Abstract

Purpose: The aim of the study was the assessment of the influence of ethics or the lack of medical ethics on everyday gynaecological practice, particularly the usefulness and purpose of detecting genetic irregularities in the first and second trimester and abortions.

Material and methods: A sample of 164 gynaecological doctors was encompassed by the study. A questionnaire survey was applied as an independent empirical procedure on the basis of the theory of attitudes and the following questionnaires: WCQ (The Ways of Coping Questionnaire) – Folkman, Lazarus, Dukiel – Scheier & Weintraub, as the authors own adaptation of that instrument for the requirements of the study.

Results: In response to the question on the purpose of performing prenatal diagnostics in detecting genetic irregularities in the first and second trimester – 35% of physicians were against such diagnostics if it served abortion, 60% supported the test even if in consequence an abortion was carried out, whereas 5% had no stance on the matter. The problem of physicians’ approach to abortion for so-called “social reasons” was also studied. Over half, as many as 51% of physicians were against abortion in any form whatsoever, including pharmacological abortions; 45% agreed to abortion and 4% had no opinion. The veracity of ethical motivations was also measured: approx. 4%, refrained from expressing their support of either position; 29% stated that a physician, although they do not perform abortions themselves, should indicate other possibilities of performing the abortion and as many as 67% thought that the indication of a place or a person who performs abortions is obvious.

Conclusions: The results of the survey indicate the differences in the attitudes of physicians towards the diagnosis of prenatal tests, especially the ones revealing genetic defects and lethal disease. There are two ambivalent patterns of behaviour: one group of physicians opt for delivering every child without any exceptions, but the other one is for destroying deformed foetuses.

Key words: opinions of gynaecologists, prenatal diagnostics, abortion, ethical aspect.

Introduction

A physician gynaecologist-obstetrician, due to the specificity and nature of the work that involves accompanying the development of new life and its birth while at the same time being aware of the situation threatening that life in the form of abortion, the use of contraceptives as early abortive measures and performing experiments on conceived embryos – regardless of the existing legislation – very often has to make a clear decision in support of life or against the conceived human life [1-9]. The aim of the study was the assessment of the influence of ethics or the lack of medical ethics on everyday gynaecological practice. Physicians were posed with questions from the field of prenatal diagnostics, particularly the usefulness and purpose of detecting genetic irregularities in the first and second trimester, they were also asked about abortion for so-called ‘social reasons’ and whether the physician who does not carry out abortions should indicate a place that does.

Material and methods

A total of 164 gynaecologists with first (30%) and second (53%) degree specialisation were encompassed by the study and partly (17%) during the course of their specialisation
The viewpoints of physicians (45%) who permit abortion are as follows:

“the decision should be the work of the patient and the physician; this is the best solution as women have abortions illegally according to the new regulations. The study was conducted during the years 2002-2006. The physicians were usually studied during various types of courses. Specialist training, conventions and different types of conferences lasting several days created favourable conditions to standardise the conditions of the conducted research. The anonymous survey was and carried out in Polish. It was given to respondents, who were supposed to complete them at home and bring them back in the sealed envelopes. The questioned placed the envelopes in the boxes personally. 221 copies of survey were distributed, 35 were not returned, 22 were incomplete, so only 164 were qualified. A questionnaire survey was applied as an independent empirical procedure on the basis of the theory of attitudes and the following questionnaires: WCQ (The Ways of Coping Questionnaire) – Folkman, Lazarus, Dukiel – Scheier & Weintraub, as the authors own adaptation of that instrument for the requirements of the study [10-12]. WCQ – The Ways of Coping Questionnaire stirred a lot of interest in Poland. The following three consecutive adaptations are testimony to this: the adaptation performed under the supervision of Wrześniewski, by Losiak and by the Heszen – Niejodek team [13-15].

**Results**

In response to the question on the purpose of performing prenatal diagnostics in detecting genetic irregularities in the first and second trimester – 35% of physicians were against such diagnostics if it served abortion (“served” in this context means “enable”), 60% supported the test even if in consequence an abortion was carried out, whereas 5% had no stance on the matter (Fig. 1).

Physicians who were against abortion (35%) justified their standing (in the commentary to the questionnaire) in the following manner:

“I am against if the defect is lethal, the situation will be solved in any way; one should simply teach parents to accept a handicapped child and to look for a place for the child in society; if the prenatal diagnostics are to serve carrying out an abortion – I am definitely against; if the genetic testing are to serve carrying out an abortion was carried out, whereas 5% had no stance on the abortion purposes; 2 – positive opinion also if an abortion is to be carried out

**Figure 1. Opinions of physicians on prenatal diagnostics**

<table>
<thead>
<tr>
<th>Opinion percentage</th>
<th>Question 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – no opinion</td>
<td>5%</td>
</tr>
<tr>
<td>1 – negative opinion, if the test is to serve abortion and positive if it is not for abortion purposes</td>
<td>35%</td>
</tr>
<tr>
<td>2 – positive opinion also if an abortion is to be carried out</td>
<td>60%</td>
</tr>
</tbody>
</table>

**Figure 2. Opinions of gynaecologists on abortion for so-called “social reasons”**

<table>
<thead>
<tr>
<th>Observation percentage</th>
<th>Question 41</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – no opinion</td>
<td>4%</td>
</tr>
<tr>
<td>1 – negative opinion regarding abortion</td>
<td>18%</td>
</tr>
<tr>
<td>2 – positive opinion regarding abortion</td>
<td>45%</td>
</tr>
</tbody>
</table>

0 – no opinion; 1 – negative opinion, if the test is to serve abortion and positive if it is not for abortion purposes; 2 – positive opinion also if an abortion is to be carried out

the selection of damaged fetuses in order to encompass pregnant women with greater care – I am in support of the testing, but if the tests will only serve abortions, I am against; yes – for the purpose of further care over the mother and fetus/child, no – for abortion purposes; I am in support of prenatal testing due to the possibility of intrauterine therapy of certain fetus illnesses; I have seen complications after such tests many a time that have, for instance, ended in a miscarriage, e.g.: in the case of a 37-year-old primipara when the results of the tests turned out to be correct”.

Different opinion of physicians (60%) who clearly opted for prenatal testing even if it resulted in an abortion are the following:

“In Poland, prenatal diagnostics has no substantiation for what to do if there is a defect and the pregnancy cannot be terminated, the patient is left for twenty weeks to let her think it over but nothing will come of it anyway; if we are taking care of the psyche of the patient then tests are imperative as one can always have an abortion; I always encourage my patients to undergo testing, prenatal testing should always be performed for medical reasons regardless of the consent of the patient; I am in support of prenatal testing if the patient knows what to do if a defect is discovered in the child”.

The problem of physicians’ approach to abortion for so-called “social reasons” was also studied (Fig. 2). Over half, as many as 51% of physicians were against abortion in any form whatsoever, including pharmacological abortions; 45% agreed to abortion and 4% had no opinion. The gynaecologists who were defending life (51%) presented their stance (in the commentary to the questionnaire) among others in the following manner:

“I am against in the situation when infertility is becoming a social problem, abortion is pointless and a crime; it should not take place; there are no such indications, I hope that it will never happen, so many families cannot have children; I have no opinion on the matter but I don’t perform them”.

The viewpoint of physicians (45%) who permit abortion are as follows:

“the decision should be the work of the patient and the physician; this is the best solution as women have abortions illegally
anyway; I am for it, I believe that before the abortion a long
talk is necessary with the physician or a consultation with
a psychologist spread out in time; it should be admissible; I am
“for”, although I think that it is murder; I support it along with
sterilisation procedure if the patient wishes to do so; I can’t
judge because I don’t know how I would behave; it always has
to be the decision of the person concerned; there would be no
problem if contraception was cheap; I don’t carry out abortions
on healthy fetuses; everyone understands it in their own con-
science”.

The veracity of ethical motivations was also measured
by posing the following question: “According to you, should
a physician who does not perform abortions for ethical reasons
indicate the possibility of performing the abortion somewhere
else?” Not many gynaecologists, approx. 4%, refrained from
expressing their support of either position; 29% a physician
stated that do not perform abortions themselves and should not
indicate other possibilities of performing the abortion and as
many as 67% thought that the indication of a place or a person
who performs abortions is obvious (Fig. 3).

Here are some examples of statements of physicians who
are against indicating a place that performs abortions:
“the refusal to perform an abortion by a physician may influence
the decision as to the abortion itself; I am definitely against; No,
I would not like to be forced to do this; I do not indicate the
possibility of performing it somewhere else but I tell them that
I will always help lead the pregnancy and help solve any prob-
lems that are connected with it; indicating other places would be
an inconsistency between one’s beliefs and one’s actions; No,
the patient will find a place herself; No, but rather to explain
why she should not do it; this is a trick question”.

Those who were in support of indicating a possibility of
performing the abortion somewhere else asserted their views in
the following manner:
“Yes, of course but only in cases that are encompassed by the
Act; there is no other option, the law requires a physician to
do this; they should – abortion is down to the decision of the
woman; it’s down to him/her (the gynaecologist)”.

Discussion

In everyday gynaecological practice the problem lies, above
all, in the relationship of general principles with concrete actions
[16-22]. The gynaecology environment is the creator of a spe-
cific morality within society by means of their concrete actions.
However, specific actions, particularly those referring to human
life and specifically to its beginning do not necessarily stem from
ethical principles.

The studied gynaecologists who expressed their viewpoint
on prenatal diagnostics in order to detect genetic irregularities
in the first and second trimester of pregnancy present a specific
morality (Fig. 1). Support in 60% of prenatal testing (even if it
resulted in abortion) may signify the presence of relativism and
a reductionist vision of the human being.

According to Fijałkowski [3], the acceptance and perform-
ance of a holistic value system leads to a respect for every
human being (also from the moment of conception) and to
the preservation of human dignity. According to the Author, shows
traits of ethical relativism and conditions the phenomenon of
adapting actions and motivations to one-sided subjective views
that are often contradictory to universal medical law like the
Hippocratic Oath which serve the true good of the human
being.

Emphasising the purpose and benefits of prenatal diagnostic
 tests, we must admit that such tests are also used for unethical
behaviour such as eliminating disease by destroying the foetus.
In reference to the ethical issues, it seems to be reasonable
to present main canons of ethics, which medical ethos derives
from. Among various ethical opinions and standpoints there are
some alternatives to abortion.

Dangel & Dangel [23] report on the significance of peri-
natal palliative care in the case of terminally ill fetuses. Paed-
iatric palliative care appears to be a very possible option of
conductor and an alternative to the termination of pregnancy. It
constitutes a form of support and assistance for families that do
not consider abortion and it also protects the child from refrac-
tory and at the same time ineffective treatment. This type of
perinatal care over terminally ill fetuses is a special help for
gynaecologists directed solely and exclusively at terminating
a pregnancy. This type of solution may inspire attitudes that
support life among physicians experiencing ethical dilemmas
connected with obstetric failure, particularly the diagnosis of
a defect in the child, including lethal defects. The paediatric
palliative care performed in the Warsaw children’s hospice for
instance, is an active and holistic approach that encompasses
the physical, emotional, social and spiritual elements that raises
the quality of life of the child and provides support for its rela-
tives. It involves the treatment of painful symptoms, carries
relief for families and provides the necessary care during the
process of dying as well as bereavement support.

The opinions of gynaecologists on abortion for so-called
“social reasons” (Fig. 2) revealed that as many as 45% support
this type of procedure which eliminates conceived children.
The fact that the question did not touch on possible controver-
sies around the so-called “medical reasons”, which according
to certain Authors do not exist [2,3,6-8] in contemporary medi-
cine, but concerned the social conditions that are susceptible
to change even during the prenatal or postnatal period of the child’s development, gives a lot to think about. According to numerous Authors [3,6,7,24,25] who are concerned with the interpretation of the point of view of medical deontology, there can be no indications for destroying of a human being, particularly committed by a physician whose main ethical duty is to save, safeguard and protect human life. Thus, Bilikiwicz [1] protests: “I absolutely cannot consent to the fact that abortion is a medical procedure, the term ‘medical indication’, therefore, has to be replaced with some other term”.

The veracity of a physician’s intentions was revealed by the question concerning the possibility of indicating a different place that performs abortions by the physician that does not perform it for ethical reasons (Fig. 3). As many as 67% of gynaecologists considered that it was obvious that a place or person that does perform abortions should be indicated.

According to Wojtyła [9], moral perfection is the “main and central act of human nature”, to which every person is invited, particularly the physician that fosters human life from the moment of conception. Pursuant to the Medical Code of Ethics [4]: “the most important ethical imperative of a physician is the good of the patient”. This wording, according to Meissner [5], intends to present the human being as the highest value constituting the criterion for the ethical judgement of a physician’s action. He explains further that it is good for the patient that a physician “serves the sick patient with his/her medical skills in order to protect their life and care for their health with the utmost respect for their goods”.

Conclusions

The results of the survey indicate the differences in the attitudes of physicians towards the diagnosis of prenatal tests, especially the ones revealing genetic defects and lethal disease. There are two ambivalent patterns of behaviour: one group of physicians opt for delivering every child without any exceptions, but the other one is for destroying deformed foetuses.

References

