

# Opinions of gynaecologists on prenatal diagnostics in first/second trimester and abortion – ethical aspect

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## 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

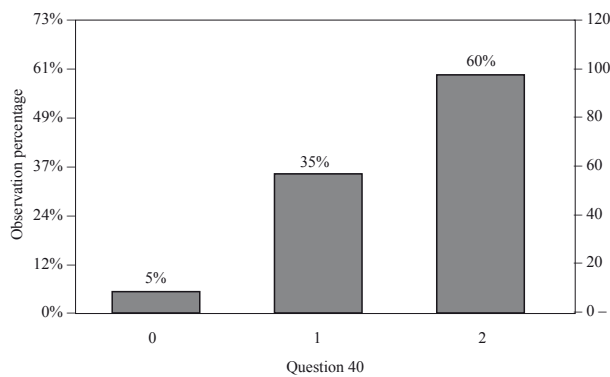
A physician gynaecologist-obstetrician, due to the specificity and nature of the work that involves accompanying the development of new life and its birth while at the same time being aware of the situation threatening that life in the form of abortion, the use of contraceptives as early abortive measures 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

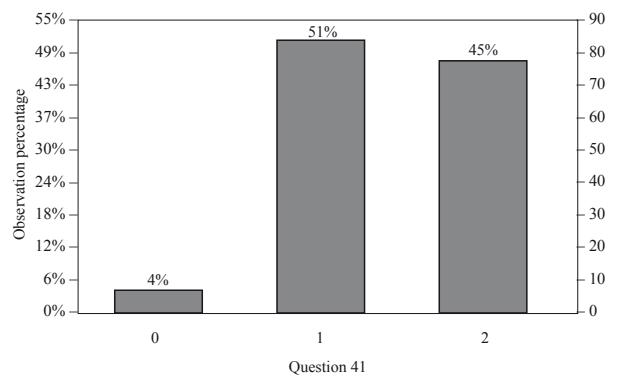
A total of 164 gynaecologists with first (30%) and second (53%) degree specialisation were encompassed by the study and partly (17%) during the course of their specialisation

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

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

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

0 – no opinion; 1 – negative opinion regarding abortion; 2 – positive opinion regarding abortion

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 Łosiak 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

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”.

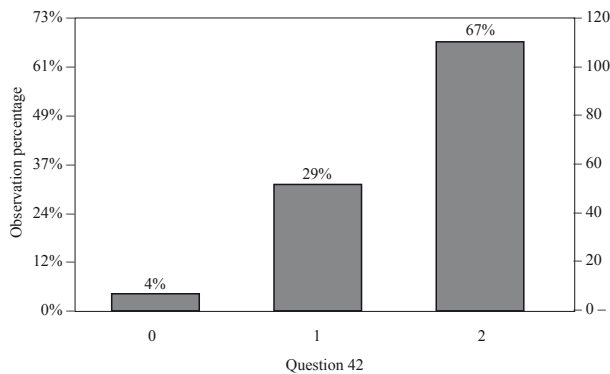
The problem of physicians’ approach to abortion for so-called “social reasons” was also studied (Fig. 2). Over half, as many as 51% of physicians were against abortion in any form whatsoever, including pharmacological abortions; 45% agreed to abortion and 4% had no opinion. The gynaecologists who were 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 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

**Figure 3. Ethical dilemmas connected with indicating a place for the abortion by physicians who do not perform abortions for ethical reasons**



0 – no opinion; 1 – they should not indicate; 2 – they should indicate

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 conscience”.

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 problems 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 specific 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 performance 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 perinatal palliative care in the case of terminally ill fetuses. Paediatric palliative care appears to be a very possible option of conduct 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 refractory 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 relatives. 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 controversies around the so-called “medical reasons”, which according to certain Authors do not exist [2,3,6-8] in contemporary medicine, 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, Bilikiewicz [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.

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