
WEEK 2: Abortion, Professionalism, and Patient-Centered Counseling

QUIZ QUESTION ANSWER SHEET

1. After the legalization of abortion in the United States in 1973, abortion training was not immediately integrated into routine Ob/Gyn training. What was the result of this?
- Abortion care was only available in large hospitals in major urban cities.
 - Abortion care was mostly delivered in freestanding clinics (such as Planned Parenthood or other local community clinics).**
 - Abortion care was mostly provided by clinicians who used unsafe medical practices
 - All of the above

Answer: Abortion care was mostly delivered in freestanding clinics (such as Planned Parenthood or other local community clinics).

Explanation: After the legalization of abortion in the United States in 1973, many hospitals did not establish abortion clinics and abortion training was not immediately mandated as a part of Ob/Gyn training. As a result, freestanding clinics were established to meet the needs of women seeing abortion care. Please refer back to Dr. Carole Joffe's lecture "Abortion in the U.S. After Legalization" for a detailed explanation.

2. Professionalism in medicine centers around 3 guiding principles: the principle of primacy of patient welfare, the principle of patient autonomy, and the principle of _____
- social justice.
 - conscientious refusal.
 - physician values.
 - None of the above.

Answer: social justice

Explanation: The "Professionalism in the New Millennium: A Physician Charter" states that professionalism is focused on three principles for physicians—the principle of primacy of patient welfare, the principle of patient autonomy, and the principle of social justice. Please refer back to Dr. Jody Steinauer's lecture "Physicians' Professional Responsibilities in Abortion Care" for a detailed explanation.

3. As described by *Global Doctors for Choice*, when exercising one's right to conscientious refusal, a provider has a right to refuse to participate in treatment only if it doesn't compromise _____
- The professional relationship with hospital administrators.
 - The workplace agreement by the medical facility.
 - The health and wellbeing of the patient.**
 - All of the above.

Answer: ***The health and wellbeing of the patient.***

Explanation: An article from *Global Doctors for Choice** states the right to conscientious objection is secondary to the first duty of the physician—the patient. Please refer to Dr. Jody Steinauer's lecture, "Physicians' Professional Responsibilities in Abortion Care" for a detailed explanation.

* Chavkin W, Leitman L, Polin K. Conscientious objection and refusal to provide reproductive healthcare: a White Paper examining prevalence, health consequences, and policy responses. *Int J Gynecol Obstet.* 2013 Dec; 123 Suppl 3:S41-56.
<http://www.ncbi.nlm.nih.gov/pubmed/24332234>

4. When assessing the criteria for refusing care under the American College of Obstetricians and Gynecologists guidelines, a clinician may not:
- Compromise patient autonomy by providing inadequate counseling
 - Threaten patient welfare by delaying needed care
 - Undermine scientific integrity by providing inaccurate information
 - Provide discriminatory care because they perceived the patient as immoral.
 - All of the above**

Answer: ***All of the above***

Explanation: Under the American College of Obstetricians and Gynecologist criteria for conscientious refusal, clinicians may do any of the answers presented in this question. Please refer to Dr. Jody Steinauer's lecture, "Physicians' Professional Responsibilities in Abortion Care" for a detailed explanation.

5. The nurse's primary commitment must be:
- To preserve their own morals.
 - To maintain care that aligns with one's own judgments and values.
 - To preserve the patient's needs, safety and best interest.**
 - None of the above.

Answer: ***To preserve the patient's needs, safety, and best interest.***

Explanation: Patient safety, needs, and the patient's best interest must be preserved, even when the nurse's experiences conflict with the patient's own choices. Please refer to Dr. Amy Levi's lecture, "Nursing Roles in Abortion Care: Clinical Responsibility and Professional Ethics" for a detailed explanation.

6. The fundamental principle in pregnancy decision-making is that the _____ has the answer to all health care decisions.
- Physician
 - Counselor
 - Patient
 - Patient's partner or family member

Answer: Patient

Explanation: The fundamental principle in pregnancy decision-making is that the patient has the answer to all health care decisions. In the lecture "Decision Counseling for Positive Pregnancy Test Results", Dr. Alissa Perrucci discusses the fundamental principle that grounds the work in decision counseling. It is important to remember that one pregnancy decision is not "more moral" than another and there is no knowledge that a provider possesses about the answer to a woman's dilemma that the woman does not.

7. In order for a patient to give informed consent, they need to exhibit all of the following EXCEPT:
- Competence and the ability to rationally reason
 - Appreciation of the consequences of a decision and understanding of the impact of a particular decision
 - They have had a previous discussion with family and friends about their decision.**
 - Making the decision based on one's own free will
 - Evidence a choice by either written or verbal consent

Answer: They have had a previous discussion with family and friends about their decision.

Explanation: All answers presented in this question are needed for a patient to give informed consent except that the patient needs to discuss her pregnancy decision with family and friends. Please refer to Dr. Alissa Perrucci's lecture, "Informed Consent, Decision Assessment, and Counseling in Abortion Care" for a detailed explanation.

8. In assessing a patient's decision to have an abortion, an appropriate question to ask in order to learn about her experience could be:
- "What makes you sure you want to have an abortion?"
 - "What was it like for you to make the decision to have an abortion?"**
 - "Did you think about the other alternatives, liking having the baby or giving the baby up for adoption?"
 - All of the above are appropriate questions to use when learning about the patient's experience making the decision to have an abortion.

Answer: ***"What was it like for you to make the decision to have an abortion?"***

Explanation: *When assessing a patient's decision to have an abortion, it is important to ask appropriate questions and learn about her experience making the decision. The assessment invites, but does not require, the patient to discuss feelings and thoughts about her decision and people are allowed to be sure of their decisions. Please refer to Dr. Alissa Perrucci's lecture, "Informed Consent, Decision Assessment, and Counseling in Abortion Care" for a detailed explanation.*

9. What does the concept "values clarification" mean for clinicians and other health-care providers?
- A chance for providers to examine their own values and beliefs on a specific topic (such as abortion), and explore how these feelings may impact the ability to best care for patients.**
 - Attempting to ensure that your patients share the same beliefs and morals as you in order to find empathy and compassion and help provide them with the best quality of care.
 - To explain (or "clarify") to the patient why you believe their behavior is immoral.
 - None of the above

Answer: ***A chance for providers to examine their own values and beliefs on a specific topic (such as abortion), and explore how these feelings may impact the ability to best care for patients.***

Explanation: *For a detailed explanation of the concept "values clarification", please refer to Dr. Jody Steinauer's lecture "Teaching Professionalism in Abortion Care".*

10. If a learner is unable to find empathy or compassion toward a patient (because of frustration or their personal morals and beliefs that what the patient is doing is wrong), what is another strategy they could adopt to continue professionally caring for the patient?

- Refusal of care
- Acceptance**
- Disapproval
- All of the above

Answer: Acceptance

Explanation: When a clinician develops self-awareness and realizes they cannot find empathy or compassion for a patient, the clinician must then accept that the patient is in his or her care and come up with a strategy to provide the patient with the highest quality care possible. This may include referral to another health care provider. Please refer to Dr. Jody Steinauer's lecture, "Teaching Professionalism in Abortion Care" for a detailed explanation.