Legal and Ethical Issues Concerning Pro-Life Choices

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Introduction

For the past decade, the issue of pro-life has been a major topic of concern for the medical profession. Different opinions and attitudes have varied widely with regards to approving or disapproving termination of a pregnancy based on the each individual situation. The leading causes of termination are usually due to maternal and fetal mortality, pregnancy occurring from rape, or the period of gestation when termination is being carried out (Marshall & Raynor, 2001). These opinions have affected the way healthcare professionals look at their own personal beliefs in contrast with the professional options afforded to the patient. Furthermore, the articles reviewed and discussed below will describe in more detail the legal and ethical issues concerning life decisions and the healthcare professional's attitudes towards a patient's decision by looking at both sides of this choice. The purpose is to focus on life as a whole, and how healthcare professionals care for a mother who just aborted a child.

Review of Literature

Choices regarding life and death have always been a major concern for the health care industry. Human beings have addressed the issue of abortion, whether it be pro-life or pro-choice, from the inception of a medical procedure as defined in medical terms, in a care delivery system or if a woman was forced to take matters into her own hands often times referred to as a back alley abortion. Every human being should have the right to live whether they have a disability or not. They should be allowed to enjoy a normal life like any other human being. "In account, death is harm – hence being killed is harm – because it deprives the victim of the value of his future: that is, of the total value of future goods he would have attained if he had continued living" (Stretton, 2004, p. 150). Abortion is a concerning topic that withdrawals the fetus from a

valuable future (Stretton, 2004). Therefore, children should be allowed an option to live a normal life just like every other human being in the world.

Legal and ethical issues have developed based on the concerns of abortion in the health care field. In 1990, the Human Fertilization and Embryology Act amended the Abortion Act of 1967 which stated "a termination is considered lawful if the pregnancy is less than 24 weeks and the continuation of the pregnancy involves a risk of injury to the physical or mental health of the women or her existing children, greater than if the pregnancy was terminated" (Marshall & Raynor, 2001, p. 389). The act further considers termination of the fetus when an abnormality has occurred. "It allows termination at any stage in the pregnancy when there is substantial risk that the child, if born, would suffer from such physical or mental abnormalities as to be seriously handicapped" (Marshall & Raynor, 2001, p.389). For a termination to occur under the Abortion Act of 1967, two medical practitioners have to agree that the pregnancy can be terminated (Murphy, Jordan, & Jones, 2000).

"In 1977, Congress first passed the Hyde Amendment, which allows the use of federal Medicaid funds for abortions only in cases of rape, incest or when the woman's life is in danger" (Frietsche, 2004, p. 6). There were many obstacles the women had to face for Medicaid to pay for their abortion. For the abortion to occur, the woman had to report to the police department that a rape incident occurred and had to include the name of the assailant, if known (Frietsche, 2004). Also, if it was a life endangerment case, two physicians had to confirm that without the abortion the mother would die. As you can see, the government was beginning to move away from selective pregnancy termination unless the pregnancy happened from rape, incest or affected the mother's health status.

"Abortion is one area in which many nurse's struggle with the conflict between their personal convictions and their professional duty" (Marek, 2003, p. 472). There are three challenges that have occurred from the different belief stand points. "The first is in supporting a woman through the difficult decision-making process during a termination of pregnancy"(Murphy et al. 2000, p. 2235). As a healthcare professional, we need to inform our patients thoroughly about any healthcare decisions. The second challenge is providing the highest quality care to the woman during the termination process of the pregnancy (Murphy et al., 2000). "The third is in responding to the need for care and information that addresses sexual health and contraception"(Murphy et al. 2000, p. 2235).

Our personal beliefs affect our decisions, but should not affect the healthcare provided to a human being. Healthcare professionals need to continue improving professional behavior regarding termination of a pregnancy. Awareness of the patients' decisions may not be in the best interest of healthcare providers, but confidentiality, privacy, fidelity, autonomy, non-maleficence, beneficence, justice and veracity still should be provided (Marshall & Raynor, 2001). "Doctors must not be allowed to use conscientious objection as an excuse to evade their professional duties"(Amado et al. 2010, p. 123). Healthcare professionals can request to not provide care to a patient if it affects their personal beliefs, but the nurse manager must be informed prior to the situation, so staffing arrangements can be altered (Marek, 2003). "Although respect for conscience is important, conscientious refusals should be limited if they constitute an imposition of religious or moral beliefs on patients, negatively affect a patient's health, are based on scientific misinformation, or create or reinforce racial or socioeconomic inequalities" (Amado et al., 2010, p. 123). "Refusing a patient assignment should not allow refusal to answer the call light when the primary nurse is unavailable or refusal to render other

nonprocedural care, such as providing food or assistance to the bathroom" (Marek, 2003, p. 478). The nurse should not refuse the patient, but just their decision that is against their personal beliefs.

After reviewing the literature, a study was conducted describing the abortion attitudes in pregnant women who are receiving prenatal care. "Factors associated with opposition to abortion include religiosity, low educational attainment, low socioeconomic status, young age, residence in the South or Midwest versus North or rural regions, Catholic, Baptist, or fundamentalist religion, male gender, and black ethnicity" (Learman, Drey, Gates, Kang, Washington & Kuppermann, 2005, p. 1939). "A cross-sectional interview study of 1082 demographically diverse gravid women enrolled in prenatal care at less than 20 weeks' gestation was performed" (Learman et al., 2005, p. 1939). Of the 92 percent of women who supported abortion, only about half were willing to have an abortion in the first trimester (Learman et al., 2005). Amongst the women considering abortion, about 84 percent would do it after rape, incest or if their life were endangered (Learman et al., 2005). "Gravid women considering abortion were more likely to be white, older, have had a previous abortion, and to express distrust in the health care system" compared to "women who would not consider abortion were more likely to be multiparous, married/living with partner, and to express greater faith and fatalism about their pregnancy outcome" (Learman et al., 2005, p. 1939). In conclusion, the majority of pregnant women receiving prenatal care supported abortion therefore, healthcare professionals need to provide early prenatal screening, counseling and testing (Learman et al., 2005).

Abortion has been frowned upon, but if a mother follows through with an abortion it has shown after effects. In the mid 1980s, post-abortion syndrome was proposed as a syndrome affecting the mother or family after a pregnancy has been terminated (Dadlez & Andrews, 2010).

Mothers suffering from post-abortion syndrome may suffer from the following: survive guilt, depression, thoughts of suicide, re-experiencing the abortion, eating disorder or alcohol and drug abuse (Dadlez & Andrews, 2010, p. 447). Life is full of decisions, but sometimes we regret the decisions we make, therefore, women need to think about this topic prior to proceeding with the procedure. As healthcare professionals, if we provide thorough education about this topic, we may decrease the number of terminations.

Conclusion

Overall, pro-life is a controversial debate that has been occurring for several decades. Some individuals believe termination of a pregnancy is acceptable if it happens within the first trimester, occurred from rape, incest or affects the health of the mother. These situations affect individuals' decisions, but some believe the fetus should be capable of a successful life. If a pregnant mother decides to proceed with termination, it has been know that they regret their decision in the future. Therefore, healthcare professionals need to educate pregnant women and their families about the procedure and the concerns after the procedure is complete. As nurses, we need to provide competent care, even though this decision is against our personal belief. If a nurse cannot provide competent care due to personal reasons, then they need to inform their nurse manager, so a different nurse can attend to the patient. Nurses need to remember that they can still provide the patient with competent care that does not include the termination procedure.

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