Background

- Globally, eight women die every hour from complications of unsafe & illegal abortion.
- To reduce abortion-related morbidity/mortality, universal legalization is necessary, insufficient.
- In 2006, Colombian Constitutional Court decriminalized abortion.
- To protect life or health of mother
- When severe fetal malformation
- When pregnancy result of rape or incest
- Conscientious objection (CO) often becomes barrier to access after decriminalization.
- Current CO policies in Colombia:
  - Only direct providers (physicians) may object
  - Only allowed for religious reasons
  - Cannot try to dissuade patient
  - Duty of immediate referral
- This study: Grounded Theory approach
  - Goal: Find routes for intervention that reduce objection as barrier to access
  - Preserve physician’s rights

Methods

- In-depth interviews: conscientious objectors (N=18)
  - Snowball & purposive sampling
  - Iterative data collection led to inclusion of self-identified CO nurses (n=3)
- Transcribed word-for-word, analyzed in MAXQDA
- Ethical Approval:
  - Institutional Review Board of Emory University in the United States (IRB00073234)
  - Ethics Research Committee of Universidad de los Andes (Acta 352)

Results

- Why object?
  + As a Catholic, I am simply not allowed.
  + Secular reasons
    - Hippocratic Oath extended to fetal life
    - Prevent “post-abortion syndrome”
    - Protect reputation
- Religious reasons
  + Seek to embody coherent “defense of life”
  + Concern over sinfulness of referral
- The fetus is also my patient.

- Object a barrier when law not followed
  + Trying to change her mind
  + Refusing to refer
  + Offering (mis)interpretation of law to patient
- Some objectors facilitate access
  + Rapid referral
  + Non-judgment
  + Respect patient’s “ownership” of body

- Nurses – different perspective
  + No legal right to object, participate in procedure despite objection
  + Among “objectors,” feelings of turmoil, pain, disgust
  + Toward patients: feelings of anger, confusion, pity

- Radical
  + May consciously act outside official policy
  + If I refer, I’d be like the old executioners, it’s exactly the same.
  + Usually refer patients; support and promote birth control; follow legal guidelines
- Moderate
  + Generally follow CO policy; “positive deviance”
  + I respect her rights…I send her to someone who can help
- Partial
  + Not legally regulated; informal agreements
  + If there’s an anomaly or the mother’s life is at risk, I perform abortions
  + Object to abortions depending on gestational age or reason for seeking the abortion

Discussion

- Key points
  + Colombian CO policy not followed
  + Refusal to refer
  + Non-religious reasons for CO
  + Attempts to dissuade patients common

- Recommendations
  + Improve
    - Enforcement of national CO policy
    - Medical & nursing education
    - Abortion provision
    - Sensitivity to patients
    - Development of supportive network for abortion providers of all professions
  - Primary study limitations
    - Short (2 month) data collection period
    - Inclusion criteria broad, somewhat unfocused
  - Future directions
    - Nurses’ lived experience, assisting abortion
  - Impact on provider-patient relationship
  - Prevalence estimates: physician attitudes, practices
  - Non-objector experiences, beliefs, sensitivity

References


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