

Abortion Providers: Attitudes Toward and Psychological Effects of Participation in Elective Abortion

Factors Associated with Unwillingness of Physicians to Perform or Refer for Abortion

- 1. Personal moral objectionsⁱ
- 2. Age of fetus ⁱⁱ
- 3. Progression of pregnancy and lesser degrees of fetal severity ⁱⁱⁱ
- 4. Psychiatric reasons for choosing abortion ^{iv}

Similar findings have been reported concerning nurses with those who professed religious affiliation having less favorable attitudes toward termination of pregnancy.^v

Difficulty in Recruiting Abortion Providers

For well over a decade there has been a growing concern about difficulty in recruiting abortion providers.^{vi} In an effort to alleviate the shortage of physician providers, advanced practice clinicians (e.g. nurse practitioners, nurse midwives, and physician assistants) have been trained to perform early surgical abortions.^{vii} A recent survey of 312 medical, PA, and nursing students indicated that 31% intended to provide medical abortion and 18% surgical abortion to their patients.^{viii}

Psychological Effects Related to Participation in Abortion

• Guilt, hostility, feelings of being complicit in murder, emotional trauma ^{ix}

• Staff reactions to abortion were described as similar to "combat fatigue" and as "unanimously extremely negative" ^x

• Deliberate avoidance of viewing the fetus, shock, dismay, disgust, fear, sadness, ambivalence, emotional strain that affected relationships ^{xi}

• Prostaglandin abortions were viewed as upsetting by the nurses who "found the physical contact with the fetus particularly difficult; it reminded them of the preemies down the hall and made them uncomfortable about their own potential future pregnancies." ^{xii}

Psychic conflict between one's intellectual and emotional response to abortion xiii

• A workshop held by the National Abortion Federation reported troubling symptoms among abortion clinic nurses such as concern about whether the fetus feels pain and disturbing dreams in which aborted fetuses ask "Why did you do this to me?" ^{xiv}

• A survey of 105 abortion workers found that even among those who hold a strong conviction that abortion is a woman's right, most (77%) viewed abortion as a destructive act and some (18%) equated it with murder. ^{xv}

• Midwives struggled with the ethical dilemma between a woman's right to selfdetermination and the right to life of the child. ^{xvi} • "Moral distress" was reported among nurses who assisted with elective abortion.^{xvii} The nurses "began to think of themselves as people who hurt, rather than helped, other people," (p. 115). Descriptions of the nurses' distress were consistent with symptoms of PTSD.

• McNair has postulated that those who perpetrate violence may be vulnerable to PTSD. ^{xviii}

Prepared by the Alliance for Post-Abortion Research & Training

ⁱ Rosenblatt, R.A., Mattis, R. & Hart, L.G. (1995). Abortions in rural Idaho: Physicians' attitudes and practices. *American Journal of Public Health*, *85* (10), 1423-1425.

ⁱⁱ Aiyer, A.N., Ruiz, G., Steinman, A. & Ho, G.Y. (1999). Influence of physician attitudes on willingness to perform abortion. *Obstetrics and Gynecology*, 93 (4), 576-580.

ⁱⁱⁱ Fischer, R.L., Schaeffer, K. & Hunter, R.L. (2005). Attitudes of obstetrics and gynecology residents toward abortion participation: a Philadelphia area survey. *Contraception, 72* (3), 200-205.

^{iv} Thompson, H., Cohen, D.L. & Berris, B. (1970). Therapeutic abortion: A two-year experience in one hospital. *JAMA, 213,* 991-995.

^v Marshall, S.L., Gould, D. & Roberts, J. (1994). Nurses' attitudes toward termination of pregnancy. *Journal of Advanced Nursing*, *20*, 567-576.

^{vi} Grimes, D.A. (1992). Clinicians who provide abortions: The thinning ranks. *Obstetrics and Gynecology, 80* (4), 719-723.

^{vii} Joffe, C. & Yanow, S. (2004). Advanced practice clinicians as abortion providers: Current developments in the United States. *Reproductive Health Matters, 12* (24), 198-206.

^{viii} Shorbatani, S., Zimmerman, F.J., Bell, J.F., Ward, D. & Assefi, N. (2007). Attitudes and intentions of future health care providers toward abortion provision. *Perspectives on Sexual and Reproductive Health, 36* (2), 58-63.

^{ix} Kibel, H.D. (1972). Editorial: Staff reactions to abortion. *Obstetrics and Gynecology*, 39 (1).

^x Such-Baer, M. (1974). Professional staff reaction to abortion work. Social Casework, 55 (7), 435-441.

^{xi} Hern, W.M. & Corrigan, B. (1978). What about us? Staff reactions to the D & E procedure. Paper presented at the annual meeting of the *Association of Planned Parenthood Physicians* in San Diego, October 26.

^{xii} Kaltreider, N.B., Goldsmith, S. & Margolis, A.J. (1979). The impact of midtrimester abortion techniques on patients and staff. *American Journal of Obstetrics and Gynecology, 135, 235-238.*

xiii Sloan, D. & Hatz, P. (1992). Abortion: A doctor's perspective, a woman's dilemma. Donald I. Fine, Inc.: New York.

^{xiv} Gianelli, D.M. (1993). Abortion providers share inner conflicts. American Medical News, July 12.

^{xv} Roe, K.M. (1989). Private troubles and public issues: Providing abortion among competing definitions. *Social Science and Medicine, 29,* 1197.

^{xvi} Cignacco, E. (2002). Between professional duty and ethical confusion: Midwives and selective termination of pregnancy. *Nursing Ethics, 9* (2), 179-191.

^{xvii} Hanna, D. (2005). The lived experience of moral distress: Nurses who assisted with elective abortions. *Research and Theory for Nursing Practice, 19* (1), 95-124.

^{xviii} McNair, R. (2002). *Perpetration-induced traumatic stress: The psychological consequences of killing.* Praeger: Westport, CT.