

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

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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

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## 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 women
- Moral condemnation, refusal of assistance, misleading information from the social environment and health professionals

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## 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

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## Obligatory waiting periods /“cool off“

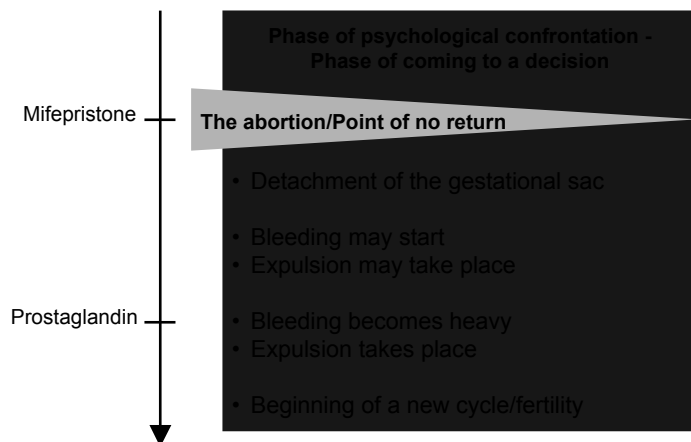
Country	Waiting Period	Details
Belgium	6 days	from first contact with any counselling body
Germany	3 days	three full days, certified by confirmation from an approved counselling centre
France	7 days	from first contact with a specialist, doctor/ counsellor/ midwife/ nurse; can be shortened near the end of the term of legal abortion
The Netherlands	five days (applicable only after the 44th day since last menstrual period)	five full days after the first contact with a specialist, with many exceptions: can be shortened near the end of the term
Italy	7 days	from first contact with a doctor (certification required)
No waiting period: Austria, Denmark, Finland, Norway, Spain, Sweden, Switzerland		

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## Restrictions:

### The abortion has to take place in the hospital

When does medical abortion take place?



**Expulsion ≠ Abortion**

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## 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.”

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## Certifying doctors should not hold extreme views

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## 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.

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## Access to early abortion

Netherlands	< 8 weeks	77% (2002)
Finland	< 8 weeks	56% (2002)
Germany	< 8 weeks	46% (2003)
Sweden	< 8 weeks	44% (2002)
NZ	< 8 weeks	7% (2004)
Canada	< 9 weeks	42% (2003)
US	< 9 weeks	59% (2001)
Sweden	< 10 weeks	79% (2002)
Scotland	< 10 weeks	65% (2003)
England/Wales	< 10 weeks	57% (2002)
NZ	< 10 weeks	36% (2004)

Source: national abortion statistics

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## 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

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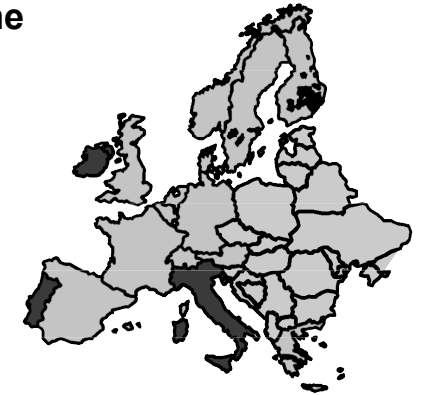
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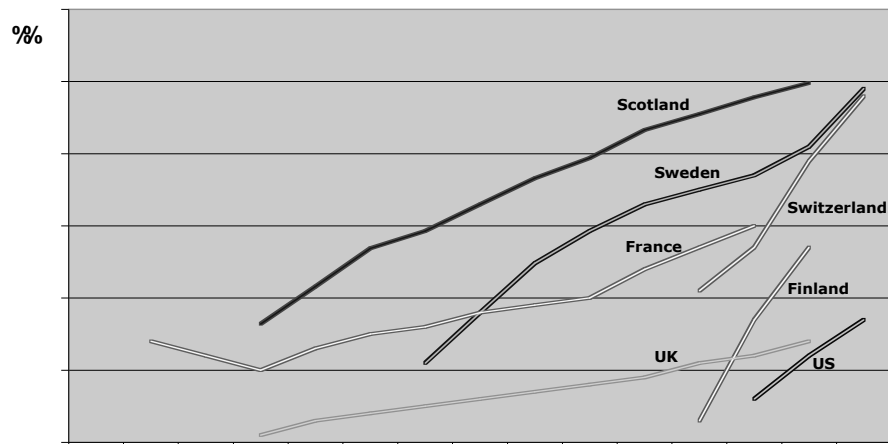
## Marketing of mifepristone

- 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



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## Proportion of medication abortions (first trimester)



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Source: national abortion statistics, estimates for US

## Mifepristone a gender issue?

## Mifepristone a gender issue?

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

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## 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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## 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

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- The doctor
- Media via biased reporting
  
- The women herself

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## 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

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## 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

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

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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.

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## The origin of restrictions in access to contraception and abortion

**Initially**  
**“military centred”**  
**not**  
**“women centred”**

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## The origin of restrictions in access to contraception and abortion

An  
das k.k. Ministerium des Innern  
Wien, am 16. Februar 1916.  
Angesichts der großen Verluste an wertvollstem  
Menschenmaterial, die der Krieg mit sich bringt, muß die Heeres-

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

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### 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

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