The paradox of PAC: A public health intervention at the crossroads of medicine and law
Introduction

- Operations and clinical research has documented a vast amount of evidence on best practices for PAC
- Research question: what are the practices and perspectives of health providers who provide PAC in a context with restrictive abortion law?
- Focus on three findings that illustrate importance of understanding PAC within legal and social context
  - Treatment imperative discourse among health providers
  - Management of suspected cases of induced abortion
  - Legal aspects of induced abortion
Legal and social context of abortion influence reporting and management of induced abortion

- **Contexts with liberal laws and social stigma**: Estonia and US (Anderson et al 1994; Jones and Forrest 1992; Jones and Kost 2007)
- **Contexts with restrictive laws and social stigma** (Barreto et al 1992; WHO 2011)
  - Hospital data often underestimates induced abortion
  - Ambiguous language used by providers: ‘induced miscarriage’

- **US**: physicians reported induced abortion to police until 1960s (Joffe 1995; Reagan 1997)
  - Dying confessions

- **Present-day Latin America**
  - Argentina: providers regularly report to police for self-protection (Gogna et al 2002)
  - Nicaragua: woman at hospital died because physicians withheld treatment (Arie 2006)
Abortion
- Penal code forbids abortion under any circumstance
- Code of medical ethics permits therapeutic abortion to save woman’s life
- Law does not explicitly require providers to notify police
- No national statistics on induced abortion, but hospital estimates range from 6% to 40% of all abortion (Ceforep 1998, Cisse et al 2007)

PAC
- Scaling up and decentralization: 2003 to present
Methodology

- One year of ethnography
- Data collection methods:
  - In-depth interviews with 66 research participants and 23 key informants (89)
  - Observation of PAC services; collection of PAC and abortion data at 3 hospitals
  - Archival review: MOH, NGOs, donors, medical and social science literature, media, regional tribunal of Dakar
- Sub-sample for this presentation: 26 providers, 9 MOH officials and 8 key informants (total 43)
- Approval from research ethics committees of MOH and Columbia University
The treatment imperative discourse

- PAC perceived as part of continuum of maternal health care services
- Emphasis on the technical role of the health practitioner in PAC
  - Provide quality treatment regardless of the origin of the abortion (induced or spontaneous)
  - Distinction between technical role of practitioner and legal role of police in cases of induced abortion

- We respect the rights of the patient. Even if she had an induced abortion she has the right to care. We are not the police...But if it’s an induced abortion it’s not my problem. The obligation of a midwife is to treat the patient (Midwife).

- We are not the police. It’s not up to us to manage delinquents. Our main concern is health. It’s up to the justice system to see if it’s an induced abortion. When the patient comes, we have to treat her, and the rest is not our problem. We wear white coats, not uniforms...we were taught not to discriminate (Nurse).
Management of suspected induced abortion at 3 hospitals

- Uncertainty regarding the type of abortion
- Questioning: a mechanism to determine etiology of abortion, including distinction between spontaneous and induced
  
  ▪ You can’t imagine that a married woman would have an induced abortion, even if the pregnancy is unwanted. There’s a lot of suspicion around single women. If it’s a single woman, rest assured that the interrogation is more intense (Midwife).

  ▪ We keep her here until the police come, if it’s an admitted induced abortion or probable. We tell each other, until the problem is resolved, we have to keep an eye on her, we can’t let her escape. She needs to be watched…. Sometimes these women escape. You come in on your next shift and they’re gone before anyone notices (Midwife).
<table>
<thead>
<tr>
<th>Type of abortion</th>
<th>Marital Status of Patient</th>
<th>Hour of Arrival</th>
<th>Age</th>
<th>Type of Abortion Recorded in Register</th>
<th>Gestation/Parity</th>
<th>Age of Pregnancy (months)</th>
<th>Mode of Evacuation</th>
<th>Total</th>
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<tr>
<td>Admitted Induced Abortion</td>
<td>Single</td>
<td>8:00</td>
<td>30</td>
<td>Induced abortion</td>
<td>4/3</td>
<td>3</td>
<td>Expulsion</td>
<td>1</td>
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<tr>
<td>Possible Induced Abortion</td>
<td>Single</td>
<td>3:35</td>
<td>18</td>
<td>Late abortion</td>
<td>1/0</td>
<td>No Info</td>
<td>Expulsion</td>
<td>7</td>
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<tr>
<td></td>
<td>Single</td>
<td>12:36</td>
<td>19</td>
<td>Incomplete abortion</td>
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<td>2</td>
<td>MVA</td>
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<td></td>
<td>Single</td>
<td>10:00</td>
<td>18</td>
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<td>Single</td>
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<td>No info</td>
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<td>26</td>
<td>Hemorrhagic abortion</td>
<td>‘1/?’</td>
<td>2</td>
<td>D&amp;C</td>
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<tr>
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<td>‘?’</td>
<td>17:00</td>
<td>14</td>
<td>No information</td>
<td>1/0</td>
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<td></td>
<td>Single</td>
<td>9:15</td>
<td>31</td>
<td>Ovulatory retention</td>
<td>2/1</td>
<td>1.5</td>
<td>MVA</td>
<td></td>
</tr>
</tbody>
</table>
Reporting: police involvement in the hospital

- Police issue formal requisition to hospital
- Hospital notifies police
- 3/3 study sites responded to police requisitions
  - 1/3 sites systematically reported induced abortion to police
  - Widespread belief that providers are required by law to notify
  - Professional discomfort associated with practice of reporting

- It’s a bit tiring... You want to treat a patient, but then you have to go to the police station to denounce someone...you waste time interrogating the patient about her social life. It’s medical but I find that this work is a bit on the margins of medicine (Physician).
Abortion cases at regional tribunal of Dakar, 1987-2010
Conclusions:

- PAC providers occupy precarious position between medicine and law
- Different treatment for women with induced abortion may serve as barrier to care
- Challenges for estimating induced abortion

Recommendations

- Additional research on PAC providers and patients within context of restrictive abortion laws
- Collaborate with medical and legal associations to clarify obligation of providers to notify police
- Address legal context of abortion in PAC training
- Additional epidemiological and social science research on abortion
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