# Healthcare Ethics essay

Ethical principles in healthcare – a map to the discussion concerning women's right to safely induced abortions

According to Svenaeus (2017, p.78), „the ethics of abortion has been a battleground ever since the rise of bioethics in the late 1960s." However, given current global developments, where numerous countries have already outlawed or are attempting to outlaw early pregnancy termination, the need to address the issue of access to safely induced abortions only intensifies. This essay will argue that by refusing a patient the option of a physician-assisted abortion, therefore denying a patient access to care, a healthcare professional or the country is in violation of numerous healthcare ethics principles and consequently endangering the patient's health. The essay will consider contrasting viewpoints about the issue however the focus will be on highlighting the importance and benefits of safely induced abortions. The analysis in the essay will be supported by the four moral principles of bioethical theory—beneficence, non-maleficence, respect for autonomy, and justice—coined by Tom Beauchamp and James Childress. Moreover, the essay will look at different perspectives on fetus-embryo rights and how various countries or states approach the topic of abortion. Subsequently, the stigma surrounding the topic will be discussed to further support the objective of the essay. Statistics will be included to emphasize the exigency of the situation in which women are found on a regular basis.

In clinical medicine, physicians have a duty to provide the care that most benefits the patient. In cases involving abortion, it is important to take into account the established ethical principles, particularly the four bioethical theory principles that affirm that a healthcare professional should not intentionally cause harm or injury to a patient. However, in many countries law is the predominant defining factor that decides whether women can access abortion safely or not. For example, it is under international human rights law and standards that countries "should ensure access to safe and quality sexual and reproductive healthcare" (Pietruchova, 2020, p.6) which should also include access to safely induced abortions. However, there are no clear regulations about what to do when law and ethical principles contradict each other. Shea (2020, p.443) argues that when discussing the previously mentioned principles of healthcare ethics it is imperative to consider the value theory of what is good and bad since "every principle has prima facie stringency and can be overridden by a weightier principle in certain circumstances" meaning that we have to account for individuality and specification when two or more principles collide. One of the issues in this situation is whether it is more crucial to determine whether the termination of pregnancy is improving the welfare of "the mother," who is the primary patient, and therefore the doctor is acting following the principle of beneficence and their duty of a healthcare professional, or whether the termination is causing the fetus-patient physical harm, which would be in violation with the non-maleficence principle.

The women who come to the difficult decision of terminating their pregnancy early for whatever reason also expect their healthcare practitioner to accommodate their right to autonomy, and the right to their own bodies and provide them with the plan that benefits them the most. Especially considering that scientists do not have a consensus about whether a fetus during the first trimester of pregnancy can be considered a person, therefore a patient, since the life of an embryo-fetus is a fairly unexplored area. Some people argue that a fetus in the earliest stages of pregnancy is still only a "ball of cells" (Svenaeus, 2017, p.78) and therefore can be considered a part of a woman's body. For instance, the majority of pro-life political and religious discussions surrounding the issue believe that an embryo is a person who may experience pain from the earliest stages of pregnancy. However, healthcare experts agreed that "there is no scientific consensus on the issue [at what stage the fetus starts to feel pain], but week 22 appears to be a good estimation" (Bellieni, 2012 cited in Svenaeus, 2017, p.80). Moreover, the issue of personhood in connection to the fetus is detrimental to the discussion of abortions. If, as some scientists suspect, a fetus at the beginning of pregnancy is only a collection of human DNA-containing cells the stigma associated with the abortion debate would have to be reconsidered. Scientists, as well as academics, have not reached an agreement on whether the embryo in the early days of being in the uterus has the capacity to be an actual person. Although by way of biology having human DNA means the embryo has the predisposition to become a human being, it is also uncertain whether it will reach its full potential. Svenaeus (2017, p.78) also presents an argument that this dispute "depends on the way one defines identity and potentiality." Additionally, legally in case of a miscarriage "fetus under 24 weeks does not warrant a death certificate" (Williams, Alderson and Farsides, 2001, p.226) which extends to a question of how the fetus is categorised. Consequently, determining the fetus-embryo rights is becoming more difficult.

The time frames established by various nations and states for carrying out abortions are another illustration that complicates the debate over diverse perspectives of the fetus. For example, abortions can not be performed after reaching week six in Georgia (USA), week twelve in Slovakia or week fourteen in France. The question of how and on what grounds does the government determines when an abortion is relevant or not should be at the forefront of abortion discussions. From a legal perspective, if the decision about setting a limit for performing authorized abortions is based on scientific recommendation, we would have one universal number that would indicate when abortion falls within a woman's legal rights and when it can be considered to be a murder of the future child. Considering the fetus starts to feel pain around the twenty-second week but is not issued a death certificate until week twenty-four the ideal number should be somewhere in-between. Some states and countries justify their decision for assigning lower numbers like six weeks based on their belief about the fetus acquiring personhood during that time. Where this decision comes from remains undefined. As every surgery carries its own risk so does the surgical termination of pregnancy, which in many countries is the only option for carrying out the abortion. Alvargonzález (2017, p.41) proposes an argument that "there is […] a reliable consensus that abortion is worse the later and less safely it is performed." Therefore, it can be argued that reaching a consensus

about the legal timeframe for abortions might be also helpful in determining the rights of the fetus.

However, when talking about this issue from another point of view we have to consider the position of the patient as well as the healthcare practitioner who both have to make an ethical choice regarding someone's life as well as a health condition. The main issue in discussions about abortion is the juxtaposition of the unborn child's right to life and the mother's right to her own physical integrity (and health). The discourse concerning abortions divides into pro-life and pro-choice movements, the first of which is founded on anti-abortion sentiments, and the latter of which supports pro-reproductive rights. This suggests that the topic of abortion is for the most part a matter of personal value. Although the general public and society are in a position to affiliate with one group or the other, the position of medical professionals should be regulated by the set guidelines for ethical behavior. However, as the word guideline suggests ethical principles are rather general in their nature and therefore their interpretation also leaves space for a personal choice, especially when few of them overlap.

The *Code of Ethics for healthcare* includes a principle called conscientious objection which allows physicians to refuse to perform surgery including abortion. Since "the health professional cannot be required to perform or participate in such duty which is contrary to his/her conscience" (Pietruchova, 2020, p. 12). Not only can they refuse to perform the act itself but they can refuse to support the patient in their free choice of terminating the pregnancy early although the law allows it. Despite the fact that the healthcare professional is bound to inform his/her/their patient about his right to objection, they are no further legal requirements for them to support the patient. The implication of this is the lack of information about access to care since "there is no reference system in place which could inform women where they can seek this kind of service" (Pietruchova, 2020, p. 12). This becomes problematic, especially in regions where the vast majority of the population, including the people of power, are heavily influenced by religion or conservative beliefs which deem abortion to be an offence. Pietruchova (2020, p.12) argues that in Slovakia "some regions where the influence of the religious and conservative institutions and actors is incredibly strong, no abortion providers are accessible." Fortunately, the surveys from 2018 have shown that although not easily accessible none of the cities in Slovakia had zero cases of legally performed abortions (National Health Information Centre, 2019) which means that although the way to an abortion is not an easy one there is still the chance to access it. The question then is whether a doctor's right to object on grounds of conscience can actually take precedence over their responsibility to the patient and the patient's right to access to healthcare. Although there is an excessive discussion about the principle of conscientious objection FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health argues that "any conscientious objection to treating a patient is secondary to [their] primary duty" (Faúndes and Shah, 2015, p. 56) which is to avoid causing harm to their patient and provide them with the most beneficial healthcare plan.

Moreover, Pietruchova (2020) in her analysis of *Access to abortion services for women in the EU* brings to attention another problem concerning the principle of conscientious objection. What happens when it is not just one doctor who refuses to carry out the abortion but the whole institution or multiple facilities in one region? On one hand, there is an argument in favour of the physicians since they too have a right to retain "a reasonable level of personal freedom and integrity" (Pietruchova, 2020, p.13). On the other hand, Pietruchova (2020, p. 12) also challenges the notion by stating that healthcare establishments "misinterpret" the right to conscientious objection because "this right […] belongs to an individual but not to an institution." A case study in Slovakia has proven that in extreme cases this misconstruction can result in abortions being completely banned within the space of the institution although the patient is within the law to ask for it. Considering that according to the World Health Organization figures from 2008 an estimated "21.6 million women underwent unsafe abortions" (Alvargonzález, 2017, p.42) due to various reasons. It is then concerning to think about the implications of not only individual physicians exercising their right to conscientious objection but whole institutions doing the same.

Even more potent is the question of what happens after the patient, in the case of abortions - a woman is denied the option of artificially terminating the pregnancy early and is forced to search for alternative ways which may put the patient's health and life in jeopardy. According to the statistics "unsafe abortion […] accounts for 14.5% of all maternal deaths globally" (Faúndes and Shah, 2015, p. 56). These numbers however do not take into account the deaths of the women who died because of mental health problems connected to abortions being an excessively stigmatized topic. According to research conducted by Moore et al. (2021, p.2) women who seek physician-assisted abortions experience more "social isolation and psychological distress" because of the stigma attached to abortions in our society. Other statistics show that "each year, over five million women are admitted in hospitals because of complications due to unsafe abortion" (Faúndes and Shah, 2015, p. 56). These striking numbers are arguably proportionately linked to physicians exercising their right to conscientious objection as it does with our society's bias towards abortions being something blemish. Since neither the patient nor the doctors are unaffected by the pressure society puts on those who do not condone to their standards. In this case, the consequences of wanting to undergo an abortion or performing the surgery itself can be met with a lot of backlash from people in their community. Some academics even argue that "one of the main barriers to accessing safe abortion is the resistance of health professionals to provide these services by alleging conscientious objection, although many times the real reason is fear of being stigmatized for providing legal abortion services." (Faúndes and Shah, 2015, p. 56).

For the patient, this means a number of problems starting from facing the shame linked to the act to the physician's refusal of performing the surgery itself. Taking into consideration the principle of beneficence, and non-maleficence if the findings of Faúndes and Shah are indeed correct, it would mean a serious contravention of the *Code of Ethics for healthcare*. The latest figures also show that "stigma towards abortion within the health care system has reduced

access to care and siloed abortion services from broader reproductive health care" (Moore, B. et al.,2021, p.2). Such results are evidence of how women are forced to look for alternative ways to terminate their pregnancy which immensely endangers their life. Moreover, it can also be perceived as a declaration of how serious and unmanaged the issue of abortions still is and why as a society we need to spread not only more awareness but also more understanding towards those who found themselves in this situation.

**Conclusion:**

In conclusion, the essay demonstrated that physician-assisted abortions are the safest way for a woman to terminate a pregnancy. According to the statistics, any other way of terminating the pregnancy has the potential to result in serious life-long health problems or even death. Women all over the world, however, experience troubles and prejudice when deciding to abort the fetus. Therefore, the essay examined the stigma surrounding the issue of abortion, where the findings help us understand how complex the topic is. The main focus of the essay was on how ethical principles in healthcare help navigate the dispute between the pro-life and pro-choice movements. Therefore, the main four ethical principles of beneficence, non-maleficence, respect for autonomy, and justice were reviewed in connection to access to abortion. Several countries were offered as an example to demonstrate how the ethical principles work in real life and whether the law is creating any inconsistencies. The issues of fetus-embryo rights were also examined to fully comprehend why is the topic of abortions such a controversial one. Religion and conservative beliefs played a crucial role in identifying the role of society and the creation of laws such as the timeframe within which abortions can be performed in specific countries. Lastly, the principle of conscientious objection served as a useful tool in determining the main problems women are facing when they decide to terminate their pregnancy early. The essay argued that when healthcare practitioners or healthcare institutions decide to ban access to abortion for whatever reasons women are forced to search for alternative ways to resolve their current health condition and subsequently their life and health are endangered. The stigma in our society proved to be detrimental to the decision of surgeons as well as patients on whether to access or perform surgery. Since there is no scientific consensus on the topic of abortions this essay does not provide one either. However, this paper highlights the need for discussions concerning women's right to safely induced abortions.

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