

PROTECTING WOMEN'S ACCESS TO SAFE ABORTION CARE

A Guide to Understanding the Human Rights to Privacy and Confidentiality: Helping Advocates Navigate 'Duty to Report' Requirements



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PROTECTING WOMEN'S ACCESS TO SAFE ABORTION CARE

A Guide to Understanding the Human Rights
to Privacy and Confidentiality:

Helping Advocates Navigate 'Duty to Report' Requirements

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Introduction

Abortion care requires respect for a patient's privacy. Specifically, providers have an ethical and legal duty to keep all medical and health information collected from their patients confidential. This includes information related to abortion care. Requirements that providers report confidential information to law enforcement authorities endanger patient health and violate ethical and human rights standards.

Every year approximately 47,000 women die as a result of complications from unsafe abortion (World Health Organization [WHO], 2011). Complications from unsafe abortion accounted for approximately 13 percent of all maternal deaths in 2008, and the highest number of these deaths occurred in Africa (Guttmacher, 2012). Women—especially women who are poor, marginalized or young—are more likely to forgo necessary care or seek it under unsafe conditions rather than seek it from people and institutions that will not protect their identities and information (Cook, Dickens & Fathalla, 2003).

Protecting patient confidentiality is critical to ensuring that women can safely and promptly access abortion care when they need it. This resource is primarily intended to help legal and policy advocates utilize the concept of privacy to support providers in guaranteeing women's right to confidential abortion care. Health-care professionals may also find the resource provides useful guidelines on protecting patient privacy. Included is a review of providers' ethical obligations to maintain confidentiality, a review of human rights protections related to privacy in health care, and an analysis of how confidentiality is treated in different national laws. Forty-two countries from all major regions were studied for this resource, with a focus on how confidentiality relevant to abortion access is addressed in national laws and regulations—including language found in abortion laws, other health laws, regulations and codes of medical ethics.

This resource will also show that requiring providers to report women suspected of obtaining unlawful abortions violates protections of privacy and confidentiality under international human rights law. This guide draws from the work of noted reproductive health and rights expert Rebecca Cook, the International Federation of Gynecology and Obstetrics (FIGO), and the World Health Organization (WHO).

Part 1 of this resource explains how abortion care is linked to the human right to privacy. Through questions and answers, Part 2 provides an overview of the ethical and human rights protections related to privacy, including the duty to report. Part 3 focuses on how abortion laws can be drafted to best protect privacy and confidentiality and avoid human rights violations and harmful barriers for women seeking abortion care. The national laws and policies discussed in this resource provide examples of common ways that confidentiality and privacy related to abortion care are addressed in national laws.

Part 1: Abortion and privacy

Privacy is a broad concept that covers several individual rights. In the health-care setting, privacy means having the right to make health-care choices freely and having the right to consent to examination or treatment without coercion or embarrassment. In addition, patients have a right to privacy as it relates to the medical or health information they share with their provider. This is referred to as provider-patient confidentiality. Provider-patient confidentiality creates a duty for health providers to keep any information collected from the patient secret.

Numerous studies document the reasons that women seek abortion from unskilled providers. One strong motivation for turning to unsafe channels is the fear that a provider will report her to law enforcement officials or otherwise violate her confidentiality by sharing sensitive information with others outside of her medical team. Women may be reluctant to seek treatment for complications of unsafe abortion out of fear of being investigated during postabortion care.

EVIDENCE: THE NEED FOR PROVIDER-PATIENT CONFIDENTIALITY

- A study on the perspectives of rural and marginalized women in South India found that those surveyed defined “safe abortion” as requiring more than medical safety. These women considered assurances of secrecy an important factor that directly affected whether they felt they could access safe abortion (Sri & Ravindran, 2012).
- Findings from the Youth-Friendly Postabortion Care Services in Africa research project implemented by Pathfinder International in eight African countries found that many of the public health facilities studied lacked a private and confidential environment for adolescents to seek comprehensive abortion care (Daily Graphic, 2008). The project demonstrated the critical need to address unsafe abortion in Africa, a region where the proportion of women aged 15-19 who have unsafe abortions is higher than anywhere else in the world. Ensuring privacy and confidential access was identified as a critical component to prevent adolescents from seeking care in unsafe conditions (WHO, 2012).
- A study of unsafe abortion in Kenya found that many women with complications from unsafe abortion did not seek medical care from private or public health facilities because of their desire to maintain confidentiality and fear of reproach by medical staff (Nyabiage, 2008).

Adolescents seeking safe abortion care experience unique challenges. Some communities, particularly paternalistic ones, may be reluctant to acknowledge that younger adolescents can make responsible or moral choices about their sexual and reproductive health. Many countries have imposed legal barriers in the form of parental disclosure or consent requirements before adolescents can access services that they need. However, courts—including the English High Court and English Court of Appeal—have recognized that the human rights to privacy and confidentiality, as outlined in the Convention on the Rights of the Child, apply to all without a minimum age (Cook, Erdman & Dickens, 2007). This means that the medical and health information an adolescent provides to her doctor must be kept secret, and the provider must not require that she disclose anything to a parent before offering her services (Skuster, 2013).

These findings show the importance of protecting and integrating patient confidentiality into all efforts to help women avoid resorting to unsafe abortion. When providers are expected to report a case of suspected unlawful abortion to law enforcement authorities, or when they mistakenly think they must make such a report, women's health, safety and trust in the health-care system are undermined.

Part 2: Ethical, legal and human rights protections and the duty to report

QUESTIONS AND ANSWERS

Question: In a country where abortion is illegal under certain circumstances and a woman presents with an incomplete abortion, what is the ethical duty of the provider?

Answer: All medical providers have an ethical and professional duty to provide care to their patients while maintaining respect for their dignity. Accordingly, providers have an ethical duty to provide medical care to any woman presenting with an incomplete abortion (which may include symptoms of hemorrhage or severe bleeding), whatever its origins may have been. The professional ethical duty in this circumstance requires the provider to ensure that medical care is provided promptly and with appropriate safety and skill. It is irrelevant for the provider to question the legality of the woman's prior conduct before treating the condition presented (Cook et al., 2003). In any case, the distinction between an incomplete abortion that was spontaneous or induced can be difficult to diagnose.

After care has been provided, it is important that the provider continue to respect the confidential nature of the provider-patient relationship. When a patient seeks care from a provider and expects her case is being protected and confidential, it is unethical for the provider to betray her expectations and expose her to possible prosecution or imprisonment by sharing confidential information with law enforcement authorities (Cook et al., 2003).

The International Federation of Gynecology and Obstetrics (FIGO) recognizes that women are especially vulnerable to personal harm or discrimination from breaches in medical confidentiality, and because of this, the obligation to ensure strict confidentiality in women's

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health care is greater for health providers. FIGO states that every provider is obligated to respect and guard individual patients' rights to privacy and confidentiality of their health information in all settings, including informal settings like hallways, elevators, or during lectures (FIGO, 2009).

Question: Where is the right to privacy and confidentiality found in international human rights laws?

Answer: A woman's right to comprehensive sexual and reproductive health-care services, including abortion, is found in international human rights standards guaranteeing the rights to life, health, privacy, equality, and non-discrimination. The human rights to privacy and confidentiality are protected in several human rights treaties, including the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Rights of the Child (CRC), the Committee on the Elimination of Discrimination Against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD). United Nations Treaty Monitoring Bodies—appointed committees charged with monitoring states' progress in the implementation of international treaties—have also made several General Recommendations and Concluding Observations interpreting states' obligations regarding this right.

Question: How can I apply international human rights law regarding the right to privacy and confidentiality in my country?

Answer: The first step in applying a human rights-based approach to privacy and confidentiality is to understand what the rights to privacy and confidentiality guarantee for a woman and the obligations and duties they create for the government that has agreed to uphold these rights.

Under the right to privacy, a woman is guaranteed the right to make her health-care choices freely, and she has the right to give informed consent to any medical examination or treatment without coercion or embarrassment. She also has a right to have her privacy protected, including the medical and health information she shares with her provider. The health-care provider, therefore, has an ethical and legal obligation to keep all information collected secret and private.

If a government has signed on to a human rights instrument protecting the rights to privacy and confidentiality, then it must take steps to meet certain standards with regard to health facilities and services. This includes ensuring that there is respect for medical ethics and confidentiality by those providing health services (Human Rights Council, 2012). If a provider fails to protect confidentiality, he or she can be held legally responsible for violating a woman's human rights.

Figures 1 and 2 summarize statements made by UN bodies and the World Health Organization with regard to the right to privacy and confidentiality in health-care settings. These statements can be used to support legal challenges and advocacy efforts in national, regional, and international human rights institutions. Advocacy campaigns holding governments accountable for safe, legal abortion access can also utilize this language.

Note: The United Nations treaty monitoring system was established to monitor and ensure government compliance with the various treaties to which they are legally bound. The monitoring process allows a dialogue between the UN committees, civil society organizations and government representatives, and also creates a body of law supporting various human rights. This body of law guides governments and advocates in promoting and protecting human rights, and also serves as a tool for holding governments accountable under international human rights law.

FIGURE 1: RIGHT TO PRIVACY OUTLINED BY INTERNATIONAL BODIES

INTERNATIONAL BODY	STATEMENTS ON RIGHT TO PRIVACY
Human Rights Committee (HRC)	<p><i>“where States impose a legal duty upon doctors and other health personnel to report cases of women who have undergone abortion. In these instances, other rights in the Covenant, such as those in articles 6 and 7 (right to respect of privacy and freedom from torture, and cruel, inhuman and degrading treatment), might also be at stake”</i> (Human Rights Committee, 2000, par. 20).</p> <p>Treaty monitoring bodies have also contributed to the case law on confidentiality and abortion access, noting in <i>LMR v. Argentina</i> that “the State’s unlawful interference, through the judiciary, in an issue that should have been resolved between the patient and her physician could be considered a violation of her right to privacy” (<i>LMR v. Argentina</i>, 2011).</p>
World Health Organization (WHO)	<p>WHO guidance for health systems on safe abortion care requires that services be delivered in “a way that respects a woman’s dignity, guarantees her right to privacy and is sensitive to her needs and perspectives ... Attention should be given to the special needs of the poor, adolescents, and other vulnerable and marginalized women” (WHO, 2012).</p> <p>This guidance recommends that abortion laws, norms and standards include protections for confidentiality and privacy for all women, including adolescents (WHO, 2012).</p>
International Confederation of Midwives (ICM)	<p>“Every woman has a right to participate actively in decisions about her health care and to offer informed consent. Every woman has a right to privacy” (ICM, 2011).</p> <p>“Midwives hold in confidence client information in order to protect the right to privacy and use judgment in sharing this information except when mandated by law” (describing the professional responsibilities of midwives) (ICM, 2008).</p>

FIGURE 2: RIGHT TO CONFIDENTIALITY OUTLINED BY INTERNATIONAL BODIES

INTERNATIONAL BODY	STATEMENTS ON RIGHT TO CONFIDENTIALITY
<p>Committee on Economic, Social and Cultural Rights (CESCR)</p>	<p><i>“all health facilities, goods and services must be respectful of medical ethics ... as well as being designed to respect confidentiality and improve the health status of those concerned ... delivered in a way that ensures that a woman gives her fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives”</i> (CESCR General Comment 14, 2000).</p>
<p>Committee to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)</p>	<p><i>“lack of respect for confidentiality ... may deter women from seeking advice and treatment and thereby adversely affect their health and well-being. Women will be less willing, for that reason, to seek medical care for diseases of the genital tract, for contraception or for incomplete abortion and in cases where they have suffered sexual or physical violence”</i> (CEDAW General Recommendation 24 on Women’s Health, par. 12, 1999).</p> <p>The CEDAW Committee has also stated that States should report on all measures taken to ensure that quality health services are accessible and acceptable for women, defining acceptable to include that services guarantee confidentiality and are sensitive to a woman’s needs and perspectives (CEDAW General Recommendation 24 on Women’s Health, par. 22, 1999).</p>
<p>World Medical Association (WMA)</p>	<p><i>“All identifiable information about a patient’s health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind must be kept confidential...[c]onfidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law”</i> (WMA, 2005a).</p> <p>The WMA Ethics Manual also cautions physicians to <i>“view with a critical eye any legal requirements to breach confidentiality and assure themselves that it is justified before adhering to it”</i> recognizing that <i>“legal requirements can conflict with the respect for human rights that underlies medical ethics”</i> (WMA Medical Ethics Manual, 2005b).</p>

Question: What if there is a law requiring health personnel to report suspected unlawful abortions to law enforcement officials in my country?

Answer: Laws that require a provider to report suspected unlawful abortions or submit to questioning by police that includes divulging patients' identities are in direct conflict with the ethical duty of protecting confidentiality—and can also conflict with the legal duty to protect privacy that exists in different countries. As discussed above, providers have legal and ethical obligations to protect the privacy and confidentiality of patient information. Laws requiring a provider to report suspected unlawful abortions are rare. In most circumstances, the law may include certain exceptions to the confidentiality rule, allowing for some disclosures of confidential information in limited cases. In that situation, the provider must be advised to determine how to provide the information requested by other authorities without violating the woman's right to privacy.

Question: How do I know if my country requires reporting of suspected unlawful abortions, and how can providers nevertheless protect privacy and confidentiality?

There are generally four ways that confidentiality in abortion care is addressed in national law. Providers and advocates should be aware of how confidentiality is addressed (or left out) in a certain law or policy for guidance on how to protect sensitive patient information. Figure 3 presents four of the most common ways in which confidentiality may appear in a country's laws. Each scenario is followed by a brief analysis of how the provider should be advised to proceed in each situation. Most countries' laws are reflected in Scenarios 1 or 2, while Scenario 3 is rare.

FIGURE 3: FOUR WAYS CONFIDENTIALITY MAY APPEAR IN A COUNTRY'S LAWS

Scenario 1: Confidentiality and/or privacy is explicitly protected in either the abortion law itself or other laws and regulations governing health systems, with no clear exceptions.

Many countries include provisions addressing confidentiality in their abortion law, or in the regulations implementing legal abortion care services. Such laws and regulations recognize the sensitive nature of this service, and ensure that women can trust their providers to keep their medical and health information private.

For example, the abortion law in Argentina states that each member of a woman's health team should ensure confidentiality and privacy when providing abortion care in circumstances allowed by law, keeping all communications between the woman and the health team confidential (Res. 989/2005, 2005). Rwanda has similar requirements in its abortion regulations, stating that all consultations should occur privately and the medical team should keep all information obtained from the woman confidential (Ministry of Health, 2010). The abortion law in Senegal goes further, recognizing that confidentiality in the context of reproductive health services must be protected, and no health information may be disclosed without express permission of the patient (Law No. 2005-18, 2005).

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The law in Mauritius makes it a criminal offense to disclose confidential information related to abortion care to an unauthorized person (The Criminal Code [Amendment] Act, 2012).

When the abortion law is explicit in protecting confidentiality and privacy, as in the above examples, providers are legally required to ensure that all medical and health information shared by a woman regarding abortion-related services is kept secret. The right to privacy and confidentiality is clear in these countries, and providers should understand and take the necessary steps to fulfill this legal obligation and medical duty.

Scenario 2: Confidentiality is explicitly protected in the abortion law or other laws and regulations, however an exception is created allowing disclosure if requested by certain officials and/or to support an ongoing criminal investigation.

This scenario occurs when a law or regulation on abortion protects confidentiality explicitly, but also creates exceptions where it is permissible for the provider to disclose confidential information. For example, in the abortion regulations of the United Kingdom, disclosure of otherwise confidential information is allowed when authorized by certain high-level health officials, or "for the purposes of investigating whether an offense has been committed under the Act or the law relating to abortion" (Stat. Inst. No. 499, 1991). Several countries have similar provisions, including Singapore, Guyana, South Africa, Cambodia, and Barbados.

In this situation, a provider is still legally bound to protect and keep confidential information secret and private. However, if requested by an authorized individual, the provider may be required to provide certain information to the authorities as part of an ongoing investigation. The duty to protect confidentiality remains intact in this situation.

Before providing any information, the provider should request to view a judicially approved written request for the confidential information. The sensitive nature of this situation means that the provider must be fully convinced that the request for information falls within a legal exception to confidentiality, and that it has been properly executed by the authorities for that purpose. The provider can refuse to disclose identifiable information unless the police obtain a judicially issued search warrant, and they may appeal against any that are judicially issued (Cook et al., 2003).

If the provider believes that an exception to confidentiality does apply, he/she must still make every effort to respond to the request while avoiding sharing the personally identifying information of the patient. In this scenario, the right of the patient to privacy and confidentiality still exists and the provider must adhere to the duty to protect confidentiality. However, this duty is now in tension with the interest of other authorities in carrying out their official duties. The provider has a critical role at the center of this tension, and must take great care to provide only the information requested, while maintaining respect for the patient, upholding her dignity and protecting her privacy.

Scenario 3: Explicit duty to report suspected illegal abortions is written in the abortion law or a related regulation.

Of the countries analyzed, only a handful of Eastern European countries and Peru have laws that include provisions that explicitly require the reporting of suspected illegal abortions. For example, in Croatia, the law states that if a provider completes an abortion that is suspected to have been started contrary to the law, the provider must immediately notify prosecuting authorities (Law No. 1252-1978, 1978). The laws of other countries like Macedonia, Montenegro, Bulgaria, and Serbia are similarly worded.

Each of these laws, however, requires that the provider provide the necessary and appropriate care in a timely manner. Under no circumstances should care be delayed or refused due to any perceived duty to report the situation. As discussed above, the provider has an ethical duty to treat a woman's diagnosed condition no matter its origins. Furthermore, the distinction between an incomplete abortion that was spontaneous or induced can be difficult to make. If the law requires a provider to report suspicions of illegal origins of an incomplete abortion, the provider must exercise great care against the risk of filing a report based on mistaken suspicion. In such case, and after providing the appropriate care, the provider may consult with colleagues about whether the circumstances fall within any required duty to report. The provider should not disclose any confidential information that may cause harm to a patient, and to do so would violate the ethical and legal duty to protect confidentiality found in international human rights standards. Women depend on the provision of respectful and confidential medical care. Any hesitation in responding promptly to a serious medical condition can undermine a woman's trust, as well as that of community members, who also rely on the facility for their medical care (Cook et al., 2003).

In many cases, there is actually no obligation to report suspected illegal abortion to police or other authorities, but a provider may mistakenly believe they have to make such a report. Even where a duty to report exists, providers should take care to answer questions in ways that do not violate confidentiality. Refusing to provide patient names does not necessarily constitute an offense of obstructing police officer duties, as their requests must be supported by a judicially issued warrant, and warrants must be specifically targeted to identifiable documents—not allowing random inspection of all medical records. Providers may voluntarily answer questions with as much information as possible so long as confidentiality and patient anonymity are preserved (Cook et al., 2003).

South African criminal law also imposes a duty on providers to report sexual offenses against children. However, this can undermine a young woman's or girl's right to confidentiality when seeking abortion services. In cases of rape or sexual violence, the decision to end the unwanted pregnancy must be respected in accordance to the patient's evolving capacity. If a provider encounters an adolescent who does not want her pregnancy reported to the police and may seek an unsafe abortion otherwise, the provider must act in the best interest of the patient, particularly child patients (Const. Sect. 28, 1996).

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CASE STUDY: BREACHES OF PATIENT CONFIDENTIALITY IN EL SALVADOR

In some countries, the criminalization of abortion has led health workers to breach patient confidentiality and violate the right to privacy by reporting women to legal authorities. In 1998, El Salvador criminalized all forms of intentional abortion. A study completed after the law change showed that health workers began notifying public prosecutors and police when they suspected patients had undergone an unlawful abortion—or even in cases of miscarriage or spontaneous abortion. This increase in notifications may be linked to a notice circulated to public hospitals by the National Secretariat of the Family describing an alleged legal obligation to report unlawful abortion (McNaughton, Mitchell, Hernandez, Padilla & Blandon, 2006). These actions by health workers in El Salvador were in direct violation of legal and ethical codes protecting confidentiality in that country (Art. 56, 1986). The Salvadoran government is also a party to international agreements (ICCPR and CEDAW) which explicitly protect the right to privacy and confidentiality as well as the human rights to equality and non-discrimination, implemented through the Salvadoran constitution as binding laws at the national level.

In this complex legal environment, while prosecutors in El Salvador may condone violations of confidentiality, and some providers may fear reprisal or accusations for not making reports, the law does in fact protect health-care professionals who honor patients' privacy in cases of suspected abortion. Providers who are aware of the international legal protections on privacy are less likely to report unlawful abortion, and may feel more protected in exercising their duty to preserve patient privacy (McNaughton et al., 2006). It is therefore imperative that providers understand the national and international legal human rights framework around confidentiality and patients' right to privacy.

Scenario 4: Laws and policies are silent on the issue of confidentiality in health-care settings.

When a country does not explicitly address confidentiality in health-care settings, it can be presumed that the health professionals are bound by their own codes of ethics that require full confidentiality. In addition, if the country has signed on to any of the above-discussed international treaties that protect the right to confidentiality, they are obligated to ensure the protection of patients' privacy, including confidential information shared between the patient and provider.

In this scenario, the provider should refer to not only his or her own professional ethics codes but also to the internationally agreed-upon language regarding the human rights to privacy and confidentiality as applicable.

Question: What if the law requires reporting to law enforcement by health professionals who, in the course of exercising their duty, learn that a patient may have committed a prosecutable offense?

Answer: This question is most likely to come up in Latin American countries, where the law requires (or is misinterpreted by health professionals to require) that they make such reports. The law in Chile, for example, protects patient confidentiality but also requires medical personnel to report such offenses (Arts. 175, 231, 246 & 247, 2011). Making such a report, whether required by law or not, breaches confidentiality and violates women's right to privacy and dignity. By exposing a woman to criminal prosecution, the provider is also deterring her from seeking prompt medical care in the future. Recognition of the violation of these rights led the Chilean Ministry of Health to instruct health directors not to require women to confess to possible prior criminal conduct before treating them for postabortion complications (Cavallo, 2011).

In Peru, health professionals have a duty to report women to police authorities if they learn in the exercise of their profession that a woman has had an illegal abortion. While the Code of Criminal Procedures exempts those who are bound by the duty of confidentiality from the duty to report, the Criminal Code punishes those who fail to report a crime when obliged to do so (Arts. 327 [2] & 407, 1991). The result is legal uncertainty that can lead to the interpretation that health professionals must report patients if they believe they obtained an abortion illegally.

Courts in Latin America have made important progress in protecting patient confidentiality in the face of actual or perceived conflicts between this right and a duty to report patients to law enforcement. In Argentina, for example, the leading judicial opinions on this issue have found that health professionals should have no duty to report abortion to authorities because they are not public officers or government employees, and in another case, that such reports violate patient rights, thus making them illegally obtained and inadmissible to convict a woman or provider (*Natividad Frias*, 1967; Luque, 2008).

The Inter-American Court of Human Rights found Peru, discussed above, in violation of provisions of the American Convention on Human Rights dealing with medical ethics, stating that "under no circumstances shall any person be punished for carrying out medical activities compatible with medical ethics, regardless of the person benefiting therefrom" (*De La Cruz Flores v. Peru*, 2004).

First and foremost in these countries, as elsewhere, providers have a duty to provide appropriate and timely care responding to the condition presented. Delays in care as a result of suspected prior criminal conduct are not allowed. Providers in these countries are also still legally bound to protect and keep confidential information secret and private. They should understand that in many instances, there is only a *perceived* duty to report possible prior criminal conduct. Where there is an actual duty to report, however, the provider may be required to provide certain information to the authorities as part of a criminal investigation. In those situations, the provider must take care to share only the information required, and with no personal identifiers to the greatest extent possible. The duty to protect confidentiality always remains intact in this situation.

Part 3: Drafting laws and policies that protect privacy and confidentiality

QUESTIONS AND ANSWERS

Question: How can laws and policies be drafted to protect women's privacy and confidentiality?

Answer: Language that clearly protects patient privacy and confidentiality should be prominent and clearly applicable in all health-related interactions, including for women seeking abortion services. If abortion is treated separately in its own law or policy, there should be language included that mirrors the confidentiality provisions found in other laws and policies.

An example of clear language protecting confidentiality is as follows:

"Every person receiving reproductive health services, including abortion care, is guaranteed the right to privacy and confidentiality of all information shared with his or her medical team. No information may be disclosed to anyone outside of the immediate medical team without express and written permission of the patient."

If existing health laws and policies allow for an exception to confidentiality in limited circumstances, those requirements should be clarified as follows:

"If disclosure of otherwise confidential information is required by law in certain circumstances, the provider or medical team member must still preserve patient confidentiality and privacy. The provider or medical team member should therefore take all necessary steps to remove personal identifiers or other sensitive patient data before providing information to requesting authorities, to the greatest extent possible."

Conclusion

Access to safe and legal abortion care means that a woman can freely make health-care decisions and trust that any information she shares with her provider will be kept confidential. Her trust in the health-care system depends on the integrity of the institution in which she seeks care, including how well medical personnel are known for protecting confidentiality. Providers must therefore understand the legal framework of privacy in the abortion laws or other health laws in their locale, as well as the international human rights obligations related to privacy and confidentiality that are in force in their country. Women have a basic human right to access comprehensive and compassionate reproductive health care—and the full enjoyment and exercise of this right undeniably depends on privacy and confidentiality.

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