Abortion

By

September 21, 2004

Outline

A) Introduction

Ethical codes presume that all professional people are moral, honest and trustworthy at all times, a presumption, which is distinctly false. Doctors who breach ethical principles are open to action on several levels according to the seriousness of the breach. Disciplinary action may be taken by colleagues, employers or professional associations but generally does not carry legal or statutory sanctions (Breen, 1997). Medical boards' sanctions range from reprimand to deregistration; the allegations faced by the doctor will be specific instances of unprofessional conduct rather than breaches of ethical codes. Some breaches may also lead to criminal charges being heard in the courts, while other allegations may result in action in the civil court (Breen, 1997). These codes do not in any way override the personally held ethical and religious beliefs of doctors on difficult moral issues such as abortion, sterilization and euthanasia (Breen, 1997).

Thesis Statement

The scope of this research paper is to explain the moral and legal issues for health care professionals associated with abortion.

Moral Obligations of Health Care Professionals

When confronted with a request from a patient for an abortion it is important to remain sympathetic. The patient has probably come with a lot of apprehension and after a great deal of soul searching, even if this is not very apparent. It may be appropriate to state one's views fairly early on in the consultation. This aids any further questioning on the woman's plight and exploring of her motives to be done openly. It may be prudent to ask what she really wants and what support she has. She may be in a state of confusion at the discovery of the pregnancy and it may be helpful to point this out to her. Even people in a secure situation often detect they are shocked at the news of an unexpected pregnancy. She may feel terribly insecure, as she has no one else, except the doctor she can turn to. Thus the role of the doctor can be very crucial. She may have suffered coldness or rejection from her partner who may have refused to ponder bringing a baby into the world (not realizing that he had done so already even though it is unseen). It may have been him who suggested the easy solution to her of 'getting rid of it' (Breen, 1997). Women react in different ways; some become very furious and hurt and still ask for an abortion as the love for her partner has died with his reaction, others think that by having the abortion they can forget and carry on the relationship as before. The contraceptive attitude, which is very prevalent now, can lead to a decrease of human life and therefore to an acceptance of abortion. Sometimes the abortion is requested 'to save the relationship' (Breen, 1997). However as the abortion demolishes the very fruit of the parents' love, their love will suffer and very often will die within a short time leading to a break-up of the relationship (Breen, 1997). The unhappy woman in front of you may be putting on a brave face in her determination to get what she has asked for, or she may be thankful to have the opportunity to cry and express her feelings of confusion. Only too often she has been unable to share her concerns and grief with her parents or other members of the family for fear of losing face or shocking them.

It may be worth pointing out that at the time when most women are seeking an abortion the baby's hands and feet are forming along with its brain (Breen, 1997). It is only fair that women are informed of teratogenicity of drugs and that they should deflect drugs which could be harmful to the baby. No woman who altered her mind about an abortion and who then had a handicapped baby would be pleased that her doctor had not warned her to avoid drugs and excessive alcohol.

The doctor must always address the issue of proportionality of risk to the mother: are the dangers being averted by the abortion greater than the normal risks of pregnancy? (Rubin, 1994). On this basis, a first trimester abortion cannot be justified simply by reference to the mortality of abortion and the mortality of pregnancy (Rubin, 1994). There must be some other serious danger to the life or physical or mental health of the mother over and above the normal dangers of pregnancy. If such serious danger subsists in the first trimester, there will probably be no difficulty in meeting the proportionality criteria because of the relative risks to life of abortion and the continuance of pregnancy to term. In the second or third trimester, the risks of termination to the life of the woman and to her physical and mental health increase. The risks to life now probably exceed the risks of continuing a normal pregnancy and thus to satisfy the proportionality criterion, the seriousness of the threat to the woman's physical or mental health of continuing the pregnancy would have to be more substantial than would be sufficient to justify an abortion in the first trimester. All of this assumes that when one talks about dangers to be averted, one is only talking about the mother.

Legal Implications for Health Care Professionals on Abortion

Health care providers should be aware that medical abortion is broadly considered abortion under the laws that govern abortion practice in this country, and, by their letter, those laws can be applied to medical abortion just as they are to surgical abortion (Jones, 2000). This is true even if the application of those laws to medical abortion makes little sense from a medical perspective, and even if the effect of those laws is to scotch the increased access to abortion services that medical abortion promises.

On the other hand, to the extent that existing abortion laws are irrational or inflict significant and unwarranted burdens on women's access to abortion when applied to medical abortion, they may be subject to legal challenge. In addition, some abortion limitations are open to interpretations that would lessen their impact on medical abortion. Thus, in some states, efforts to exempt medical abortion from some abortion restrictions applicable to surgical methods may be successful (Jones, 2000).

Conclusion

Abortion raises fundamentally critical and hotly debated questions about human rights, about individual and collective dignity, and about the appropriate role of law in a liberal, pluralist democracy. In many ways, health care is an art and a scientific effort. Professionals try to behave in ways that promotes the best health of the patient (Jones, 2000). But it is not always clear what is best for the patient. Thus at times choices have to be made that focus on what is best for the mother or what is best for the unborn child, what is best for the individual or her relatives, what medical records can be disclosed and what must be held in strictest confidentiality.

Bibliography

Breen, Kerry J. Ethics, Law and Medical Practice.St. Leonards, N.S.W: Allen & Unwin, 1997.

Jones, Bonnie Scott. Providing Medical Abortion: Legal Issues of Relevance to Providers. Journal of the American Medical Women's Association, 2000.

Rubin, Eva R. The Abortion Controversy: A Documentary History. Westport, CT. Greenwood Press, 1994.