Access to Safe Abortion

Proposed by AMSA-Australia, Seconded by Medsin-UK

Summary
The International Federation of Medical Students' Association (IFMSA), the world's oldest and largest organisation of medical students internationally, holds gender equity to be one of its primary pillars. IFMSA is committed to supporting the equal opportunity for all people, regardless of gender, to achieve their full professional and personal potential.

The Universal Declaration of Human Rights describes health as a core human right, and that an intrinsic principle of health is autonomy. Reproductive health is an important aspect of health and wellbeing. It is a woman's human right to have full autonomy over decisions relating to when and how many children to have. It is our collective priority to ensure that there be safe avenues for her to enact this choice. The IFMSA recognises access to safe and legal abortion as an essential part of reproductive healthcare that empowers women to enact their universal right to health and wellbeing.

Therefore, the International Federation of Medical Students' Association has adopted the position that the decision to take pregnancy to full term, or not, belongs firstly and unquestionably to the woman, in consultation with her treating physician.

Introduction
The UN estimates 21.6 million unsafe abortions occurred in 2008 [1], accounting for 49% of all abortions [1]. These unsafe abortions comprise 13% of maternal mortality worldwide, a disastrous and avoidable outcome [1]. The World Health Organization (WHO) defines unsafe abortion as a "procedure for terminating pregnancy carried out by either persons lacking the necessary skills or an environment that does not conform to minimal medical standards or both [2]."

Where safe and reliable methods of fertility control are accessible, the health outcomes of women and their children are heightened [3]. However while impressive gains in contraceptive use has significantly reduced the number of unintended pregnancies, the need for access to safe abortion still remains [3]. Contributing factors include lack of accessibility, as well as the imperfect nature of fertility control. Of great importance, the legal status of abortion does not influence the woman's need for abortion, however, it does have dramatic consequences on the woman's health outcomes and access to safe abortion [3].

The IFMSA appreciates that there is a wide range of ethical and religious beliefs regarding abortion around the world. Nevertheless, the IFMSA believes in an evidence-based conduct and promotes safe abortion on public health, human rights and economic grounds. The IFMSA is emphatic in its belief that the decision to abort a pregnancy is a personal matter for individual conscience and medical advice.

Background
Every pregnancy involves a degree of health risk [4]. However, an unwanted or unintended pregnancy often carries an amplified risk for the woman. Just as a pregnancy carried to term requires high standards of perinatal care, so too, does a pregnancy interrupted by abortion require careful medical attention in order to safeguard the health and future fertility of the woman [4].
The health consequences depend on several factors - facilities where abortion is performed, skill of the provider, method used, the individual woman’s general health and the gestational age of her pregnancy. In the case of unsafe abortion, medical care for temporary or lifelong disability is required by one in four women [3]. Because 47% of women in the developing world only have extremely restricted access to abortion with either no legal access whatsoever or only in the case of saving the woman’s life, protecting her physical and mental health, foetal impairment or rape or incest, access to safe abortion is very limited resulting in avoidable maternal mortality and morbidity [3].

Increasingly, women and couples desire fewer children and the rate of uptake and correct use of modern methods for family planning services has not been rapid enough to reflect this change. The IFMSA promotes access to effective family planning services as a strategy to reduce unintended pregnancy and induced abortion. With the uptake of effective contraceptive use worldwide, there has been a fall in the number of abortions; the number of abortions in 1993 was 45.5 million, in 2005 it was 43.8 million [5]. Unfortunately, while the overall number of abortions has fallen, the number of unsafe abortions have not. In 2005, unsafe abortions was estimated to be 19.7 million, in 2008, that figure was approximately 21.6 million [6].

In 2004, the World Health Assembly stated: “As a preventable cause of maternal mortality and morbidity, unsafe abortion must be dealt with as part of the Millennium Development Goal on improving maternal health and other international goals and targets [3].” Since 1997, only 19 countries have implemented more liberal laws for access to abortion, while three have further restricted their laws. These policy changes have occurred despite knowledge of an inverse relationship between the number of abortions that are carried out in a nation and the liberality of the laws [6]. Where abortion is broadly allowed, it is usually carried out safely. Decriminalisation and regulation of abortions, such as in South Africa, generally leads to lower maternal mortality [1].

The IFMSA has a number of policy statements which align with this policy. It has been been emphatic in its promotion of safe abortion as a part of a universal reproductive right for women, and specifically calls for increased access to legalised abortion in the Women’s Right to Sexual and Reproductive Health Policy Statement. This policy is in alignment with the following IFMSA policies:
1. Women’s Right to Sexual and Reproductive Health
2. Violence Against Women
3. Preliminary IFMSA Declaration on Women’s empowerment
4. The Global Strategy for Women’s and Children’s Health Policy
5. Maternal and Child Mortality and Morbidity

Access to safe abortion is recognised as a fundamental human right and important public health priority by several leaders of global health including the World Health Organization [3], International Federation of Gynecologists and Obstetricians [14] and Marie Stopes International [15].

IFMSA therefore:
1. Reaffirms its commitment and belief that:
   a. All women should have full access and autonomy over the full range of their reproductive and sexual rights
   b. Safe abortion is a woman’s fundamental reproductive right
c. All women should have access to safe and legal abortion free of discrimination and stigma
d. Effective family planning services reduce the number unintended pregnancies and induced abortions
e. Providers of abortion should be able to practise without fear of persecution - societal, legal, physical, mental or otherwise.
f. Legal restrictions on access to safe abortion do not and should not be used to reduce gender-biased sex selection or gender inequality.

2. Supports:
   a. the development of new, safe, and more effective methods of contraception and abortion
   b. the recognition of termination of pregnancy as a medical procedure. It should be performed by appropriately trained and registered medical professionals in settings approved and regulated by a recognised health standards authority.
   c. legislative and other efforts to minimise the stigmatisation of abortion, in order to reduce and protect against the harassment and violence that patients and abortion providers may suffer
   d. programs that promote awareness, use and availability of contraceptives (including emergency contraception) in order to control fertility and reduce the rates of unintended pregnancy.
   e. the provision of clear, evidence-based and unbiased information regarding all issues surrounding abortion
   f. improved access to quality family planning services and equitable contraceptive resources.
   g. improved access to safe and equitable abortion services, pre- and post-counselling and post-abortion care.
   h. decriminalisation of abortion and any other reproductive health interventions

3. Is opposed to:
   a. restrictions on research intended to hamper the development of safer and more effective methods of contraception and abortion
   b. restrictions on reproductive health services benefits imposed by any, but particularly, faith-based institutions
   c. stigmatisation or criminalisation of contraception and abortion services

4. Encourages governments to:
   a. Provide safe, legal and accessible abortion and family planning services in order to minimise unintended pregnancies and unsafe abortions, with its accompanying detrimental physiological, financial and mental consequences.
   b. Actively regulate abortion, as with any other medical service, under its health-care legislation and ensure the provision of skilled antenatal care.
   c. Legislate in a health-focussed, evidence-based manner
   d. Promote the de-stigmatisation of abortion and to effectively communicate the acceptance and availability of abortion services to citizens
   e. Promote abortion as a core reproductive right to its citizens
   f. Remove all reference to abortion from criminal laws and codes.
   g. Provide all women with full autonomy over their reproductive health
   h. Recognise the health consequences associated with stigma and the long term contribution to the mental health burden
   i. Improve data collection and review of the available abortion provider facilities, number and nature of abortions provided and of associated complications. This is to improve the provision of safe abortion.
5. Encourages governments who provide safe and legal abortion services to act as leaders in this area and support decriminalisation of abortion in other countries

6. Calls on medical professionals to:
   a. recognise abortion as a safe medical intervention and to provide appropriate medical advice.
   b. respect, protect and fulfil women’s human rights, including the autonomy to make reproductive decisions.
   c. utilise their leadership amongst the community to reduce stigma associated with abortion
   d. practise in a health-focused and evidence-based manner in order to provide the greatest health outcomes for their patient, to which they owe the highest duty of care.
   e. express honestly, without judgement or discrimination, to a patient if the medical professional holds any conscientious objection that would reasonably be expected to affect the health-care provided to the patient.
   f. refer the patient to other available and accessible services in the case where the medical professional holds a conscientious objection

7. Encourages any organisation opposed to abortion, but particularly faith-based organisations, to:
   a. Implement an evidence-based and health focussed approach to reproductive health and rights
   b. Accept the rights and autonomy of women regarding reproductive decisions and to not marginalise them or add to current stigmatisation

8. Encourages its members to:
   a. take a leadership role in their communities to prevent faith-based restrictions imposed on reproductive health care
   b. advocate for and work towards full access and autonomy for reproductive health rights, including abortion services, for members of their community

References


