Education in abortion care in Ireland: Medical Students For Choice (MSFC) taking a lead

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Abortion is a common topic of discussion in Ireland. Provision of abortion care by healthcare workers is restricted in a number of ways by legislation. Among Medical Students and Non-Consultant Hospital Doctors, there is consensus that abortion care should be covered in core curricula. However, current evidence indicates these groups lack knowledge surrounding issues such as legislation and and abortion care in an Irish context.

Guidelines dealing with termination of pregnancy provide information on how best to support women considering abortion, however information provided by Government Organisations contains inaccuracies. Both fail to deal with issues surrounding abortion through online Telemedicine services, and legislative ambiguity may prevent healthcare workers from providing information which could make at-home abortions safer.

This paper advises medical students and trainee doctors how best to deal with practical situations, such as women seeking advice on abortions overseas or through online providers. It provides a toolkit for clinicians to draw upon, which is in line with current legislation, guidelines and best practice. Further educational opportunities are available to students through Medical Students For Choice, through clinical attachments and student-led events. The educational benefits of such activities are discussed.

Introduction

Abortion has been illegal in Ireland since 1861 ("Offences Against the Person Act," 1861), and is currently prohibited under the Irish Constitution ("Constitution of Ireland: Article 40,"). Despite this, large numbers of Irish women undergo Termination of Pregnancy (TOP), either abroad or through online services.

This article looks at the unmet needs for abortion education in Ireland. It highlights restrictions, regulations and requirements surrounding this area of medicine, with a view to providing a toolbox which aspiring clinicians may draw upon when dealing with such issues. Areas which doctors are likely to encounter include medical abortions through online providers and abortions provided in other countries. Relevant contextual information will be given about these services.

This paper aims to highlight a number of key factors in abortion care. In recognition of the complexities of this area of medicine, further reading and experience is recommended. A secondary function of this article is to highlight the resources, opportunities and educational events available to medical students. With this in mind, there will be a discussion of the organisation which inspired the writing of this review; Medical Students For Choice.

Why is Abortion Education important in Ireland?

There is a need for abortion care to be addressed in medical education in Ireland at a postgraduate and graduate level. However, there is a lack of Irish guidelines, which may result in clinicians making assumptions which are not based on evidence. Further, tendency exists towards discouraging termination. Thus, the teaching of abortion care in Irish curricula is needed.

Abortion care is common in Irish Healthcare

Irish doctors deal with issues relating to Termination

of Pregnancy (TOP). A survey of 218 Irish General Practitioners (GP) found 97% GPs had a consultation specifically dealing with TOP, with 45% of GPs and GP Registrars (GPR) reporting a consultation within the past 6 months(Murphy et al., 2012). A similar study of obstetricians and gynaecologists (of whom 96% were Non-Consultant Hospital Doctors, or NCHDs) found 56% had been asked for information on abortion(Aitken et al., 2017). 38% referred a women to an information agency(Aitken et al., 2017).
No reason is given for referral, although one can hypothesise that a lack of education on abortion counselling among the NCHD's leaves them ill-equipped to deal with such situations.

Doctors and Medical Students are not properly informed

Surveys of doctors and medical students have highlighted a lack of knowledge about abortion care in Ireland. A survey of graduate and undergraduate medical students found that 25.7% of medical students were unaware of legislation allowing abortion in Ireland in instances where a woman's life is in danger(O'Grady et al., 2016). Among trainee obstetricians, 44% indicated uncertainty or unwillingness to certify eligibility for termination under the Protection of Life During Pregnancy Act, which is a requirement of obstetricians in Ireland(Aitken et al., 2017). The aforementioned survey of GPs and GPRs indicated concerns about the psychological trauma of having termination, something which, at the time, had no strong basis beyond anecdotal evidence(Murphy et al., 2012). It has since been proven that having a termination results in equal or improved psychological outcomes when compared to being forced to carry an unwanted pregnancy(Biggs et al., 2017). Together, these examples indicate a failure of the Irish Medical Education System to prepare doctors to deal with TOP. The need for education on TOP is widely accepted 54% of obstetric and gynaecology NCHDs working in Irish hospitals indicated they would be interested in training in abortion services as part of their curriculum(Aitken et al., 2017). Among Medical Students, there is widespread consensus that abortion training should be included as part of formal teaching. A study carried out on students at the University of Limerick found 95.2% of medical students believed abortion education should be offered on curricula(Fitzgerald et al., 2014). The most recent evaluation of attitudes of medical students on abortion found 92% support abortion in certain circumstances, with 56.6% indicating they would be willing to perform TOP in their future practice(O'Grady et al., 2016). Students from North America, where abortion is much more accessible, are more willing to perform TOPs should they be legally permitted(Fitzgerald et al., 2014). Given Ireland's large international intake as reported on multiple surveys (see (Boyle et al., 2013; Fitzgerald et al., 2014; Gouda et al., 2015) for examples), students from countries such as Singapore, Canada, the United States and the United Kingdom may be at a disadvantage when working in more liberal healthcare systems abroad, with less knowledge on TOP than their peers.

Irish Guidelines fail to address the issue

There are a number of instances in which anecdotal evidence influences doctors and policy makers in Ireland. Information in contravention with current evidence surrounding medical abortion has been published by the Health Service Executive (HSE) Crisis Pregnancy Program (CPP), and despite academic criticism, remains accessible on line at the time of writing (April 2017) (Sheldon, 2016). The errors, and their impact, will be discussed in detail a later section of this paper.

While this article will examine guidelines and legislation dictating what may or may not be said in a consultation room later, it should be noted that, in the past, individuals have conducted 'sting operations'

on pregnancy counselling services(O'Doherty, 2012; Sheldon, 2016). It is important that doctors are well informed of their obligations in relation to Medical Council Guidelines and Irish Legislation. The remainder of this article will look at abortion care as it is relevant to medical students and doctors in Ireland, and how MSFC addresses this.

Pre-Abortion Consultations

Irish Medical Council Guidelines (2009) sets out the responsibilities of medical practitioners in Ireland regarding abortion care. They state "It is lawful to provide information in Ireland subject to strict conditions, however it is not lawful to promote or advocate an abortion in such cases"(Irish Medical Council, 2007). Guidelines stipulate there is a "Duty to provide care, support and follow up for women who have an abortion"(Irish Medical Council, 2007). Conditions mentioned are elaborated in more detail in the Irish College of General Practitioners (ICGP) Crisis Pregnancy Management Guide(Ni Riain, 2013). These guidelines are specifically designed for General Practitioners. They clarify abortion counselling and aftercare within the Irish legal framework. This paper will now look at what it is legal and illegal to say in a consultation, and what services are available to women who have a termination. For those wishing to find out more on their responsibilities and restrictions in a consultation on TOP, the ICGP guidelines are a very good resource.

Discussing options

Where a woman requests information on abortion, there is a legal obligation on doctors to discuss all options in a non-directive manner(Regulation of Information, 1995). These include parenting, adoption, and specialist counselling. Current Irish Guidelines indicate that women who are certain of their decision "should not be subject to compulsory counselling"(Ni Riain, 2013). Should a woman decide to pursue counselling, it can be obtained free of charge, and locations and descriptions are found at www.positiveoptions.ie(Ni Riain, 2013).

Suggesting services

Paradoxically, while services have developed around abortion care, and one can discuss abortion providers abroad, it is illegal for a healthcare worker to directly refer a patient to such a service. Patients should be advised to request a copy of their medical records, and healthcare workers may suggest services which a patient can contact(Regulation of Information, 1995). There are two organisations which provide TOP in the United Kingdom, and offer care tailored to the needs of Irish people. They are the British Pregnancy Access Service (www.bpas.ie), and the Marie Stopes Clinic (www.mariestopes.org.uk). The Abortion Support Network (www.asn.org.uk) is an organisation which provides financial advice and assistance to Irish women who may struggle to pay for a TOP overseas.

Abortion through Online Telemedicine Services

Illegal medical termination in Ireland is becoming increasingly common. Between 2010 and 2015, there was an increase in the number of women who accessed online telemedicine services to procure abortifacients(Aiken et al., 2016). Organisations such as Women Helping Women (WHW) and Women On Web (WOW) recognise that Ireland's policy of exporting abortion care abroad discriminates against people of limited means or restricted visa status(Sheldon, 2016).

Abortion through online providers is becoming more frequent

In a 2010 survey, 11% of GPs in Ireland indicated that the use of illegal abortifacients had been brought to their attention(Murphy et al., 2012). In the same year, 548 women in Ireland and Northern Ireland had an online consultation with the only large scale online provider of abortifacients at the time, Women On

Web(Aiken et al., 2016). In 2016, this number accessing online consultations about TOP was estimated to be in excess of 2,000, showing a substantial increase in demand(Sheldon, 2016). We therefore assume that this has become a more frequent issue in consultation.

Providing an abortion outside the Irish legal framework is punishable by up to a 14 year prison sentence, which discourages Irish Doctors from providing advice to women who opt for a TOP through online services such as WOW and WHW(Aitken et al., 2017). It is illegal to supply prescription only medicine by mail order, so organisations such as WHW and WOW do not ship directly to the Republic of Ireland(Ni Riain, 2013; Sheldon, 2016). It should be noted that, in refusing to ship directly to Ireland, these organisations operate in full compliance with legislation(Sheldon, 2016). Health care professional who give information on how to obtain and use medications such as misoprostol "walk a fine line to avoid charges of aiding, abetting, counselling or procuring commission of criminal activities"(Sheldon, 2016).

Advice provided by Government Organisations is flawed

Previously, this article mentioned errors in advice distributed in Irish Guidance. The information provided by the HSE Crisis Pregnancy Programme (CPP) website, www.abortionaftercare.ie, is one such example. Errors in this document include claiming that medical abortion is less effective in patients who are pregnant with twins, something which is contradicted by current best evidence("Abortion Aftercare," 2017; Hayes et al., 2011). This resource also indicates that medical abortion may not work after 9 weeks, in contravention with the Royal College of Obstetrics and Gynaecologists Evidence-Based Clinical Guidelines, which indicates that, while prescribing and route of administration may differ depending on the gestation, medical abortion is safe up to 23 weeks, although from 13 weeks, 9.4% of cases require subsequent surgical evacuation, and from 10-13 weeks there is an increased rate of complication("The Care of Women Requesting Induced Abortion (Evidence-based Clinical Guideline No.7)," "The Care of Women Requesting Induced Abortion (Evidence-based Clinical Guideline No.7)," 2011). From 9-10 weeks, there is evidence that the procedure used by Women on Web (see (Aiken et al., 2016; Gomperts et al., 2008)) is suitable, with only a slightly higher rate of failure in the 9-10 week cohort compared to 0-9 weeks, and no increase in requirement for hospital admission or blood transfusion(Bracken et al., 2014). Therefore, it can be deduced that the HSE Crisis Pregnancy Programme guidance on the issue of telemedicine is not up to date with current best practice, and should be avoided by clinicians and individuals.

Other guidelines, such as the ICGP Crisis Pregnancy Management Guide, do not provide information on the medical management of abortion through in-absentia services, focusing instead on the legal aspects of the practice(Ni Riain, 2013). As such, there is no definitive resource, which takes into account the nuances of Irish medical practice, and which deals with telemedical TOP in an evidence based manner.

Women accessing TOP services online are not adequately supported

The advent of abortion facilities through telemedicine, and the failure of Irish organisations and government bodies to deal with this new phenomenon, has left Irish women in an odd and unfortunate position. Someone may find themselves unable to access TOP overseas, and will turn to online providers. Interviews with counsellors at the Irish Family Planning Association mention instances where women bring abortifacient pills to a counselling sessions(Sheldon, 2016). Counsellors are limited to saying such pills should always be taken under medical supervision(Sheldon, 2016). Consultations with doctors may yield similar

results, and government information online is unreliable. Women in such a situation are underserved.

The demographic of women accessing TOP online implies, in many cases, an already disadvantaged background. Reasons for requesting online abortion services include financial difficulty (43.5%) and a desire to finish school (14.8%)(Aiken et al., 2016). 24.3% of women report not having family support, and 34.6% had difficulty affording the donation of €70 that covers the costs of the service provided(Aiken et al., 2016). There is a significant association between lack of emotional and social support, and lack of economic resources(Aiken et al., 2016). These figures show that disadvantaged Irish women are more likely to access TOP through online services, and have fewer supports in doing so.

The limited capacity of counsellors and healthcare workers to assist women seeking TOP through online services, in addition to the disadvantaged demographic of this population, contributes to class discrimination in healthcare. The legislation which restricts clinicians from providing information to women in these situations was developed in an era before telemedicine(Sheldon, 2016). However, the example given of state sponsored misinformation shows the negligent approach taken by the Irish Heath Service. An educational and harm reduction strategy is needed to deal with this issue.

Aftercare

Women who have had a termination in the UK will receive a high quality of care, which may include counselling, information on possible side effects, Rhesus status, VTE risk assessment, advice on cytology screening, STI screening and treatment, and advice on contraception(Ni Riain, 2013). It should be assumed that women who have received abortifacient medication online have not had the same quality of care. Complications of medical abortion include severe bleeding, uterine rupture, cervical trauma, procedure failure and post-abortion infection(Ni Riain, 2013).

Counselling services are available free of charge, although it should be noted that women who report negative feelings (feelings of loss, guilt, sorrow, disappointment or low feelings) are in a minority compared to the majority of women who report positive feelings (relief, satisfaction, happiness) following a TOP through telemedicine services(Aiken et al., 2016). Concerns that travelling abroad for TOP has a negative impact on a woman's health have been expressed by the medical community(Murphy, M. 2012). Indeed, 90% of NCHD obstetricians have provided follow up care to women who have accessed abortion services abroad, so these concerns are likely based on interactions, rather than assumptions(Aitken et al., 2017). More data on the comparative needs of women following a TOP abroad versus through on-line services is needed.

Medical Students For Choice

Medical Students for Choice (MSFC) was founded in 1993 by students at the University of California in San Francisco, owing to concern at the lack of abortion and contraception education being taught formally(Medical Students For Choice Headquarter 2017). MSFC's first European Chapter was founded in Trinity College Dublin in 2010, with activists reaching out to other colleges in Ireland (Obara, 2012). There are now MSFC Chapters in 5 Irish Universities(Personal Communication, 2017). MSFC offers reproductive education through local, student lead activities, and through clinical experience.

MSFC Trinity hosted a number of events in the past year, including a workshop on Intra Uterine Device (IUD) insertion, a video screening, participation in the annual March For and a Journal Club. One of the best attended events hosted was a talk from Susan Yanow, the founding director of the Abortion Access

Project, and consultant to a number of organisations providing essential medicines to women, such as WHW. She gave an interactive talk on how medical abortions are performed from the view point of an online consultation. The workshop helped to address some of the educational needs outlined in this article, and students who attend are better placed to understand the needs of women in Ireland.

Reproductive Health Electives (2-4 weeks) and Observership (1-2 weeks) can very easily be organised through MSFC, who provide funding up to 1,000 US Dollars to students. The organisation puts students in contact with Doctors, Hospitals and Clinics, and Students from Trinity have, in the past, undertaken placements with groups such as the British Pregnancy Access Service, Bellevue Hospital New York, and Woman's College Hospital and Mount Sinai Hospital Toronto. MSFC Trinity regularly hosts an Electives Evening. Details are outlined at www.msfc.org.

Conclusion

Irish and NCHDs agree there is a need for abortion training in Ireland as part of core curricula. Inadequacies in pre-existing knowledge among these groups, and flaws in guidance offered by government organisations add to the concern that Irish women are not able to access reliable, accurate information through which they can make well informed decisions.

The expanding role of MSFC in Ireland reflects a growing desire within medical students to better understand the often complex issue. Further, this paper highlighted concern that services provided abroad, or online, cannot support women to the same extent as local health care providers.

"We can't replace local health care. You can give information, you can give pills, you can trust women to do it themselves but, if there is a problem, you need the local clinic to assess the situation" —Rebecca Gomperts, WOW (Sheldon, 2016)

While Irish legislation restricts provision of safe abortion care, physicians who are well informed can improve the safety of TOP. Misunderstanding of legislation is a major barrier to this safer care, and it must be addressed through harm reduction strategies and through education.

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Conflict of Interest Statement

The author is a Student Leader for MSFC, and current Co-Auditor of the Trinity Chapter of MSFC Ireland. MSFC provides financial support to MSFC Trinity College Dublin to host events. The author has not received payment from MSFC for any activity, including the writing of this article.

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