General Practitioners and Abortion

What is the evidence?

Does it matter?

Has health become lost in the recent debate?

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Termination of Pregnancy: Attitudes and Clinical Experiences of Irish GPs and GPs-in-training

EJGP September 2012

Research: Attitudes

Opinion	Overall (325)
ToP should never be available to any woman	10% (32)
ToP should only be allowed in very limited circumstances (such as with “a real and substantial risk to the life of the mother”)	25% (82)
ToP should be available to any woman who chooses to have it performed	51% (167)
No definite opinion on ToP	14% (44)

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Research: Attitudes

Opinion	Overall (325)	GPs (218)	GP Registrars (107)
ToP should never be available to any woman	10% (32)	11%	8%
ToP should only be allowed in very limited circumstances (such as with “a real and substantial risk to the life of the mother”)	25% (82)	24%	27%
ToP should be available to any woman who chooses to have it performed	51% (167)	52%	51%
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Research: Attitudes

Spectrum of Opinion

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- Fetal Anomalies
- Rape/ Incest
- Maternal illness - Spectrum

Research: Attitudes

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? Gestational time limits

? Is it ever okay to restrict abortion

Research: Attitudes

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MRBI Ipsos Feb 2013
1000 persons

- 84% life at risk
- 79% fetal anomaly
- 78% rape/ incest
- 71% X Case

- 70% health at risk
- 37% favour abortion where a woman deems it in her best interest.

Research: Experiences

Research: Experiences

Consultations regarding abortion

- 97% (211) of GPs and 77% (82) of GPRs had reported a consultation specifically dealing with termination of pregnancy in the past.
- Overall, 45% of the respondents had a consultation within the past six months specifically dealing with ToP.

Abortifacients

- The use of ‘illegal’ abortifacients by women was brought to the attention of 11% of the respondents.

Research: Experiences

Real and Substantial Risk

- 22 (9%) respondents managed a patient who underwent a termination specifically indicated because of severe maternal illness.
- All but one of these ToPs took place in the UK.
- The main indications were:
  1. maternal cancer on chemotherapy
  2. severe cardiovascular disease
  3. severe psychiatric risk post-rape

Research: Experiences

Does a woman's health suffer specifically because of the requirement to travel overseas for ToP?

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Physical health effects from travelling

"..came back from UK- saw her and transferred her to hospital with septicaemia- she died. No follow up. This occurred over 20 years ago."

"Many women do not attend for aftercare with their Irish GP as they are ashamed or embarrassed and often present too late with infection/ bleeding etc."

"Poor aftercare leading to anaemia and persistent vaginal discharge."

Research: Experiences

Does a woman's health suffer specifically because of the requirement to travel overseas for ToP?

Psychological health effects from travelling

"Stress of travelling, follow up, post op infection. Psychological effects- dealing with abortion in aftermath, secrecy regarding planning trip."

"Emotionally, psychologically- the feeling of doing it covertly and making provision for family remaining at home"

"Poor supports afterwards as "taboo". Increased guilt as felt doing something illegal more stressed with having to leave country at a very difficult period in life."

"The embarrassment, loneliness and secrecy attached to travel are added burdens on the expectant mother"

Research: Experiences

Does a woman's health suffer specifically because of the requirement to travel overseas for ToP?

Social health effects from travelling

Finances:

"Some have not travelled for financial reasons and regretted it."

"People can't always afford and have borrowed money."

Isolation:

"Burden of financial pressure often leading to having to travel alone."

"Social isolation in emotionally challenging situation."

"Travelled alone as has no money"

Family:

"Emotionally, psychologically- the feeling of doing it covertly and making provision for family remaining at home etc."

"Social ill-health due to compromised relationship(s) with GP/ friends/family due to knowledge of her having had an abortion, or compromised relationship due to the woman with-holding this knowledge from others."

Research: Experiences

Research: Experiences

Asylum Seekers

"Asylum seeker who was pregnant as a result of rape in her home country came to Ireland believing she would be able to have an abortion. Her status as Asylum Seeker precluded her from travelling abroad without permission of the Minister for Justice. She felt let down by doctors in Ireland, believing they refused to help her."

Research: Experiences

Abortifacients in Ireland

"I have had two patients sourcing their own agents for medical abortion who presented to the surgery as 'early miscarriage' requesting referral for ultrasound; significant trauma to both women relating to fear of prosecution, inappropriate expectations of outcome, for one woman there were significant complications requiring hospitalisation which she initially refused as her partner was a medical professional and she feared ramifications of discovery."

Research: Experiences

Aftercare

"Patient admitted to hospital with anaemia and endometritis 2 weeks after ToP- highlights total lack of aftercare/ advice and perception of inaccessibility to services in Ireland as patients often do not wish to disclose that they have had ToP."

Research: Experiences

Fetal Anomalies

"A woman had a major congenital anomaly detected at 23 weeks, incompatible with life- she already had a child and was a carer for her husband with a major chronic disease. It caused chaos that she had to leave the country and made a mockery of the law in this state."

Research: Experiences

General Comment

"... I personally feel I would never have an abortion and from a personal moral point of view I am completely against abortion. However in my professional role, I feel that every woman deserves the right to choose."

Does this matter?

Does this matter?

- GPs are at the front line, managing crisis pregnancies; not obstetricians and not psychiatrists. So their opinions and especially their experiences must be heard.

- Physician opinion matters
  - *"Comparisons between Brazil and Poland ultimately suggest that strong liaisons between physicians and the feminist movement influence physicians' attitudes and political engagement and are most promising in abortion rights advocacy efforts"* (de Zordo et al. Women's Health Issues; 2011).

- Definite implications:
  - Inter-country travel and negative health effects.
  - Others:

Has health become lost in the abortion debate?

Youth Defence

- Inform thousands of young women of the wonder of the developing baby in the womb and the horror of abortion.
- Save many women from being physically or psychologically destroyed by abortion.
- Offer comfort, and direct towards counselling, those women who are suffering as a result of abortion.
- Produce literature dealing with the need to protect mothers from abortion and telling of women hurt by abortion.

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Rhetoric avoids realities of crisis pregnancy

National Collaborating Centre for Mental Health 2011 meta-analysis

Impartial counselling

Has health become lost in the abortion debate?

Purporting scientific inaccuracies is harmful

- to the 150,000 women who have had abortion
- to those considering it today
- to those who will choose abortion in the future

Language is harmful

- causes additive harm
- in effect aggressive anti-choice language creates and perpetuates harm

Has health become lost in the abortion debate?

Fixation on transposing The X Case onto Article 40.3.3

Is “real and substantial risk” the only thing that matters in health?

Action On X

- Really this is debate is far too limited

Has health become lost in the abortion debate?

The focus of the debate has been grossly twisted away from the health of Irish women.

There are definite and caustic effects to the health of women and to Irish society because we do not have safe and legal access (? decriminalised access) to abortion services.

If this debate is about the health of women, we need to re-focus this debate on why abortion should be safe and legal in Ireland.

Thank you for listening

Doctors for Choice Ireland

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