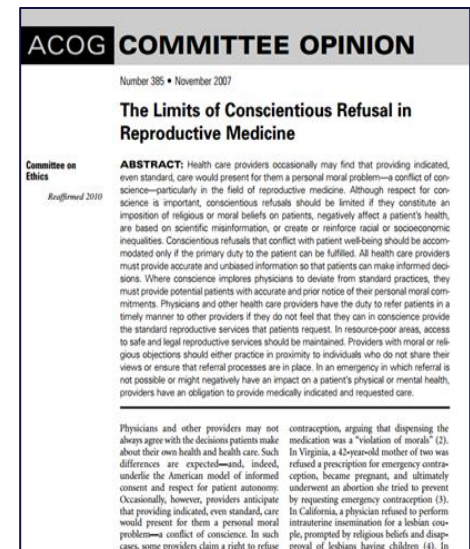
- Respect, compassion, accountability, altruism
- Patient-centered care
 - Put aside personal values and self-interest in order to prioritize the culture, family, and values of patients
- Principles of professionalism challenges us to be empathetic, respectful, and compassionate toward patients

Abortion Care

- Provide pregnancy options counseling
 - Accurate, unbiased information
 - Not including your opinion
- Refer for abortion care
- Participate in abortion care
- Manage post-abortion care
- Provide emergency care

ACOG: Conscientious Refusal

- When clinicians claim a right to refuse to provide certain services, refuse to refer patients, or decline to inform patients about their existing options
- Claim that to provide services would compromise their moral integrity
- Widespread in reproductive medicine



ACOG: American Congress of Obstetricians and Gynecologists

Global Doctors for Choice: Conscientious Objection

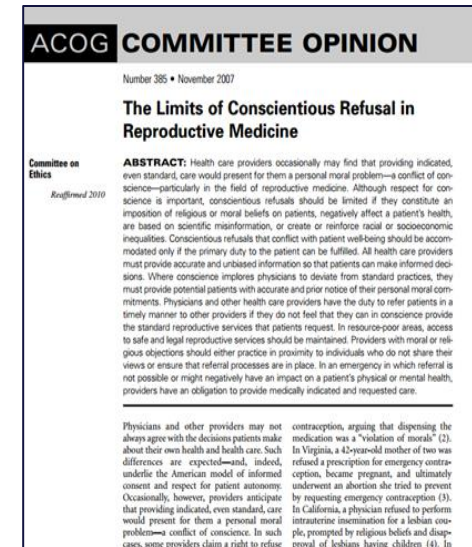
- Tension between right to exercise conscience and the right for women to receive needed care
- Reviews prevalence, impact, and policy responses
- Conscientious commitment*
- Governments' role in protecting patient care**
- Summarize recommendations by organizations
 - WHO, FIGO
 - **The right to refuse is secondary to the first duty – the patient**



ACOG: Criteria for Assessing Refusal

A clinician cannot:

- Compromise patient autonomy
 - Inadequate counseling
- Threaten patient welfare
 - Delays on needed care
- Undermine scientific integrity
 - Inaccurate information
- Result in discriminatory care
 - Treat a pt. differently because of perceived immorality



ACOG: Responsibilities for Refusal

- Prioritize patient's well-being
- Provide accurate & unbiased information
- Provide potential patients with prior notice of their moral commitments, not use their authority to argue their position
- Refer in a timely manner
- Emergency – obligation to provide medically necessary services

WHO: “Clinical Practice Handbook for Safe Abortion Care”

- A woman must make her own decision about whether to have an abortion.
- Counseling requires using simple language, maintaining privacy, supporting women to ask questions and taking time to give answers, and ***not imposing our personal values and beliefs.***



WHO: World Health Organization

FIGO: “Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights”

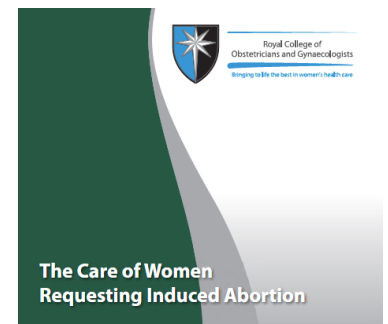
- “Assure that a physician’s right to preserve his/her own moral or religious values ***does not result in the imposition of those personal values on women.*** Under such circumstances, they should be referred to another suitable health care provider.”
- “Conscientious objection to procedures does not absolve physicians from taking immediate steps in an ***emergency*** to ensure that the necessary treatment is given without delay.”



FIGO: International Federation of Gynecology and Obstetrics

RCOG: “The Care of Women Requesting Induced Abortion”

- Doctors may refuse to participate in treatment ***unless it is necessary*** to save life or prevent permanent injury to physical or mental health.
- “If discussing abortion conflicts with religious or moral beliefs, and this conflict might affect the treatment ***or advice*** you provide you must explain this to patients and tell them they have a right to see another doctor.”



RCOG: Royal College of Obstetricians and Gynecologists

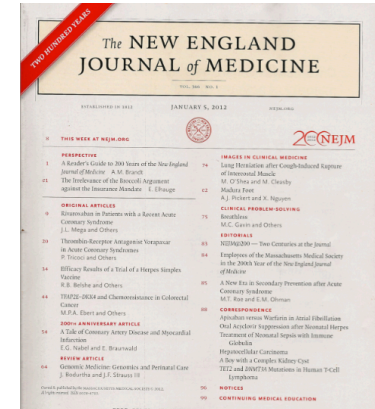
Professionalism Requirements

- **Providing pregnancy options counseling**
 - Accurate, unbiased information
 - Not including your opinion
- **Referring for abortion care**
- **Participating in abortion care***
- **Managing post-abortion care**
- **Providing Emergency care**

*Unless jeopardizes access to care or if necessary

Options Counseling and Referral

- Study of 1144 physicians in 2007
- Would it be ethical to describe why the physician objects to the requested procedure?
 - 63% yes
- Does the physician have obligation to present all options to patient, including information about the requested procedure?
 - 14% no
- Does the physician have an obligation to refer?
 - 29% no



Undergraduate Medical Education: APGO Learning Objectives

| Intended Learning Outcomes | Level of Competence |
|---|---------------------|
| A. Provide non-directive counseling to patients surrounding pregnancy options | D |
| B. Explain surgical and non-surgical methods of pregnancy termination | KH |

Levels of Competence

K = Knows

KH = Knows How

SH = Shows How

D = Does



APGO: Association of Professors of Gynecology and Obstetrics

Graduate Medical Education: ACGME Competencies

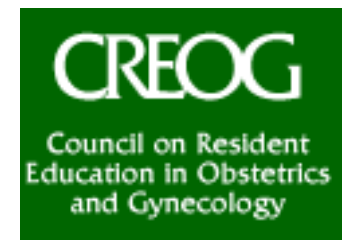
“No program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions. **Otherwise, access to experience with induced abortion must be part of residency education.** This education can be provided outside the institution. Experience with management of complications of abortion must be provided to all residents.”



ACGME: Accreditation Council for Graduate Medical Education

Graduate Medical Education: CREOG Objectives

- Residents should be able to counsel pregnant patients on alternatives available to them, including induced abortion and adoption.
- **Residents who decide not to provide this service because of a moral objection still should be able to counsel patients, make appropriate referrals, and manage postabortal complications.**



CREOG: Council on Resident Education in Obstetrics and Gynecology

