Abortion in Europe: are the laws and practices patient centred?

Christian Fiala
MD, PhD

Gynmed Clinic
Vienna, Austria
www.gynmed.at

Karolinska Institutet/ University Hospital
Department of Woman and Child Health
Stockholm, Sweden

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The steps to an abortion

• Diagnosis of the unwanted pregnancy
• Decision to continue or terminate the pregnancy
• Termination of the pregnancy

Decision with an unwanted pregnancy

• Intimate area
• Particularly taboo
• Sometimes outside an existing, socially accepted relationship
• Information needed is complex and extensive
• Fundamental questions as well as practical information
• Decision has major implications
• A second person is concerned and more or less involved
• Information requirements vary for each woman
• Moral condemnation, refusal of assistance, misleading information from the social environment and health professionals
Restrictions:

- Diagnosis of the pregnancy by a doctor (out of tradition or legal requirement)
- Counselling doctor can not be the same as the treating doctor
- Obligatory counselling
- Woman has to hand in a written statement that she is in distress
- Obligatory consent by 2 doctors
- Blood group, other lab examinations as prerequisite
- Abortion is legal only on mental health grounds

Obligatory waiting periods /“cool off“

<table>
<thead>
<tr>
<th>Country</th>
<th>Waiting Period</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>6 days</td>
<td>from first contact with any counselling body</td>
</tr>
<tr>
<td>Germany</td>
<td>3 days</td>
<td>three full days, certified by confirmation from an approved counselling centre</td>
</tr>
<tr>
<td>France</td>
<td>7 days</td>
<td>from first contact with a specialist, doctor/ counsellor/ midwife/ nurse; can be shortened near the end of the term of legal abortion</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>five days</td>
<td>five full days after the first contact with a specialist, with many exceptions: can be shortened near the end of the term of legal abortion</td>
</tr>
<tr>
<td>Italy</td>
<td>7 days</td>
<td>from first contact with a doctor (certification required)</td>
</tr>
</tbody>
</table>

No waiting period: Austria, Denmark, Finland, Norway, Spain, Sweden, Switzerland

Restrictions: The abortion has to take place in the hospital

When does medical abortion take place?

- Mifepristone
- Prostaglandin

Expulsion ≠ Abortion

Content of the “counselling”

“The outcome of the counselling is not predetermined and it is based on the responsibility of the woman”, but:

“... The counselling aims to protect the unborn. The counselling should encourage the women to continue the pregnancy and prepare her for a life with a child. The counselling should help the women to take a responsible and careful decision. The woman has to realise that the unborn has a right to life at any stage of the pregnancy even when this limits her rights.”
Certifying doctors should not hold extreme views

the following views shall be considered incompatible

(a) That an abortion should not be performed in any circumstances:
(b) That the question of whether an abortion should or should not be performed in any case is entirely a matter for the woman and a doctor to decide.

Access to early abortion

<table>
<thead>
<tr>
<th>Country</th>
<th>Undergraduate</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Netherlands</td>
<td>&lt; 8 weeks</td>
<td>77% (2002)</td>
</tr>
<tr>
<td>Finland</td>
<td>&lt; 8 weeks</td>
<td>56% (2002)</td>
</tr>
<tr>
<td>Germany</td>
<td>&lt; 8 weeks</td>
<td>46% (2003)</td>
</tr>
<tr>
<td>Sweden</td>
<td>&lt; 8 weeks</td>
<td>44% (2002)</td>
</tr>
<tr>
<td>NZ</td>
<td>&lt; 8 weeks</td>
<td>7% (2004)</td>
</tr>
<tr>
<td>Canada</td>
<td>&lt; 9 weeks</td>
<td>42% (2003)</td>
</tr>
<tr>
<td>US</td>
<td>&lt; 9 weeks</td>
<td>59% (2001)</td>
</tr>
<tr>
<td>Sweden</td>
<td>&lt; 10 weeks</td>
<td>79% (2002)</td>
</tr>
<tr>
<td>Scotland</td>
<td>&lt; 10 weeks</td>
<td>65% (2003)</td>
</tr>
<tr>
<td>England/Wales</td>
<td>&lt; 10 weeks</td>
<td>57% (2002)</td>
</tr>
<tr>
<td>NZ</td>
<td>&lt; 10 weeks</td>
<td>36% (2004)</td>
</tr>
</tbody>
</table>

Source: national abortion statistics

Internet and abortion

• Advantage
  – Access at any time, no need to go somewhere
  – No need to justify
  – No questions asked
  – Anonymous
  – Can choose between different sources

• Disadvantage:
  – Not all women have access
  – Wrong, misleading information
The steps to an abortion

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Marketing of mifepristone

- 1988: France (49 days LMP)
- 1991: UK (63)
- 1992: Sweden (63)
- 1999 January: Austria (49)
- 1999/2000: most other European countries (49)
- 2000: US, Mifeprex® (49)
- Now available in 33 countries; >1.5 million women treated in EU

Proportion of medication abortions (first trimester)

Source: national abortion statistics, estimates for US

Mifepristone a gender issue?
### Laws and practises in abortion care, C. Fiala

#### Mifepristone a gender issue?

<table>
<thead>
<tr>
<th></th>
<th>Viagra®</th>
<th>Mifepristone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay to approval</td>
<td>Several months</td>
<td>&gt; 10 years</td>
</tr>
<tr>
<td>Indication</td>
<td>Not medically important</td>
<td>Important life event, has consequences for the whole life</td>
</tr>
<tr>
<td>Side effects</td>
<td>Many deaths reported</td>
<td>Very few death cases; few other side-effects</td>
</tr>
<tr>
<td>Available</td>
<td>Everywhere</td>
<td>Still not available in Canada and most countries outside W-Europe/US</td>
</tr>
<tr>
<td>International media</td>
<td>Report frequently; free publicity</td>
<td>Emotional reporting, “controversial abortion pill”</td>
</tr>
</tbody>
</table>

#### Who decides on the method

- The parliament via legislation
- The social security system via funding
- The health authorities via approval
- The medical council via special requirements
- The anaesthetist
- The direction of the hospital
- Appointment availability for one method
- The doctor
- Media via biased reporting

#### Choice

"There were no significant differences between women who had undergone medical abortion or vacuum aspiration two years previously in general, reproductive or psychological health. Almost all women placed a high value on the provision of choice of method of termination.

There was a significant difference in perception of long term procedure acceptability among women who had been randomised to a method of termination.

Women should have the opportunity to choose the method of termination."

Medical abortion or vacuum aspiration? Two year follow up of a patient preference trial. Br J Obstet Gynaecol 1997

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- The direction of the hospital
- Appointment availability for one method
- The doctor
- Media via biased reporting
- The women herself
**Restrictions in access to abortion**

Basic misunderstandings:

- Pregnant women have to be protected from themselves so that they do not hastily decide against having a child
- Women with an unwanted pregnancy would only enter into the actual decision-making process after counselling with someone they do not know
- A stranger is in a better position to judge what is in the best interest of the women
- Restrictions can reduce the number of abortions

Restrictions in access to abortion

- Do not lead to a reduced frequency of unwanted pregnancies or abortions
- Do not lead to an improvement in the quality of care
- Do not lead to an increase in birth (of wanted children)
- Delay gestational age at abortion
- Increase the risk for the physical and psychological health
- Increase costs without obvious benefit

The legal framework and requirements for an abortion do not reflect the needs of the women with an unwanted pregnancy.

The legal framework and requirements for an abortion do not reflect the needs of the women with an unwanted pregnancy. They do rather reflect the fantasies and projections of persons who are professionally inexperienced and personally not involved.
The origin of restrictions in access to contraception and abortion

Initially
“military centred”
not
“women centred”

What is needed?

• Liberal laws or rather who decides:
  The women involved or others who claim to be concerned?

• Reduce paternalism
• Give the power to decide and the autonomy to choose to those who are directly involved

In view of the great losses of most valuable human material by the war, the military command has to ...