



PROFESSIONALISM IN ABORTION CARE

Sarita Sonalkar, MD, MPH

Department of Obstetrics and Gynecology

Division of Family Planning



Admin

Intros

Objectives

- To reflect on your own feelings and values about abortion and discuss patient interactions that might make you feel uncomfortable
- To identify strategies for maintaining a therapeutic relationship with patients who make health care decisions with which you may disagree
- To review patient-centered pregnancy options counseling

Ground rules

- Confidentiality
- Professionalism

Agree or disagree (Practice question)

- You have just arrived for OB sign-out at 7:30am. Someone gives your med student colleague a large slice of key lime pie, and she goes ahead and eats it.

Agree or disagree

- A woman who underwent assisted reproduction with reproductive endocrinology has a triplet pregnancy and would like to reduce to a twin.

Agree or disagree

- A 17 year old G1P0 who is pregnant presents to your clinic, accompanied by her mother. She says, “I need to finish high school and there is no way I can have a baby right now. I want to terminate the pregnancy.”

Agree or disagree

- A woman is choosing abortion because her amniocentesis confirmed Trisomy 21 in the fetus and is seeking abortion.

Agree or disagree

- A woman and her partner are choosing abortion because they plan to attend graduate school this year.

Discussion

- A 24 year-old woman who has been pregnant three times and has had three abortions comes to you for pregnancy options counseling and desires an abortion.
- You are counseling a woman who desires an abortion. After you explain what to expect during the abortion you move on to discuss contraception. She tells you that she is not planning to use any contraception.

Discussion

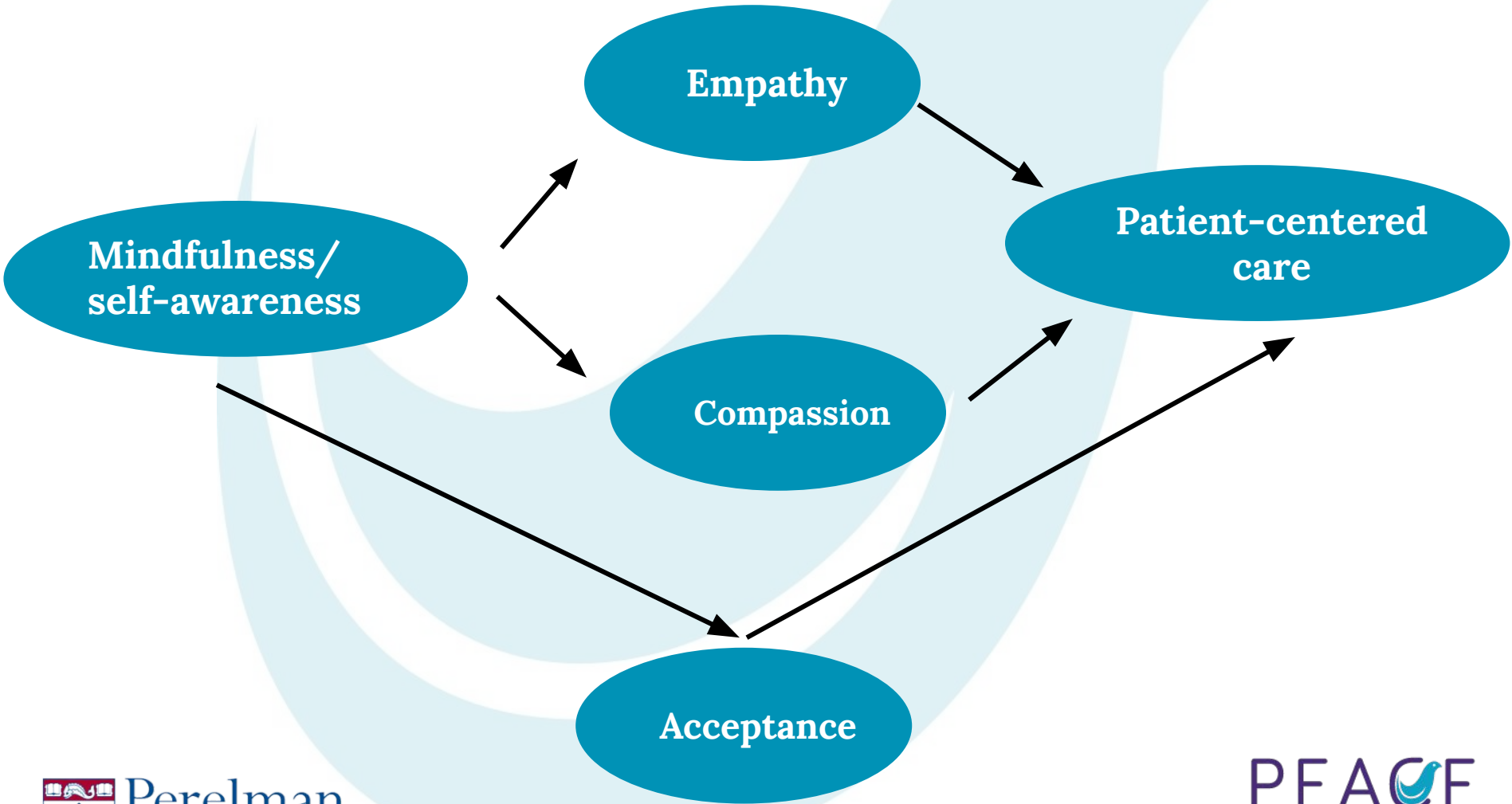
- A patient comes to clinic for a pregnancy test and it is positive. After reviewing options, she desires an abortion and doesn't express any emotion. She does not appear sad, in fact, she asks you for a picture of the ultrasound.

Patient-centered care: Tools

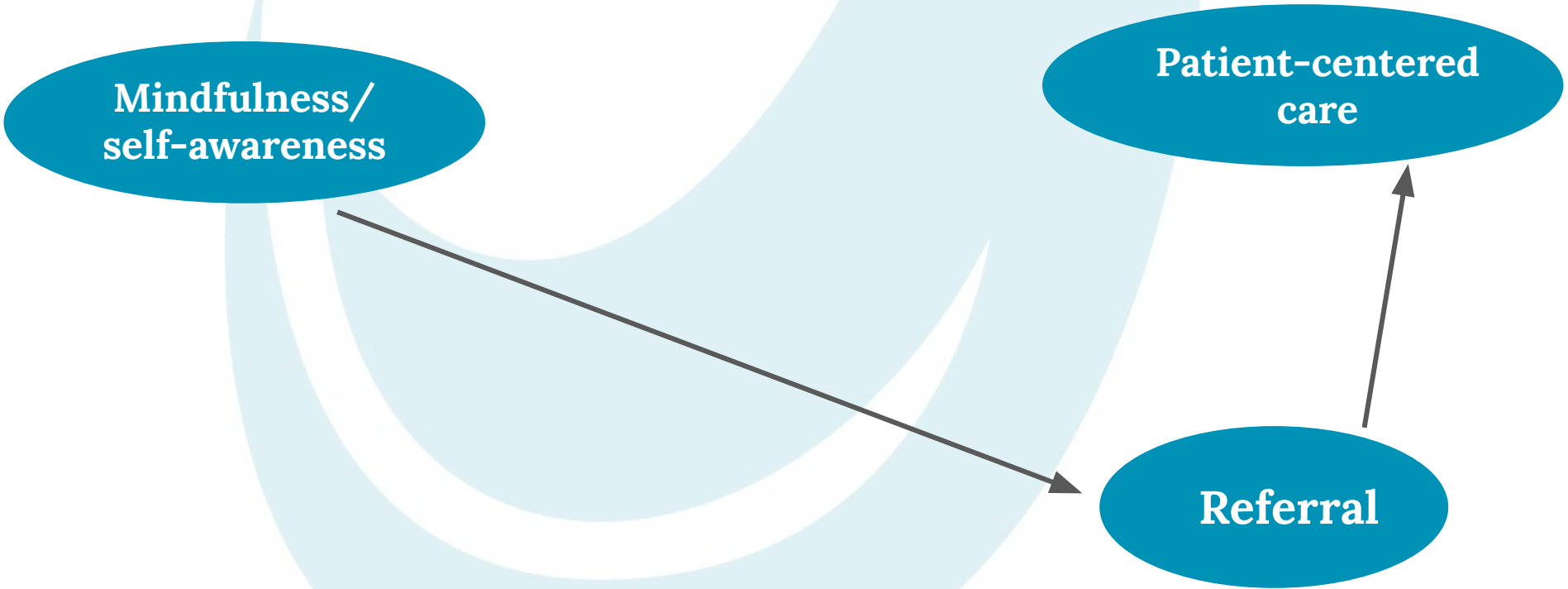
- **Mindfulness:** Be aware of your own feelings
- **Empathy:** Try to put yourself in the patient's shoes.
- **Compassion:** If you can't put yourself in his/her shoes, can you at least understand that they are suffering?
- **Acceptance:** If these fail, can you simply accept their behavior?
- If all of these fail, you may need to refer care.



Patient-centered care: Using your tools



Patient-centered care: using your tools



Discussion

- You are in ob/gyn clinic seeing patients with an intern. A 17 year old woman comes in for a pregnancy test that turns out to be positive. The intern performs an ultrasound, shows her the 7-week-fetus, congratulates her and schedules her for an prenatal appointment in a few weeks. You notice that the intern does not mention the options of abortion and adoption to her.
- You are in the same clinic, but this time you are seeing a teen with an intern who counsels her about her options. However, the counseling is heavily biased toward having an abortion. The intern says, “you want to finish high school, don’t you?” The patient leaves with an appointment for the abortion clinic.

Limits of conscientious refusal

- In the provision of reproductive services, the patient's well-being must be paramount.
- Health care providers must impart accurate and unbiased information so that patients can make informed decisions about their health care.
- Physicians and other healthcare professionals have the duty to refer patients in a timely manner to other providers if they do not feel that they can in conscience provide the standard reproductive services that their patients request.



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Perspective
SEPTEMBER 13, 2012

Recognizing Conscience in Abortion Provision

Lisa H. Harris, M.D., Ph.D.

“The exercise of conscience in health care is generally considered synonymous with refusal to participate in contested medical services, especially abortion. This depiction neglects the fact that **the provision of abortion care is also conscience-based.**”



PREGNANCY OPTIONS COUNSELING

+UPT

**Pt presents
with + UPT**

*“What do you
think the result
will be?”*

*“What do you
hope your
result will be?”*

Informing patient of result

“The result is positive; that means you are pregnant.”

“How are you doing with that information?”

- Make eye contact
- Use open-ended questions
- Be comfortable with silence
- If she cannot respond, consider stepping out of room to give patient space and time
- Offer to have support person join her

Validate any response

“It’s ok to feel that way.”

“It’s ok not to know how you feel.”

“We can help you with any decision you make.”

- Normalize
- Mirror her language
- Try to match her tone, understand body language

“You have options”

*“You can have
an abortion.”*

*“You can continue
the pregnancy and
place the baby for
adoption.”*
(NOT give up baby)

*“You can continue
the pregnancy and
choose to parent.”*
(NOT keep baby)

- Be deliberate with your words
- The way you deliver the information is most important

If patient seems to desire abortion but is uneasy

*“Abortion is very safe,
one of the safest
procedures in medicine.”*

*“Abortion is very
common, 1 in every 4
women will have an
abortion.”*

Most importantly

**The patient
ALWAYS
has the answer.**

We are here to help. To give the space and support they need.
To help them live out their destiny, as they envision it.