I'm ธนยุจัตน์ ปังเส็ง from Periwinkle's Clan; I can perform many roles within the abortion process.

This peer assessment is in two parts. Questions 1 to 4 are about personal reflection of abortion in our community and workplace. Questions 5 to 8 are about values clarification with respect to two cases, listed below:

Case #1: Consider a 23-year old patient who has had an abortion in the past and now presents with another undesired pregnancy.

Case #2: Consider a patient who is sexually active, does not use contraception, and does not desire pregnancy.

I’m Glam, but abortion sure isn’t.

Question 1 of 8:
Where do you live? Describe the climate around abortion in your community. Describe the laws or regulations that pertain to abortion. If you did not know before this assignment, please list at least one resource you used to find this information.

Currently living in north Hume, although I am native to Phuket. The laws of the two places in this area differ significantly, so I will share both of them.

In Hume, the **law** states that no person will be guilty of an offence under the law relating to abortion when a pregnancy is terminated by an authorized medical practitioner upon her written consent, provided they meet certain criteria. For instance, the person (or their husband) must have resided in the country for at least 4 months, or have a work permit/permanent resident/citizenship. The pregnancy also cannot be terminated after 24 weeks, and must be performed by those with certain special skills (surgical/obstetric qualifications) if the pregnancy has reached between 16 and 24 weeks. The limits are removed should the abortion be carried out if it is immediately necessary to save the life/avoid grave permanent injury to the woman. There is no dominant religion in Hume (it is a melting pot culture), but in Christianity, there isn't any direct mention of abortion in the Bible; depending on which parts of the Bible one refers to, it can be used as evidence to support both stands of whether a fetus should have the same status as a living human.

In Phuket, abortions are illegal regardless of length of pregnancy elapsed, except for the girls under the age of 15 or with a serious illness, and when the pregnancy threatens the woman's health or results from rape or incest. Yet de facto, the abortion law is rarely enforced, and illegal abortions remain common and an important public health issue for women there. This is done in part due to the significance of the Buddhist religion there where there isn't a qualitative difference between unborn fetuses and newborns, or indeed other individuals; abortion is the equivalent of murder in that religion.

Question 2 of 8:
Describe and elaborate on your personal feelings towards abortion in your community.

I haven't seen an abortion in front of me, and I feel that it doesn't really affect the demographics much here (parents who don't wish to have kids simply avoid having them). The low number of children is caused by the high percentage of well-educated women who wish to further their careers instead, resulting in lower birth rates, while at the same time, the ageing population ensures slightly increasing death rates even with the increases in technology.

Abortion, on the other hand, is practiced more widely in other countries which are generally less developed. In some cases these may be valid if the alternative is for the mother to be put at grave danger should she proceed with the pregnancy, but in other cases this is not so.

For example, with China's One-child policy, or if the family was unable to support too many kids, they would selectively kill off females through abortion since only the male could pass on the family name and they were generally regarded as superior to girl children. What it caused instead was for the gender ratio to become heavily skewed, such that many of the young men cannot possibly find a girl to marry since there is such a large excess of them. This is the unintended consequence which has negatively affected China as a whole, especially in the future when this population ages. In any case, if abortion was done for reasons other than to prevent the death/serious illness of the mother, it means the loss of an innocent life before they were even born; the unborn, along with any of their potential offspring, are throttled into the tomb.

With respect to Christianity, I follow the parts which support the fetus being a true living human being. Furthermore, while families and individuals may each have their own preference and stand to the issue, it is good to acknowledge other religions such as the aforementioned Buddhism especially in a melting pot culture where abortion must be avoided unless in a threatening situation. Conflicts and controversial points such as those stemmed from abortion can potentially create riots.

Question 3 of 8:

What do you believe to be the obligations or professional responsibilities of health care providers when caring for women who desire an abortion in your community?

In the case of health care providers, they must allow all the options to be made known to the women who intend to undergo abortion. This means having them undergo a diagnosis of some sort to determine the factors that may lead to the want/need of abortion, as well as the pros and cons of going each way with the abortion. Professionalism means that such providers are to put their values and beliefs aside to optimize patient care; to give accurate, unbiased information to completion. Following ACOG and Global Doctors for Choice's guidelines is a good general guide for them to follow.

They should also have access to counselling before and/or after the abortion is carried out, or even if the abortion doesn't actually take place. This is due to internal conflict and possible psychological effects. For instance, a Buddhist can have concern that they have just committed a grave sin by doing so, but had no choice because of mitigation factors that may have prevented them from taking care of their child properly.

Question 4 of 8:

Reflect on how concepts presented so far in the course (such as abortion stigma) are relevant within your own community or regional situation. How does or how might this affect care for abortion patients?

There isn't very much abortion in Hume, but I know that in other places where religion, law, politics or various other factors may affect the availability or cause negative consequences if abortion is chosen, it can cause serious problems. Abortion stigma is a vicious cycle where one thinks they are the minority of those who chose abortion, and doing so means being an outcast to the society. This will cause some to endure the suffering and risk serious complications to themselves as they are trapped in this sort of dilemma, even if they genuinely need abortion to save their lives. Others may resort to illegal (and more dangerous) means of abortion, which would impact the region/country's economy, and because such means of abortion are not regulated by the government, they also tend to lead to bad outcomes for women.

Question 5 of 8:

Describe how the patient's situation makes you feel and why. For example, do you feel frustrated by or judgmental of the patient? Please elaborate and be sure to indicate which case(s) you are responding.

How I would react to the patient would depend on their background story, where the possibilities would have to be discussed.

For the first case, it would depend on how the undesired pregnancy came about. It is possible that they live in crowded places where raping cases run rampant; the second abortion could well be the result of incest or rape in that region, where the alternative to refusing to comply to the rapists would be even less desirable. The reason for the first abortion may also not be because of incest or rape; at 23, she could be married and want to have kids, but the pregnancy had some conditions which had made abortion the safer route to take. In this case, I would feel some sympathy and concern for her, given that the abortions were forced situations from beyond her control; I would also be interested in her background conditions. However, this pregnancy can also be induced simply because she may be fickle and wanted a child, only to decide a few weeks later not to have the child. Or the couple may have had sex without the intention of having children, but did not use contraceptives properly. In the case of China, their one-child policy and the fact that only male children can carry on the family name may cause her to go for abortion if her pregnancy yielded only girls; they may have come abroad for the abortion simply to avoid trouble with the politics back in their country. I would be feeling more judgemental about such patients.

For the second case, to avoid pregnancy, she has to either abstain from sex or learn to use contraceptives properly. I would want to find out the cause of not using contraceptives first. There are various factors involving a combination of religion, cost, side effects and/or other personal reasons that may prevent them from using the various contraceptives, all of which may well be reasonable. She may not even be aware of the fact that contraceptives do exist. I will sympathize with her dilemma since she is essentially torn between certain decisions which contradict each other.

Question 6 of 8:

What are some possible reasons a woman would find herself in this position? Do you find that some possible reasons make you feel more empathetic toward the patient than others?

For the first case, incest/rape, being sexually active (possibly with many partners), fickleness and bad luck of the pregnancy can all be possible reasons. (as discussed earlier, since the reason for the situation occurring affects how I would feel)

For the second case, it may be because she has a husband and enjoyed the feeling of sex when they had children; however, the couple may not want more children but one or both partners still want the feeling of sex. Less likely would be due to having multiple partners.

Empathy is defined as being able to understand and share what other people (the two patients) feel. Having empathy is associated with positive outcomes such as higher participation, compliance, satisfaction and quality of life. Due to the conditions under which medical students work, empathy tends to decrease; increased vulnerability, responsibility, burnouts and thinking of patients as "other" are some of the consequences.

Having empathy is essential in order to ensure the best care is given to the patient. The empathy I would feel towards the person would be dependent on the respect shown as well as the factor(s) that led to them coming for counselling. Those that spend excessively long in the consultation, do bad things, decline recommendations that are given, feel an excess sense of entitlement to treatment, insult me/my company and those who fail to adhere to recommendations (not taking proper care of themselves) will warrant less empathy. In that sense, I feel more empathetic for those who were raped/incested in the first case and all those who fall under the second case. Nonetheless, I will strive to give full treatment to the best of my abilities for all patients.

Being sufficiently Glam can make a certain (small) degree of difference in empathy.

Question 7 of 8:

Now that you have considered how you feel and reasons why she might be in this position, please reflect on how you would provide care for her if you were her clinician. Would you feel comfortable counseling her and referring her for care? If so, why? If not, why not? Did reflecting about your feelings and her potential circumstances change how you think about this? Do you think you could provide high quality care for her even if you don't know why she is in this position?

For the first case, I would be highly willing to counsel her if she was victimized, since there may be trauma resulting from the rape/incest which may be a psychological fear for her. I would feel less comfortable for the other reasons where she needs this second abortion; however, I would still provide care as I want to avoid stigma and financial segregation as far as possible.

For the second case, she is more likely to be faithful and have just one partner (her husband). The counselling may include him where he may be the one to use a contraceptive or undergo vasectomy, so that she can remain sexually active with her husband without fear of a possible unwanted pregnancy. It is also generally less intrusive for the surgery of permanent sterilization to be performed on the man, since having one of the couple sterilized will prevent any pregnancies from forming. I would feel comfortable in counselling her and referring her for care even if she may not be able to afford the cost.

Reflecting about my feelings and her potential circumstances helped me change how I think about the situation. While I may have various feelings depending on what caused her case, there is a need to consider that she may have been forced into such a situation beyond her own control. However, if she could have reasonably avoided it (as in some scenarios in the first case, given that she did have a previous abortion and would likely have been given advice that she could have disregarded), I try not to let my feelings get in the way as it would then hinder the treatment that I could give her.

In any case, I can only provide care for her based on information that is available to me: responses to any unbiased questions that I may ask her as well as physical evidence (if any). While there may be ways to treat the abortion itself even without this information, it would be unlikely to be optimal, and will not treat any underlying problems which may lead to future abortions. Provision of the highest quality care will have to depend on one's individual situation.

Question 8 of 8:

Within the concept of professionalism, is a clinician obligated to provide counseling and referral for the patient even if he/she believes that the patient is acting immorally or irresponsibly? Would your opinion change if the clinician cannot understand why someone would be in this position? Please explain why or why not.

Professionalism means that one has to put their duties before their personal preferences. Some of the requirements in this field include the provision of accurate, unbiased pregnancy options counselling (without hinting towards a certain solution from personal opinion), referrals for abortion care and participating in abortion and post-abortion care. There should not be imposition of personal values on the patient. Clinicians must not compromise patient autonomy (e.g. inadequate counselling), discriminate in any way or undermine scientific integrity.

I feel that a clinician should be obligated to provide counselling and referral for any patient who desires it, while patients who don't want it should have the option of opting out. However, if they plan on opting out, they should be told on what they will be missing out on. This is irregardless if the patient acts immorally, irresponsibly or is unable to understand why they are in a given situation, and how the clinician judges or feels toward the patient, since the patient (and their choices) is the first duty and the right for the clinician to refuse is secondary to that. The only exception is if the patient is in an emergency situation which requires immediate treatment if the person is to have a chance at being able to live.

With respect to moral/religious objections (or lack of skills in a certain area) from a clinician, they should still be able to counsel patients and make appropriate referrals to others, since the patient should be entitled to the best possible treatment. Explanation of this must also be done to the patient so that they will understand.

Past peer feedback (due to a glitch, **some parts were originally posted on Facebook after the submission deadline**; also, I feel that the length requirements of 3 to 5 sentences per part are just recommendations)

peer 1 → Learner has answered all questions with great depth. Interesting how two places can differ with regards to abotions
peer 2 → Thank you for the interesting responses. I learned about the laws and community you live in. Also the differing beliefs with regard to religions in your community.
peer 3 → Great job! You answered all the questions perfectly, with lots of information and your experience in the community and personal opinion.
peer 4 → I feel you don't take this course very seriously. You seem to have misunderstood the assignment.
peer 5 → Responses to questions 1 to 6 went over the word limit, but learner fully answered these questions (though a picture of yourself is not required...). The last bullet point to question 7 was not answered (it is also asked for you to write prompts in the Coursera text box - I will not click any of your links. Seems a bit spammy). Question 8 was not answered at all (again, I will not click any outside links)
peer 6 → Learner provided superfluous information and did not adhere to length requests.
peer 7 → While some of your content was thoughtful, and I appreciate you examining your feelings and beliefs, you really didn't follow the instructions of the assignment. There was direction to choose one scenario (not both) and to answer within a certain number of sentences. While you asked not to be scored poorly for not answering the question within the text box, it seems that perhaps you could have followed the directions since you acknowledged that you were not. Overall, I appreciate your efforts but you might be better served by following the assignment more closely.
peer 8 → Your responses were clearly carefully considered. I interpreted the prompts to be asking for more concise responses.
peer 9 → Interesting take on social and cultural situations regarding choosing abortion and contraceptive services. Thanks for sharing different stories. Some of the responses were confusing however and my have been due to technical difficulties. Not sure.
peer 10 → No comments. Thanks.