DENIALS OF REPRODUCTIVE HEALTH CARE ARE INCONSISTENT WITH TRENDS IN MODERN HEALTH CARE & DENIAL OF ACCESS TO CONTRACEPTION AND ABORTION INFORMATION AND SUPPLIES AS VIOLATIONS OF THE STANDARDS OF CARE FOR WOMEN

Tracy Weitz, PhD, MPA
University of California, San Francisco

Susan Berke Fogel, JD
National Health Law Program

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

TRENDS IN HEALTH CARE

- Evidence-based practice
- Patient-centeredness
- Prevention

- Transforming the provider-patient relationship to optimize health, broadly defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

STANDARDS OF CARE

- The American College of Obstetricians and Gynecologists (ACOG)
- The American Medical Association
- The Royal College of Obstetrics and Gynecology (UK)
- The World Health Organization
- The Cochrane Collaboration
- The US Preventative Health Services Task Force
- The Centers for Disease Control and Prevention
- Additional medical association guidelines relevant to reproductive health

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

IN WHAT AREAS ARE STANDARDS OF CARE VIOLATED?

- Reproductive and Sexual Health
  - Pregnancy Prevention
  - Pregnancy Termination
  - Pregnancy Attainment
  - Healthy Sexuality

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

PREGNANCY PREVENTION

- About 34 million women at risk of pregnancy each year
- Women decide to prevent of postpone pregnancy for many reasons
- Almost half of all pregnancies are unintended
- Unintended pregnancies are associated with increased risk to both the pregnant woman and the fetus she is carrying

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

HEALTH PEOPLE 2010

- Reducing unintended pregnancy is a national goal
- Goal 9 is to "improve pregnancy planning and spacing and prevent unintended pregnancy"
- Specific Indicators
  - Increase intended pregnancy from 51%-70%
  - Increase pregnancy spacing to 24 moths
  - Increase the proportion of women at risk for unintended pregnancy who use contraceptives to 100%

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

OTHER STANDARDS

- WHO
  - Birth spacing at least 2 years
- ACOG Guidelines for Women's Health
  - Every physician encounter with a patient should include a reproductive health screen including counseling about the need for family planning and options for contraception

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

MANAGEMENT OF CHRONIC CONDITIONS

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

PREGESTATIONAL DIABETES

- 8 million women in the US have diabetes
  - 1.85 million women are affected with pregestational diabetes
- Failure to manage glucose during pregnancy = complications for maternal and fetal health
  - increased risk of hypoglycemia, blindness (from acute acceleration of diabetic retinopathy), renal failure (from diabetic nephropathy), complications from chronic hypertension, life-threatening complications from coronary heart disease, diabetic ketoacidosis, and diabetic nephropathy

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

STANDARDS OF CARE: DIABETES

- The American College of Obstetricians and Gynecologists (ACOG) and the American Diabetes Association (ADA) have practice guidelines for the preconception care for women with pregestational diabetes
- The ADA recommends that all women with diabetes and childbearing potential be educated about the need for glucose control before pregnancy and should participate in family planning.
- The ADA recommends that the standard of care for diabetic women with childbearing potential includes:
  - education about the risk of malformations associated with unplanned pregnancies and poor metabolic control; and
  - use of effective contraception at all times, unless the patient is in good metabolic control and actively trying to conceive.
  - Maintain blood glucose levels as close to normal as possible for at least two to three months prior to conception

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

EPILEPSY

- Epilepsy is a brain disorder causing individuals to have recurring seizures when clusters or nerve cells in the brain send out the wrong signals
- Most babies born to epileptic mothers are normal but approximately 1-2% of epileptic women experience grand mal seizures during pregnancy increasing the risk of anoxia to the fetus
- Those babies of mothers with epilepsy, especially those taking anti-epileptic drugs have an increased risk of giving birth to a baby with major malformations and minor anomalies compared to women without it. Anti-convulsant drugs such as sodium valproate increase the risk of neural tube defects such as anencephaly in the fetus.

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

STANDARD OF CARE: EPILEPSY

- The Royal College of Obstetrics and Gynecology recommends that women with epilepsy avoid an unplanned pregnancy by using effective contraception and seek the guidance of an obstetrician/gynecologist to plan the pregnancy, and evaluate their drug regimen.
- Further, all women with epilepsy should be offered a detailed ultrasound scan 18-22 weeks into the pregnancy to identify fetal anomalies, at which time the woman can make a decision about whether to continue the pregnancy to term.

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

OTHER CONDITIONS

- Lupus
- Obesity
- Major depression

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

DRUGS THAT NEGATIVELY AFFECT THE DEVELOPMENT OF THE FETUS

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Isotretinoin (Accutane)

- Can cause major problems in the development of the fetus
  - craniofacial, cardiac, thymic, and central nervous system malformation
  - in more than 35 percent of infants whose mothers take the drug during pregnancy
- Only patients registered and qualified in iPLEDGE can receive the medication
- Must have a series of pregnancy tests, be counseled on contraception, and use two forms of contraception

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Drugs to Tx Chronic Conditions

- Cardiovascular Disease
  - The American College of Cardiologists (ACC) and the American Heart Association (AHA) recommends that Warfarin (anticoagulant / blood thinner) therapy be avoided during the first trimester of pregnancy and, except in special circumstances, that it be avoided entirely throughout pregnancy
- Epilepsy
  - The Cochrane Working Group on Epilepsy recommends that some women who have been seizure free for a period of at least two years before seeking pregnancy can be guided by a specialist to withdraw completely from anti-convulsant medication for a period of 3-6 months before attempting to become pregnant
- Thyroid Disease
  - The American College of Obstetricians and Gynecologists (ACOG) warns that women taking Iodine 131 should avoid pregnancy for a minimum of 4 months after completing the treatment

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

SEXUAL ASSAULT

- 333,000 sexual assaults and rapes were reported in 1998
- 22,000 resulting pregnancies could have been prevented with timely access to emergency contraception.
- American College of Obstetricians and Gynecologists, American College of Emergency Physicians state and the American Medical all consider emergency contraception for sexual assault to be the standard of care

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

HEALTH CARE REFUSALS

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

RESTRICTIONS: INSTITUTIONAL

- The Ethical and Religious Directives for Catholic Health Care Services directly prohibit any form of contraception
- The prohibition extends to all forms of contraception: the use of condoms and other barrier methods, hormonal contraceptives, and permanent sterilization and vasectomy
- Directive 52: "Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction on the Church's teaching on responsible parenthood and in methods of natural family planning."

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

EXAMPLES

- Hospitals may prohibit nursing and other staff from providing medically accurate information about post-partum family planning.
- Physicians can not perform sterilization at the time of delivery
- Women who are hospitalized for any reason, may not have access to their oral contraceptives while they are in hospital, putting them at risk for unintended pregnancy when they are released
- Medical offices located in medical buildings owned by Catholic hospitals often have to agree to abide by the Ethical and Religious Directives on the premises as part of their office leases.
- Catholic health maintenance organizations, such as FidelisCare in New York which serves only people enrolled in Medicaid, refuse to provide family planning information, services and supplies to its enrollees.

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Refusals: Institutional

- Directive 36: Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health Care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum."

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Restrictions: Individual

- Clinicians
  - Don't provide counseling or prescriptions
- Pharmacists
  - Refuse to fill prescriptions
  - Pharmacists For Life International
    - "PFLI defends, upholds and protects the sanctity of all human life from conception to natural death, regardless of age, biological stage, handicap or place of residence."

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

RESTRICTIONS: POLITICAL

- In 2005, the United States Department of Justice released a National Protocol for Sexual Assault Medical Forensic Examination which did not include any reference to counseling or provision of emergency contraception.

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

PREGNANCY TERMINATION (AKA ABORTION)

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

PREGNANCY TERMINATION

- In 2000, 1.3 million ♀ needed a pregnancy termination
- Many reasons to terminate a pregnancy
  - Personal, social, economic
  - Medical (maternal or fetal)
- Standards of care
  - Within the care guidelines for conditions
  - Often obscured by language use or implied but not listed
    - For example use phase "early delivery"

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Conditions That Threaten Maternal Health

- Ectopic Pregnancy
- Premature Rupture of Membranes
- Preeclampsia / Eclampsia / HELLP Syndrome
- Chronic Conditions
  - Lupus
  - Heart disease

- There are also many conditions which negatively affect fetal health for which abortion information, referral and performance (if requested) is considered standard of care

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Ectopic Pregnancy

- Pregnancy develops outside the uterus
- Standard of care
  - Treatment determined by individual clinical presentation and patient preference for intervention and future fertility (ACOG / RCOG)
- Consequences of continued pregnancy
  - Non-viable fetus
  - Rupture, internal bleeding
  - Maternal death
  - Infertility

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Ex. of Ectopic Care Denials

- Individual
  - Physician refusal to treat ectopic due to presence of heart beat
- Politically-driven
  - Bans on abortions in public hospitals
- Institutional
  - ERDs
    - Analyze ectopic pregnancy treatment within context of prohibition on abortion
    - Can not perform "direct" abortion
    - Can perform some interventions under principle of "double effect"
      - i.e salpingectomy (removal of tube)
  - Policies differ by institution and are often difficult to interpret

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

The Sisters of St. Francis Health Services, Inc., have corporate policy to permit the use of methotrexate in the treatment of ectoptic pregnancy only in certain circumstances. The drug can be used if, in addition to the other clinical criteria, an ultrasound indicates an extrauterine gestation without an embryo. The policy also states that in the case of a viable extrauterine pregnancy, the criteria for double effect are met by salpingectomy and not salpingostomy with the evacuation of the living embryo or fetus in the tube. In reality, however, there is no such thing as viable ectopic pregnancy.

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

UNSURE HOW TO RESOLVE THE SITUATION DOCTORS AVOID PROVIDING CARE

In 2004, the *Pioneer Press* reported on the case of a woman with an ectopic pregnancy who was refused appropriate care at a facility operated by Resurrection Health Care. The interviewed physician stated that intervention to treat the woman's ectopic pregnancy was prohibited by the institution because of the presence of embryonic heartbeat. The woman was offered the option to sign out as if she was going home and then go to a different hospital where they might treat her.

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

MID-TRIMESTER PREMATURE RUPTURE OF MEMBRANES (PROM)

- Standards of care
  - Pt preference for expectant management or induction of labor (i.e. abortion) (ACOG)
- Complications of lack of care
  - Infection, rare maternal sepsis
  - Severe bleeding, aka hemorrhage
  - Infertility
  - Death
  - Reduced fetal neurologic functioning

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Ex. Prom Denials of Care

- Individual
  - Physician refusal to perform abortion
  - Nurse refusal to participate in care for patient
- Politically-driven
  - Lack of public funding for procedure
  - State bans on performance of abortions in publicly-funded facilities
- Institutional
  - ERD prohibition on abortion if no double effect option (i.e. presence of infection)
  - Lack of skilled providers to perform D&E
  - Refusal to make direct transfer of care to another facility

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

A Question of Faith

A 35-YEAR-OLD WOMAN PRESENTS IN AN EMERGENCY DEpartment just as the day shift is coming on. She is in

rupturing her membranes and initiating labor. Women who want elective abortions go to Planned Parenthood; the ones

"And at this point their personal decision-making runs afoul of their hospital's policies. Inducing labor before membranes have ruptured, or before there is a maternal indication such as infection, is technically an abortion. This hospital, like most hospitals in the metropolitan area in which they live, has a strict non-elective-abortion policy…"

cue cerclage—a procedure where the placenta of the deliv-

rized as pro-choice or pro-life, and other patients across the

"You might wonder, reading this vignette, how I happen to know so many details about this case, or even whether this is a fictional teaching case that so bedevils medical student. The unfortunate truth is that this is real life: I am the husband in this story."

nically an elective abortion. This hospital, like most hospitals in the metropolitan area in which they live, has a strict non-elective-abortion policy, which forbids her obstetricians from

St Louis, Missouri

A Piece of My Mind Section Editor: Roxanne K. Young, Associate Editor.

©2007 American Medical Association. All rights reserved.

Ramesh Raghavan, MD, PhD
JAMA, 4/4/07

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

PREECLAMPSIA / ECLAMPSIA / HELLP SYNDROME

- Hypertensive conditions
- Eclampsia is a major cause of maternal death
- Can cause grand mal seizures
- Only treatment for eclampsia and HELLP is to deliver the fetus

HELLP = hemolysis elevated liver enzymes and low platelet counts

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

ERD PROHIBIT TREATMENT

- According to Fr. Thomas O'Donnell (a leading Catholic theologian on health care issues)
  - Termination of the pregnancy in eclampsia when there is no hope that the fetus can survive outside the uterus "must be viewed as a direct abortion and in violation of the uniquely divine prerogative of absolute dominion over human life."
  - Draws conclusion even as acknowledging that the disease is very serious and can cause damage to many organs of the body and can cause maternal death
  - Cannot be justified under the principle of double effect because the removal of the fetus from the uterus (the evil effect) is the intended act

O'Donnell T, S.J., Medicine and Christian Morality, 3rd rev. ed., New York, Alba House, 1996, 189

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Chronic Conditions

- Heart Disease
  - American College of Cardiologists (ACC) and the American Heart Association (AHA) guidelines recommend that pregnancy should be avoided altogether or terminated if a woman has cyanotic congenital heart disease, Eisenmenger syndrome or pulmonary hypertension.
- Lupus
  - Autoimmune disorder which can affect different parts of the body such as the skin, joints, blood, and kidneys and pregnancy can result in flares which can only be treated by terminating the pregnancy

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

CONDITIONS THAT ARISE IN PREGNANCY

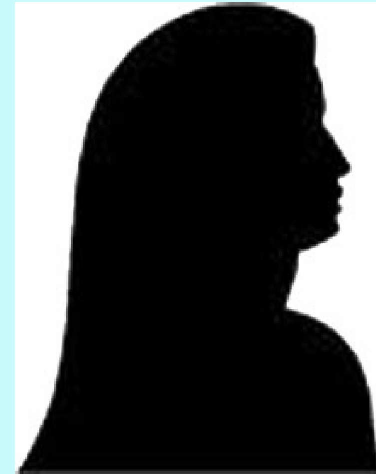
Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Carla who lives in eastern Oklahoma thought she had the flu. Her family doctor referred her to an Ob/Gyn who discovered she was pregnant and that she had a large mass growing on her uterus. The Ob/Gyn refused to remove the mass because it would endanger the pregnancy. The anesthesiologist in the practice group refused to give her any drugs that would harm the pregnancy. At this point the mass was shutting off her colon and bladder. Eventually Carla found a doctor in another city who found that after substantial delay, he had to remove her uterus, a procedure that would have been unnecessary if the abortion had been performed earlier in her pregnancy.

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Carla was uninsured. Her hospital bill for the abortion and the hysterectomy was over $40,000.

But Carla is now being sued for failure to pay her bill by the Ob/Gyn who refused to perform her abortion.



Are there limits to health care refusals?
At what point should the discussion be about the health of the patient rather than the “right” to conscience?

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

FERTILITY ATTAINMENT

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Cancer and Fertility Preservation

- The American Society for Clinical Oncology
  - "As part of education and informed consent prior to cancer therapy, oncologists should be prepared to discuss possible fertility preservation options or refer appropriate and interested patients to reproductive specialists. Clinician judgment should be employed in the timing of raising this issue, but discussion at the earliest possible opportunity is encouraged. Sperm and embryo cryopreservation are should address the possibility of infertility with patients treated during their reproductive years and be considered standard practice and widely available; other available fertility preservation methods should be considered investigational and be performed in centers with the necessary expertise."
- The Oncology Nursing Society
  - require that nurses "explore fertility options prior to initiation of cancer treatment. Except when the urgency of cancer treatment makes fertility treatment unfeasible, female patients should be referred to a reproductive gynecologist to explore options such as in vitro fertilization, gamete intrafallopian transfer, use of donor oocytes, surrogacy, cryopreservation, embryo donation, embryo banking, adoption, and child-free living. Male patients including adolescent males who have just achieved puberty should be informed about semen cryopreservation and sperm banking."

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

Restrictions: Institutional

- The Catholic Religious Directives base the decision of whether health providers can offer fertility treatments on a distinction between (1) whether the treatment "assists marital intercourse in achieving its procreative potential," in which case the treatment is allowed; or (2) whether the treatment "substitutes a laboratory procedure for intercourse" or involves a third party in the act of conception, in which case the treatment is prohibited.
- "Reproductive technologies that substitute for the marriage act are not consistent with human dignity."

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

RESTRICTIONS: INDIVIDUAL

- Guadalupe Benitez sought artificial insemination to start a family with her partner of 15 years. She went to the North Coast Women's Care Medical Group in San Diego where the treating physician told her she would provide her with the preliminary treatments, but that she had a religious objection to the actual insemination. However, she assured Benitez that another physician in the practice would do the procedure. North Coast is the only fertility practice covered by Benitez's insurance plan. After many months, the doctors informed her that they would not provide IVF to her based on their religious beliefs. The case is currently before the California Supreme Court

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu

THANKS

Kira Foster, PhD
Carrie Freise, PhD
Jamie Brooks, JD
Lourdes Rivera, JD

David and Lucile Packard Foundation
Compton Foundation

Copyright 2007, Tracy Weitz, weitzt@obgyn.ucsf.edu