

DRAFT

MINIMAL STANDARDS*
INTENTIONAL TERMINATION OF PREGNANCY
FOR ADVENTIST HEALTHCARE FACILITIES

March 12, 1992

The following statements are intended to serve as guidelines to assist the leadership of Adventist healthcare facilities in the development and implementation of institution-specific policies regarding abortion and the intentional termination of pregnancy.

A. BEFORE VIABILITY

Guiding Principles

Prenatal human life is a magnificent gift of God and deserves respect and protection. It must not be thoughtlessly destroyed. Since abortion is the taking of life, it should be performed only for the most serious reasons. These may include:

- Significant threat to the pregnant woman's life or health,
- Severe congenital defects carefully diagnosed in the fetus,
- Pregnancy resulting from rape or incest.

Abortion for social or economic reasons including convenience, gender selection, or birth control is institutionally prohibited.

Notification and Referral

Attending physicians and patients requesting an intentional termination of pregnancy prohibited by policy should be so informed and may be referred to other community agencies for care.

Review Committee

A committee appointed by the President of the Medical Staff in consultation with the Department of Obstetrics and Gynecology*, should be charged with prospectively reviewing all requests involving an intentional termination of pregnancy.

*When defined by medical staff structure.

Committee members should be qualified to address the medical, psychological and spiritual needs of patients. There should be an equal representation of women on the committee.

Abortions deemed appropriate should be performed only after a recommendation to do so is approved by the committee following consultation with the patient's primary physician. A satisfactory consultation includes: examination of the patient if indicated, review of the chart, and a written report of findings and recommendations signed by the person chairing the committee.

In the event that a committee member is the patient's primary physician requesting an intentional termination of pregnancy, she or he should declare a conflict of interest and an alternate qualified member of the medical staff should be appointed.

When an institution lacks sufficient medical staff structure or sub-specialty depth, committee functions may be performed by telephone with external consultants.

Counseling

When an intentional termination of pregnancy is requested, the interests of both the woman who is pregnant and the fetus must be considered. Efforts should be made to provide professional counseling regarding those interests. Alternatives to the intentional termination of pregnancy should be presented before a final decision to proceed is reached by the pregnant woman. Such alternatives include parenting and adoption. The availability or non-availability of support systems should also be considered when reviewing options.

Under no circumstances should a woman be compelled to undergo, or a physician, nurse or attendant personnel be required to participate in an intentional termination of pregnancy if she or he has a religious or ethical objection to doing so. Nor should attempts to coerce a woman to remain pregnant be permitted. Such coercion is an infringement of personal freedom, which must be protected.

A minimum period of twenty-four (24) hours should elapse between counseling and the choice to proceed with an intentional termination of pregnancy, except in the compelling situations.

Professional counseling including appropriate referrals should continue to support the woman in her choice to parent, to relinquish for adoption, or to intentionally terminate the pregnancy.

B. INTENTIONAL TERMINATION OF PREGNANCY AFTER VIABILITY

If an intentional termination of pregnancy is medically indicated after viability, the medical treatment of an infant prematurely born during the course of termination of pregnancy should be the same as would be provided any other similar live-born fetus. Viability means that stage of fetal development when the life of the unborn child may, with a reasonable degree of medical probability, be continued indefinitely outside the womb.

Notwithstanding the above, the woman's life and health should constitute an overriding and superior consideration to the concern for the life and health of the fetus, when such concerns are in conflict.

REPORTING

The hospital should maintain a record of all intentional terminations of pregnancies. The record shall include:

- . Date
- . Procedure performed
- . Reasons for procedure
- . Period of gestation at the time procedure performed.

A summary report containing the above information should be forwarded annually by the Quality Assurance Committee of the hospital to the Board of Directors for their review.

- * Adventist Health Association Cabinet
Voted August 18, 1993