

Personal Beliefs vs. Professional Responsibilities

This activity is appropriate for highly literate health-care providers involved in direct clinical care or for non-health-care providers whose work pertains to second-trimester abortion care, referrals or advocacy. It is intended to help people realize and resolve conflict between their personal beliefs and professional responsibilities and to recognize the link between these beliefs and their behaviors. This activity raises the issue of conscientious objection and emphasizes providers' responsibilities to ensure women's right to reproductive health care, including abortion.



Objectives

By the end of this activity, participants will be able to:

- Identify motivating factors and perceived barriers to supporting access to second-trimester abortion care;
- (For health-care providers) Identify motivating factors and perceived barriers to directly providing second-trimester abortion services;
- Articulate how these motivating factors and perceived barriers affect their attitude toward women who have second-trimester abortions and the quality of second-trimester abortion care in their setting;
- (For health-care providers) Articulate how these motivating factors and perceived barriers might affect the quality of second-trimester abortion care they deliver;
- Clarify and potentially resolve their ambivalence about support for second-trimester abortion care;
- Articulate the limits to conscientious objection and providers' ethical obligations regarding termination of pregnancy.



Materials

- Worksheet (one per participant) and facilitator instructions (one per small group facilitator)
- International Federation of Gynecology and Obstetrics (FIGO) Resolution on Conscientious Objection



Timeline

10 minutes to introduce activity and facilitate short discussion
35 minutes to complete and discuss worksheets in small groups
15 minutes for debriefing in large group

60 minutes



Advance Preparation

- Photocopy health-care provider or non-health-care provider worksheet, one per participant, and facilitator instructions for small group facilitators.
- Prepare a brief review of abortion laws and policies in the country.

- Prepare global and local materials on conscientious objection resolutions and policies (FIGO Resolution on Conscientious Objection and other sources listed in Additional Training Resources: Abortion and Reproductive Health VCAT)



Instructions

1. Introduce the activity and facilitate a short discussion:

In countries with restrictive abortion laws, health-care providers have been known to falsify a patient's medical condition to help her obtain safe, legal abortion services, including second-trimester abortions. One physician in the United States before abortion was legalized said that she felt it was "...part of the practice of medicine ... you do what you feel is necessary to ensure the safety of your patients" (Joffe, 1995)

Conversely, some health-care providers working in the public health system deliberately misinform women or try to convince them not to have an abortion – especially when the pregnancy is in the second trimester – even when she insists she does not want to continue the pregnancy and the laws and policies in their country permit a legal abortion in the public health system in that circumstance.

Possible Discussion Questions:

- *What do you think about these health-care providers' practices?*
- *How common is it for health-care providers to experience conflicts between their personal beliefs and their professional responsibilities concerning abortion care, especially in the second trimester?*
- *How many of you have experienced conflicts between your personal beliefs and your professional responsibilities concerning abortion? How about abortion in the second trimester?*

This activity will help us explore ambivalence and conflicts concerning second-trimester abortion by identifying barriers and motivations we may have to supporting second-trimester abortion care and weighing those against our professional responsibilities. This activity can help us ascertain if our behaviors are consistent with our professional responsibility to ensure women have access to the safe, legal abortion services to which they are entitled in our country.

Note to facilitator: Nearly all countries have at least one or more legal indications for abortion. It may be helpful to quickly review the legal indications for second-trimester abortion in your country.

2. Divide participants into small groups of four to six people each. Ask each group to select a facilitator and timekeeper to assure they stay on task and time. Distribute a worksheet to each participant and facilitator instructions to each small group facilitator.
3. In small groups, facilitators instruct participants to complete Part A of the worksheet. Ask participants to think carefully about their responses and assure them their responses will be kept private.
4. After participants have completed Part A, facilitators lead a short discussion about barriers and motivations to provide (for health-care providers) or support (for non-health-care providers) second-trimester abortion care using some of the following questions:

- *What were your main barriers to provide (for health-care providers) or support the provision of (for non-health-care providers) second-trimester abortion care? What additional barriers that were not listed did you add?*
 - *What were your strongest motivations to advocate for second-trimester abortion care?*
 - *What additional motivators that were not listed did you write in?*
 - *What people and life experiences have influenced these barriers and motivations?*
 - *When you compare the number and types of barriers versus motivations, do the motivations outweigh the barriers or vice versa?*
 - *How do these barriers and motivations explain your understanding of your role in supporting the provision of second-trimester abortion care?*
5. Ask participants to complete Part B and then facilitators lead a short discussion about professional responsibilities with some of these questions:
- *How would you summarize your responsibilities to women concerning second-trimester abortion?*
 - *What people and life experiences have influenced your understanding of your professional responsibilities concerning second-trimester abortion care?*
 - *How would you articulate the core values that inform your sense of professional responsibility concerning second-trimester abortion?*
 - *Have there been any situations in which you did not act in accordance with your perceived responsibilities? What were the reasons for this?*
 - *What responsibilities do people working in the health field and other professions have to ensure women have access to safe second-trimester abortion services?*
6. Have participants return to the large group. Facilitate a discussion about the intersection of barriers and motivations to advocate for safe second-trimester abortion that are based on personal beliefs, values and professional responsibilities.
- *What are your observations about personal beliefs and how they intersect with professional responsibilities to ensure safe second-trimester abortion care?*
 - *In one phrase, please summarize your professional responsibilities with regard to second-trimester abortion care.*
 - *What are some ways we can maintain our personal beliefs and values about second-trimester abortion while adhering to our professional responsibilities?*
7. Read the FIGO Resolution on Conscientious Objection, and discuss any relevant local policies on conscientious objection and providers' responsibilities regarding abortion care in the public health system. Review the limits to conscientious objection spelled out in the FIGO Resolution and discuss how they pertain to abortion care.

Providers shall:

- Provide public notice of professional services they decline to undertake on grounds of conscience;
- Refer patients who request such services, or for whose cares such services are medical options to other practitioners who do not object to the provision of such services;
- Provide timely care to their patients when referral to other practitioners is not possible and delay would jeopardize patients' health and well-being;
- In emergency situations, provide care regardless of practitioners' personal objections.

Note to facilitator: For those with personal beliefs that oppose second-trimester abortion, you might need to offer some suggestions here, such as: 1) refer women to safe services and ensure they receive services but do not provide services yourself or 2) consider working in a professional capacity or specialty that does not include providing or referring people to services that raise conflicts with personal beliefs and values.

8. Offer these closing words about ambivalence and professional commitment:

Before we make a serious commitment to something or make a major decision, we often have to analyze the benefits and barriers, or pros and cons. In doing so, we may try to resolve or lessen ambivalence that we may have. Ambivalence means that you have simultaneous and contradictory attitudes or feelings about something.

For example, imagine you had a loved one with an end-stage terminal illness. Your loved one had asked you not to take life-saving measures in this situation. Even though you can't stand the thought of losing them, it is important to you to ensure that your loved one lives their final days with dignity and comfort, as they desired. Resolving ambivalence does not require that you decide with 100 percent certainty that you are at peace with the reality that your loved one will die soon. Rather, you balance your mixed feelings and emotions to decide the best course of action.

Similarly, resolving or reducing ambivalence about second-trimester abortion can also involve a weighing of pros and cons, or the motivations and barriers you just considered. This activity often brings ambivalence about second-trimester abortion to the surface. Making a commitment to support second-trimester abortion care does not mean that all the barriers have disappeared. People can realize that certain barriers remain and yet still have intentions to act in a certain way that is consistent with their professional responsibilities.

9. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Joffe, C. 1995. Doctors of conscience: The struggle to provide abortion before and after Roe v. Wade. Boston, Beacon Press.

Activity adapted from:

National Abortion Federation. 2005. The abortion option: A values clarification guide for health care professionals. Washington, DC, NAF.

Personal Beliefs vs. Professional Responsibilities: Non-Health-Care Providers

PART A: Barriers and Motivations to Advocate for Safe Abortion Care

What are some barriers that may prevent you from advocating for second-trimester abortion care for women? Check all that apply:

- I find the idea of second-trimester abortion personally objectionable or uncomfortable.
- Second-trimester abortion is contrary to my most deeply held values.
- Second-trimester abortion is contrary to my religious beliefs.
- I might have to face the memory of my own experience(s) with second-trimester abortion.
- I worry about my professional reputation.
- My colleagues are not supportive of second-trimester abortion.
- My family is not supportive of second-trimester abortion.
- I worry about my personal safety or the safety of my loved ones due to violence from people who oppose second-trimester abortion.
- People who are important to me and whom I respect oppose second-trimester abortion.
- I am not informed enough to advocate for second-trimester abortion care.
- Other barriers: _____

- There are no barriers for me to advocate for safe second-trimester abortion services for women.

Which of the following reasons may motivate you to advocate for second-trimester abortion care for women? Check all that apply:

- All women deserve comprehensive, safe abortion care, including in the second-trimester, if needed.
- Many women seeking second-trimester abortion services are not able to advocate for themselves.

- I am committed to preventing women's deaths and disability due to unsafe abortion.
- I believe in women's rights and responsibilities to make their own sexual and reproductive health choices.
- I only want to see children brought into the world who are cared for and loved.
- I believe abortion is an integral part of comprehensive health care.
- I believe comprehensive abortion care, which includes second-trimester abortion, is a human right.
- I believe other women should have the same opportunity to obtain safe second-trimester abortion services as I/my partner/my loved one had when I/she sought a second-trimester abortion.
- I am committed to ensuring that second-trimester abortion remains safe, legal, accessible and high quality.
- It is important to me that I make a public commitment to second-trimester abortion care for the women who need it.
- If I do not support second-trimester abortion care, the services may not be available to the women who need them.
- I want to foster a supportive environment for abortion services and rights within the reproductive health field.
- Other motivations: _____

- Nothing would motivate me to advocate for second-trimester abortion care for women.

PART B: Responsibilities to Women

In your opinion, what responsibility do you personally have to ensure that women have access to second-trimester abortion care? Check all that apply:

- I have a responsibility to provide nonjudgmental, factually correct information about all pregnancy options to women, including second-trimester abortion.
- I have a responsibility to convince women not to have a second-trimester abortion.
- Whenever I hear someone making false statements about second-trimester abortion, I have a responsibility to offer correct information.
- I do not have a responsibility to refer women who are seeking a second-trimester abortion to safe services as long as other people do so.

- I have a responsibility to refer women seeking an abortion to safe services, even if it is second-trimester abortion.
- I have a responsibility to provide only information about second-trimester abortion that is consistent with my personal values.
- I have a responsibility to follow up on second-trimester abortion referrals to ensure that women have been able to access safe, high-quality care.
- I have a responsibility to abide by the abortion laws of the country I am currently in.
- If I hear information about an illegal second-trimester abortion provider, I have a responsibility to report him/her to the authorities, even if the services are safe and reaching women who otherwise could not access care.
- If I choose not to support second-trimester abortion care, I have a responsibility to inform my employer and colleagues about my stance.
- I have a responsibility to provide women with the information and referrals they need, even if they are not in line with the law.
- I have a responsibility to be informed about abortion laws and policies in my country.
- I have a responsibility to counsel women to act according to their own values concerning second-trimester abortion, regardless of my beliefs about their decisions.
- I have a responsibility to do everything I can to ensure second-trimester abortion care is available to all women who need it.
- Other responsibilities: _____

- I have no responsibility to women with regard to second-trimester abortion care.

Activity adapted from:
National Abortion Federation. 2005. *The abortion option: A values clarification guide for health care professionals*. Washington, DC, NAF.

Personal Beliefs vs. Professional Responsibilities: Health-Care Providers

PART A: Barriers and Motivations to Provide Safe Abortion Care

What are some barriers that may prevent you from providing or assisting with second-trimester abortion care women? Check all that apply:

- I find the idea of second-trimester abortion personally objectionable or uncomfortable.
 - Second-trimester abortion is against my most deeply held values.
 - Second-trimester abortion is against my religious beliefs.
 - I believe that second-trimester abortion is contrary to my oath to “do no harm.”
 - I might have to face the memory of my own experience(s) with second-trimester abortion.
 - I worry about my professional reputation.
 - I would worry about patients leaving the facility if they find out we are providing second-trimester abortion services.
 - The facility where I work or have admitting privileges is not supportive of providing second-trimester abortion services.
 - There are administrative barriers (e.g. malpractice coverage, insurance reimbursement, compliance with policies and regulations).
 - My colleagues are not supportive of second-trimester abortion.
 - My family is not supportive of second-trimester abortion.
 - I would worry about my personal safety or the safety of my loved ones due to violence from people who oppose second-trimester abortion.
 - People who are important to me and whom I respect oppose second-trimester abortion.
 - I do not have adequate skills to provide second-trimester abortion care.
 - I would worry about maintaining clinical competence if I do not provide second-trimester abortion services regularly.
 - Other barriers: _____
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- There are no barriers for me to provide or assist with safe second-trimester abortion services for women.

Which of the following reasons may motivate you to provide or assist with second-trimester abortion care for women? Check all that apply:

- It is important to me to provide comprehensive care for my patients.
 - All women deserve comprehensive, safe abortion care, including second-trimester care if needed.
 - There is a need for an abortion provider who can do second-trimester procedures in the community where I work.
 - I am committed to providing my patients with the care they need, rather than referring them to a provider they do not know.
 - I am committed to preventing women's deaths and disability due to unsafe abortion.
 - I believe in women's rights and responsibilities to make their own sexual and reproductive health decisions.
 - I only want to see children brought into the world who are cared for and loved.
 - I believe abortion, including in the second-trimester, is an integral part of comprehensive health care.
 - I believe comprehensive abortion care (which includes second-trimester abortion) is a human right.
 - I believe other women should have the same opportunity to obtain safe second-trimester abortion services as I/my partner/my loved one had when I/she sought an abortion.
 - I would like to be competent in as many aspects of health care as possible.
 - I am committed to ensuring that second-trimester abortion remains safe, accessible and high quality.
 - It is important to me that I make a public commitment to providing comprehensive abortion care, including second-trimester abortion.
 - If I do not provide second-trimester abortion care, the services may not be available or safe for the women who need them.
 - I want to foster a supportive environment for abortion rights and abortion providers within the medical community.
 - Other motivations: _____
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- Nothing would motivate me to provide or assist with second-trimester abortion care.

PART B: Responsibilities to Women

In your opinion, what responsibility, if any, do you personally have to ensure that women have access to second-trimester abortion care? Check all that apply:

- I have a responsibility to provide nonjudgmental, factually correct information about all pregnancy options, including second-trimester abortion.
- I have a responsibility to convince women not to have a second-trimester abortion.
- I have a responsibility to only provide information about second-trimester abortion that is consistent with my personal values.
- I have a responsibility to provide or assist with second-trimester abortion care.
- I have an obligation to provide whatever medical care my patients need and I am competent to provide, as long as it does not conflict with my personal beliefs.
- I do not have a responsibility to provide or assist with second-trimester abortion care as long as other health-care providers do.
- I have a responsibility to refer women who are seeking a second-trimester abortion to safe services that I am not willing or able to provide.
- I have a responsibility to follow up on second-trimester abortion referrals to ensure that women have been able to access safe, high-quality care.
- I have a responsibility to abide by the abortion laws of the setting in which I am practicing.
- I have a responsibility to provide women with the second-trimester abortion information and referrals they need, even if they are not in line with the law.
- I have a responsibility to provide the second-trimester abortion services women need, even if they are not in line with the law.
- If I hear information about an illegal second-trimester abortion provider, I have a responsibility to report him/her to the authorities, even if the services are safe and reaching women who could not access care otherwise.
- If I choose not to provide or assist with second-trimester abortion care, I have a responsibility to inform my employer and colleagues about my stance.
- I have a responsibility to be informed about abortion laws and policies in my country.
- I have a responsibility to counsel women to act according to their own values concerning second-trimester abortion, regardless of my beliefs about their decisions.
- I have a responsibility to do everything I can to ensure comprehensive abortion care, which includes second-trimester abortion, is available to all women.

- Other responsibilities: _____

- I have no responsibility to women with regard to second-trimester abortion care.

Activity adapted from:

National Abortion Federation. 2005. The abortion option: A values clarification guide for health care professionals. Washington, DC, NAF.

FIGO Resolution on Conscientious Objection

Reviewed and approved by FIGO Executive Board, September 2005 and adopted by the FIGO General Assembly on November 7, 2006.

- Recognizing that physicians have an ethical obligation, at all times, to provide benefit and prevent harm for every patient for whom they care;
- Recognizing further that providers are obligated to inform patients of all medically indicated options for their health care and respect their choice (autonomy);
- Recognizing patients' rights to timely access to medical services;
- Acknowledging that practitioners have a right to respect for their conscientious convictions both not to undertake and to undertake the delivery of lawful services;
- Noting the duty of practitioners as professionals to abide by scientifically and professionally determined definitions of reproductive health services and not to mischaracterize them on the basis of personal beliefs.

FIGO affirms that to behave ethically, practitioners shall:

- 1. Provide public notice of professional services they decline to undertake on grounds of conscience;**
- 2. Refer patients who request such services or for whose cares such services are medical options to other practitioners who do not object to the provision of such services;**
- 3. Provide timely care to their patients when referral to other practitioners is not possible and delay would jeopardize patients' health and well-being;**
- 4. In emergency situations, provide care regardless of practitioners' personal objections.**

Available online at http://www.figo.org/initiatives_conscientious.asp.