**Abortion and Professional Responsibility**

**QUIZ QUESTIONS**

1. As described by *Global Doctors for Choice,* when exercising one’s right to conscientious refusal, a provider has a right to refuse to participate in treatment only if it doesn’t compromise \_\_\_\_\_\_
* The professional relationship with hospital administrators
* The workplace agreement by the medical facility
* The health and wellbeing of the patient
* All of the above
1. When assessing the criteria for refusing care under the American College of

Obstetricians and Gynecologists guidelines, a clinician may not:

* Compromise patient autonomy by providing inadequate counseling
* Threaten patient welfare by delaying needed care
* Undermine scientific integrity by providing inaccurate information
* Provide discriminatory care because they perceived the patient as immoral.
* All of the above
1. Professionalism in medicine centers around 3 guiding principles: the principle of primacy of patient welfare, the principle of patient autonomy, and the principle of \_\_\_\_\_\_\_\_\_\_
* social justice.
* conscientious refusal.
* physician values.
* None of the above.
1. The nurse’s primary commitment must be:
* To preserve their own morals.
* To maintain care that aligns with one’s own judgments and values.
* To preserve the patient’s needs, safety and best interest.
* None of the above.
1. A nurse who has a conscientious objection to participation in abortion care can
* Request removal from any provision of care
* Request removal from any non-emergent provision of care
* Refuse to provide care for women if it compromises the workplace agreement by the medical facility
* None of the above
1. Which of the following is included in a nurse’s role in post-procedure counseling?
* Review what to expect in a normal course in terms of both physical and emotional symptoms
* Review possible deviations from normal that require immediate intervention
* Provide adequate info about how and where to seek continued care, including emotional support
* All of the above
1. Which of the following granted individuals and institutions the right to refuse care without, legal, financial, or professional consequences?
* Roe v. Wade 1973
* Church Amendment 1973
* Planned Parenthood v. Casey 1992
* Hyde Amendment
* None of the above
1. Which of the following is not part of the International Federation of Gynecology and Obstetrics (FIGO) professional guideline for practitioners to behavior ethically?
* Practitioners can decline to undertake professional services on grounds of conscience, even in emergency situations where the patient’s life is at immediate risk, only if they provide public notice of the professional services they decline beforehand.
* Practitioners shall refer patients who request such services or for whose cares such services are medical options to other practitioners who do not object to the provision of such services
* Practitioners shall provide timely care to their patients when referral to other practitioners is not possible and delay would jeopardize patient’s health and well-being
* None of the above
1. Which of the following is NOT an underlying base for refusal of abortion care by health care providers?
* Deeply held beliefs
* Stigma avoidance
* Political allegiance
* Financial ties
* None of the above
1. What does the concept “values clarification” mean for clinicians and other health-care providers?
* A chance for providers to examine their own values and beliefs on a specific topic (such as abortion), and explore how these feelings may impact the ability to best care for patients.
* Attempting to ensure that your patients share the same beliefs and morals as you in order to find empathy and compassion and help provide them with the best quality of care.
* To explain (or “clarify”) to the patient why you believe their behavior is immoral.
* None of the above
1. If a learner is unable to find empathy or compassion toward a patient (because of frustration or their personal morals and beliefs that what the patient is doing is wrong), what is another strategy they could adopt to continue professionally caring for the patient?
* Refusal of care
* Acceptance
* Disapproval
* All of the above
1. One benefit to providing abortion care in a primary care setting is:
* Providers have an improved knowledge of the patient’s medical history, which may contribute to increased safety of abortion provision and can integrate abortion services into ongoing care
* Providers are more likely to recommend medical abortion to patients because first trimester uterine aspiration must be conducted in an inpatient setting.
* Most malpractice insurance in primary care policies cover abortion services.
* All of the above.
1. Approximately \_\_\_\_\_\_\_ of counties in the United States have no abortion provider.
* 10%
* 30%
* 50%
* 90%
1. Which of the following is not a barrier to the provision of abortion in the primary care setting?
* Less than 10% of family medicine programs have routine training for abortion
* Few patients in family medicine clinics would prefer to have an abortion by their family physician
* Malpractice insurance for primary care physicians generally do not have abortion coverage
* Family physicians may work in hospital systems that limit their ability to provide abortion care, which is especially true in Catholic health systems
* None of the above
1. Which of the following statements is false?
* First trimester abortion is a low complexity, outpatient procedure
* Studies have shown that abortion complication rates of family physician residents are higher than abortion complication rates of other physicians practicing in the same setting
* Family physicians were integral to approval of mifepristone for medication abortion
* Family physicians provide many related reproductive health services, including having skills in pregnancy diagnosis and dating and intrauterine procedures.
* None of the above
1. True/False: Based on a recently published review, evidence suggests that Advanced Practice Clinicians (APCs) can be trained to provide first-trimester surgical and medical termination of pregnancy safely.
* True. Evidence suggests that APCs can provide surgical and medical pregnancy termination services in the first trimester as safely and effectively as physicians.
* False. To ensure safe and effective surgical and medical pregnancy termination, a licensed medical physician must provide services.
* There is not enough scientific evidence to make a conclusion regarding the safety and efficacy of pregnancy termination provision by Advanced Practice Clinicians.
1. Which of the following statements regarding advanced practice clinicians (APC) as abortion providers is false?
* APCs can expand the pool of skilled clinicians to increase access to abortion care
* APCs can provide abortion services autonomously within a system of care that is available for for consultation and emergencies
* APCs have been shown to experience higher rates of abortion complications than physicians
* The scope of APC practice varies by legal jurisdiction, which needs to be clarified for abortion provision
* None of the above
1. Why is it important to integrate abortion training into health professional training programs?
* Learners will be less likely to opt-in to abortion training during residency
* Healthcare providers learn many transferable skills that are applicable to aspects of care other than elective abortion.
* Hospitals can restrict abortion services to an inpatient setting
* All of the above
1. Studies in Family Medicine and Obstetrics and Gynecology have found that starting residency with the intention to provide abortions and \_\_\_\_\_\_\_\_\_\_ are two factors consistently predicting provision of abortion after residency.
* Excluding residents on the family planning rotation who only wish to partially participate in abortion training
* Routine inclusion of abortion in residency
* Structuring abortion training in as an “opt-in” model (meaning that residents don’t receive abortion training unless they request it, or “opt-in”)
* None of the above
1. True/False: After the ACGME Mandate was passed that said “access to experience with induced abortion must be part of residency education,” the number of optional training programs for residents with an “opt in” option increased.
* True
* False
* Information to answer this question was not provided in the lecture