FIGO Human Rights and Women's Health Case
The last pregnancy – dire consequences of denial of care

This case highlights the right to life, which is protected in national constitutions and in almost every major international and regional human rights treaty. In the context of reproductive health care, guaranteeing the right to life means that states must ensure that appropriate health services are available and accessible to women within reasonable distances from their home. Emergency health care services to save the life and health of women must be provided without delay, including postabortion care, regardless of the personal or religious beliefs of the provider. (CEDAW 2011)

Learning objectives

For physicians to competently apply this principle to daily practice they must be able to:

- Discuss the impact of provision and denial of emergency health care services.
- Provide emergency life-saving treatment independent of their own personal beliefs.
- Describe how health care systems can ensure or compromise the right to life.

Note that although this case highlights the right to life, it also addresses a variety of other ethical, human rights, and policy issues. Similarly, although the medical issues of the case focus on complications of missed abortion, the standards of practice are applicable to many medical emergencies.

Case study

S.J., an 18-year-old mother of two, walks 7 kilometers to her local clinic in rural Africa to be evaluated for vaginal bleeding. Her last menstrual period was 14 weeks ago, and she has felt the familiar signs of nausea and breast tenderness of early pregnancy. The previous evening, she inserted some tablets into her vagina to induce an abortion. The friend who gave her the tablets told her they would make it seem like she was having a period, so her family would never know about the pregnancy.

The nurse at the clinic performs a vaginal examination and finds what appear to be retained products of conception lying within an open cervical os. The nurse also finds three white tablets in the vagina. The nurse records S.J.'s history and physical examination in a handwritten note. She hands S.J. an envelope with the note and a plastic specimen container with the three tablets, and then calls for an ambulance to transfer her to the district hospital.

After approximately 3 hours, the ambulance arrives to take S.J. to the district hospital 300 kilometers away. Upon the patient's arrival, the doctor reviews the nurse's notes, examines the container of tablets, and asks her "Why did you murder your baby?" He conducts a cursory examination and adds a note to her records: "Criminal abortion, suspected use of misoprostol." Despite her profuse vaginal bleeding and rapid pulse, the doctor calls for an ambulance to take her to another hospital, which is 2 hours away.

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S.J. continues to bleed throughout the long journey by ambulance and is pronounced dead on arrival at the provincial hospital.

Questions for discussion

1. What are the medical issues in this case? Specifically:

a. What is the appropriate treatment for an incomplete abortion with active bleeding at this gestational age?

i. The most important immediate management is assessment of the patient's vital signs and cause of bleeding.

ii. If the patient is hemodynamically unstable, then fluids and oxygen are indicated.

iii. Evacuation of the uterus with suction curettage is the most important treatment and should be done as soon as the patient is stabilized. In this case, the misoprostol tablets should be left in place in the vagina until this is accomplished.

b. What are the health risks of delayed treatment of continued heavy bleeding after an incomplete abortion?

i. Short-term risks include anemia, shock, and death due to blood loss. If treatment is delayed, infection of the uterus can progress to septic shock.

ii. Long-term risks include infertility and chronic pelvic pain due to damage from inflammation and/ or complications of delayed treatments.

iii. In addition to the risks due to the immediate bleeding and pregnancy, the patient and her family members may be reluctant to return to any of these clinics for future care, thus reducing their access to health care.

2. Using the Integrating Human Rights and Health Checklist, identify the human rights that were infringed in this case.

Note that most of the patient's rights have been infringed in this case. Foremost is the right to life, which includes the rights to health, equality, and nondiscrimination.

Human rights bodies have linked elevated rates of maternal mortality to lack of comprehensive reproductive health services, restrictive abortion laws, unsafe or illegal abortion, adolescent childbearing, child marriage and forced marriage, and inadequate access to contraceptives.

Human rights obligations require states to develop comprehensive policies and programs to reduce their maternal mortality rates and to ensure access to birth

assistance, prenatal care, emergency obstetric care, and quality care for complications resulting from unsafe abortions. Human rights bodies have urged states to remove barriers to reproductive health care, such as high costs, and to ensure that essential medicines for pregnancy- related complications are registered and available. The United Nations Committee on the Elimination of Discrimination Against Women (CEDAW) has made clear that states must take measures to ensure that the life and health of the woman are prioritized over protection of the fetus.

Treaty monitoring bodies have indicated that states should take targeted measures to address maternal mortality in especially vulnerable groups that have disproportionately elevated rates of maternal mortality and face additional obstacles in accessing reproductive health care. These groups include young, poor, and rural people, minorities, indigenous women, and migrant workers.

3. How did the responses of each of the health care providers respect or threaten the patient's right to life?

The nurse failed to provide appropriate care (it is not clear whether she was untrained, unequipped, or unwilling) and endangered the patient by transporting her. Although many primary care facilities in Africa are staffed by relatively untrained personnel, this nurse was competent enough to do a vaginal examination and to recognize the misoprostol tablets, suggesting that she also probably had the skill to remove products of conception. She appears to have deliberately withheld life-saving treatment.

The doctor, by refusing care in an emergency situation, contributed to the patient's death. Even if he or she is a conscientious objector, the doctor is responsible for completing the abortion in an emergency situation, regardless of his or her beliefs.

4. How should a health care provider reconcile his or her beliefs with the health care needs of the patient?

At the point at which the patient's care is emergent, if the provider is the only one qualified to care for the patient, then he or she is obligated to do so.

Regarding the practice of conscientious objection, international human rights law requires states to organize their health systems to ensure that women are not denied services they are legally entitled to receive because of conscientious objection. Effective referral systems should be in place for objectors. However, in emergencies or cases where referral to another provider may delay necessary care, providers are obliged to perform abortions regardless of their personal or religious beliefs.

5. How did the policies and practices of this health care system support or infringe the patient's right to life?

We do not know why the nurse and doctor in this case failed to provide appropriate treatment. Were they properly trained? Did they have the facilities and equipment needed to care for this patient? Were the guidelines for care and safe transport clearly established for either facility? Laying full blame on individuals working within a system that may have failed them (not discounting their lack of professional behavior) can lead to continued failure to meet standards of quality care.

There is a chance that the death may not be properly investigated, and that the case will be closed with the completion of a maternal death record. Establishing policies of audit and improvement could save future lives.

6. What measures and policies need to be in place to avoid such situations recurring?

- Equip the clinic and train the nurse; provide clear guidelines for emergency care.
- Audit all maternal deaths and provide processes for prevention of similar situations.
- Ensure that every woman can access safe abortion and treatment of complications of abortion from a health care provider who is qualified and willing to provide appropriate care.

7. What policies in your health care system ensure quality care in situations like this?

Teachers and students will need to explore the laws and practices of their region. They should consider the following issues:

- What is the availability of legal abortion?
- How are maternal deaths monitored in terms of processes of audit and quality improvement?
- How are all providers, urban and rural, trained in postabortion care?
- What are the state's reporting mechanisms regarding physicians who breach professional codes of conduct ?

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