

# Choice against Health care ethics CTOP



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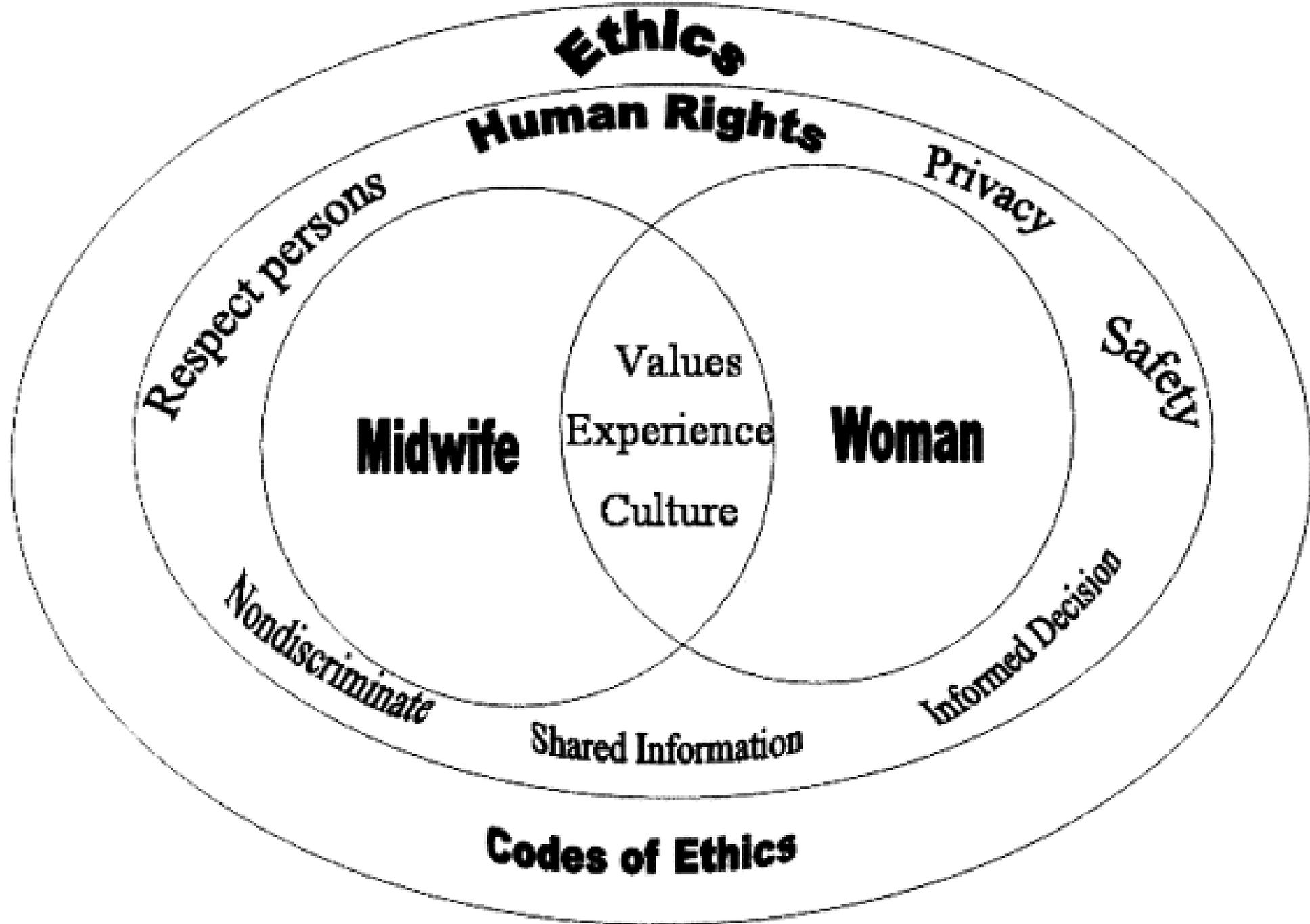
“

Ethics is not definable, is not implementable, because it is not conscious; it involves not only our thinking, but also our feeling.

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Valdemar W. Setzer  
[more on Quotes.net](#)



# Health care ethics

- Is a set of moral principles, beliefs and values that guide the choice making process in medical care.
- For the medical practice to be considered ethical, it must comply with at least four (4) ethical principles: autonomy, justice, beneficence and non-maleficence



Everyone deserves the right to their own

# Choice.

With about 3 million unexpected pregnancies every year, it seems clear that a woman should be allowed to choose when she becomes a mother. Let her make her own choices.

Help protect a woman's  
right to choose.

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# Contraception

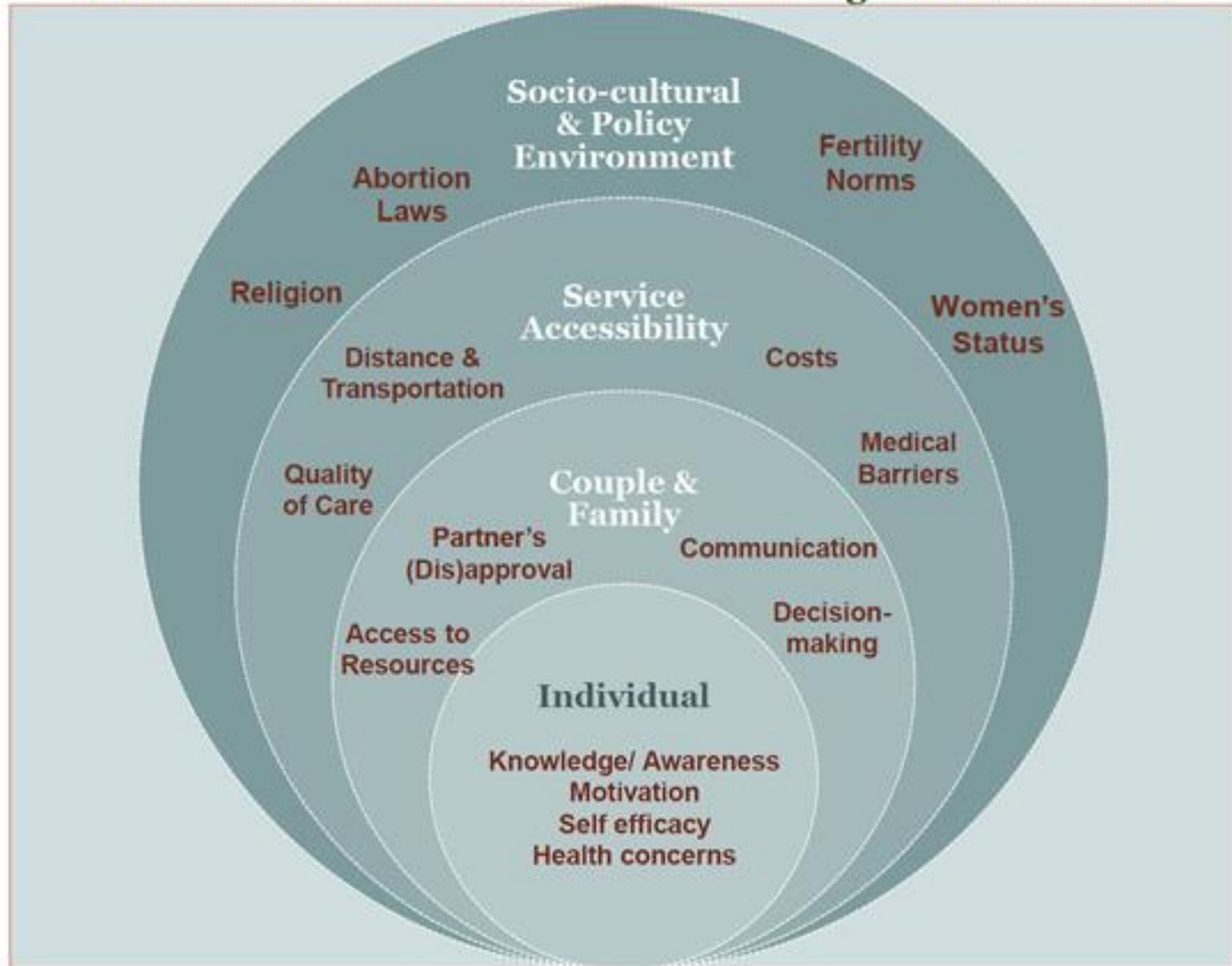
- Contraception is considered a development “best buy” and a life-saving intervention for millions of women and girls.
- Use of appropriate **contraceptive** method helps the user to avoid **unplanned pregnancies**, reducing the risk of **induced abortion**; the number one killer of women in the reproductive age in developing countries.
- Millions more are using a contraceptive method that nevertheless results in an unintended pregnancy.



# Unmet need for **contraception**

- is defined as the percentage of women of reproductive age, either married or in a union, who have an unmet need for **contraception**.
- Women with unmet need are those who want to stop or delay **childbearing** but are not using any method of contraception.
- An estimated **214 million** women of reproductive age in developing countries want **to avoid pregnancy** but are not using a modern contraceptive method.
- The proportion of women who have an unmet need for modern contraception is highest in Sub-Saharan Africa (21%).
- Together, Sub-Saharan Africa and Southern Asia account for 39% of all women in developing regions who want to avoid pregnancy and 57% of women with an unmet need for modern contraception.
- Contraceptives **stock outs** are not uncommon..... (ethical dilemma)
- The reasons for women not using any contraception are many and varied.

# Determinants of FP Use: A Social Ecological Framework



# Abortion



- Of the estimated 206 million pregnancies in 2017 in developing regions, 43% were unintended.
- Due to its secretive nature, most abortions in the developing world are unsafe,
- Resulting in a series of complications, the most disastrous being maternal death.
- Worldwide, approximately 42 million pregnancies are voluntarily terminated, 22 within the national legal system and 20 outside it.
- The WHO estimates that a woman dies every 8 minutes due to complications of unsafe abortions.
- In SA there was 17% increase in miscarriage deaths between 2014 and 2016 (48 and 56 deaths respectively).
- Three of the most consequential barriers to further progress on reducing unsafe abortion are **stigma, legality and high rates of unintended** pregnancy.
- Abortion services fall within the purview of the universal and non-derogable protections granted under international humanitarian and human rights law.

# Conscientious Objection (CO)

- conscientious objection is “*to object in principle to a **legally** required or permitted practice.*” however, CTOPA is silent on CO
- Sex and Reproduction touch our deepest values – family, religion, culture
- Some Midwives find some services go against their values – contraception for unmarried people; post abortion care, safe abortion within the law
- They want to be relieved of providing such services or in some cases of any involvement in them.
- The state is committed to providing those services.
- To what extent should the state seek to accommodate those staff concerns?

# Harm Reduction and Unsafe Abortion

- Imagine a world in which women did not get pregnant when they were not prepared to have children
  - Where contraception was foolproof and everyone used it faithfully.
  - Where rape and incest did not happen.
  - Where sex was rational
  - In that world, abortion would be rare.
- But we don't live in that world. And abortion is neither rare nor safe.



# Case study

- An unmarried 15-year-old high school student, finds herself pregnant by her 17-year-old boyfriend of several months. She estimates she is 10 weeks pregnant and visits a doctor to ask for an abortion.
- Her parents have made it very clear that they would no longer allow her to live at home and would withdraw all financial support if she were to become pregnant before marriage. She has always aspired to attend college and graduate school.
- Her family knows about her relationship with the young man but they are unaware of its sexual nature.
- The doctor refuses to perform an abortion for her unless one of her parents provides consent for the procedure.

# Questions

- What is CTOPA conditions and circumstances for TOP up to 12 weeks?
- What does CTOPA says about minors requesting TOP?
- How does it change if the procedure is delayed for a further 4–6 weeks?
- What are the health risks if this girl undergoes an unsafe abortion?
- What are the likely health and social outcomes of a pregnancy for this 15 year old?
- What are human rights that were infringed in this case?



# Ethics in Midwifery

## ICM Code of ethics

- Midwives hold in **confidence client** information in order to protect the **right to privacy**, and use judgement in sharing that information.
- Midwives are responsible for their **decisions and actions**, and are **accountable** for related outcomes in their care of women

## Why do midwives need ethics?

- Ethics in Midwifery serves as a **foundation for Midwifery** ethical practice
- Provides **guidance** for ethical relationships, responsibilities, behaviours and decision making
- Used in conjunction with professional standards, laws and regulations that guide the practice
- The code serves as a means of **self evaluation and self reflection** for ethical midwifery practice and provides a basis for feedback and peer reviews



A good head and good heart are always a formidable combination. But when you add to that a literate tongue or pen, then you have something very special. — Nelson Mandela

