

## **Ethical Responsibilities in Post-abortion care.**

### **Background**

1. Post-abortion care may be required when a woman experiences abortion that is deliberately induced, by the woman herself or by another, or that occurs spontaneously. At a later stage of pregnancy, this may be defined as miscarriage. Deliberately inducing abortion may be lawful or unlawful, depending on locally prevailing laws.
2. Physicians bear an ethical responsibility to render prompt assistance to anyone in need of medical care they are able to provide, without discriminating regarding the lawful or other origin of the condition they treat. Much of the mortality associated with induced abortion is due to deficient post-abortion care. Refusal or failure to render care appropriately constitutes professional misconduct.
3. Delivery of post-abortion care to professional standards is legitimate, necessary, and does not in itself implicate providers in another's prior illegality or professional misconduct.
4. Post-abortion care is legally separate from any procedures that may have been undertaken deliberately to induce abortion. Post-abortion care providers, such as in hospital or clinic emergency or gynecology departments, are ethically required to render indicated care promptly to meet patients' needs, and bear no responsibility for others' prior acts or omissions that caused the need for such care.
5. A care provider who has a conscientious objection to participating in inducing abortion cannot invoke such objection to decline rendering clinically indicated post-abortion care. As a provider of post-abortion care, a care-giver is not a participant nor complicit in another's prior acts causing the need of such care.
6. Safe management of post-abortion care is a professional skill required of all qualified practitioners of obstetrics and gynecology. Training in the medical specialty requires inclusion of post-abortion care.
7. Like delivery of other forms of health care, post-abortion care requires professional regard for patients' physical and psychological or emotional health needs, that is for patients' "physical, mental and social well-being" (WHO meaning of "health").
8. Some laws require that care providers report evidence of unlawful termination of pregnancy to law-enforcement authorities. Such laws violate medical professional duties of confidentiality and patients' human rights, and require that providers reliably distinguish spontaneous from induced abortion, and between lawful and unlawful interventions in pregnancy.

## Recommendations

1. Practitioners should promptly render indicated post-abortion care to patients that is within their means without regard to whether as professionals they conscientiously object to participation in induced abortion.
2. Post-abortion care should include emotional support for patients, and be delivered in the same non-judgmental, non-stigmatizing way as other professional gynecologic services.
3. On admitting patients to their post-abortion care, practitioners should record whether they have rendered any prior individual professional services to such patients.
4. Practitioners should ensure that the facilities in which they are engaged are adequately equipped, for instance with drugs, equipment and trained personnel, to deliver timely professional care indicated for post-abortion patients, including counseling and advice on birth control and contraception.
5. Educational programs and professional certification in gynecology should require training and competence in post-abortion care, disallowing students' and candidates' non-compliance on grounds of conscientious objection to participation or complicity in induced abortion.
6. Practitioners and professional associations should oppose and resist laws and proposed laws that compel practitioners to inform law-enforcement authorities of post-abortion patients' identities, on grounds that such laws violate professional ethics and patients' human rights to confidentiality, risk harmful misinformation, are unreliable for professionals to implement, and dysfunctional in not deterring illegality but in deterring patients from promptly seeking indicated, necessary, lawful care.
7. Service providers and managers of service facilities should be familiar with and observe the WHO statement *Safe Abortion: technical and policy guidance for health systems* 2<sup>nd</sup> ed. 2012, especially Section 2.3 on post-abortion care and follow-up.
8. Human rights agencies, both national and international, characterize neglect or limitation of health services that only women need as violating obligations to eliminate all forms of discrimination against women. Practitioners and facility managers should ensure compliance with non-discrimination laws in provision of post-abortion care services.