

Protection of human life during the prenatal phase: opinion of doctors of Lithuanian X district

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Introduction

More than 50 years have passed since abortion was legalized in Lithuania. Until the restoration of Independence in 1991 the termination of pregnancy was the most common method of family planning in Lithuania. Abortion was legalized on 23 November 1955, i.e. when Lithuania was still part of USSR. While the number of abortions during the last 20 years has decreased as much as 8 times¹, the issue of the protection of human life during the prenatal phase remains highly ambiguous in the country, because:

- Lithuania still lacks national legislation which would define the status of human life before birth.²
- The procedure for performing an abortion is regulated by a decree issued in 1994 by the Minister of Healthcare „Procedure for the termination of pregnancy“³ (it repealed the decree No. 234 dated 16 March 1982 issued by USSR Healthcare Ministry regulating the termination of pregnancy), which have established that upon woman’s request abortion can be performed until 12th week of pregnancy if there are no contradictions for this operation. Pregnancy of more than 12 weeks can be terminated if it poses a threat to woman’s life and health. However, this decree does not mention what kind of legislation of higher power the Minister of Healthcare bases his decision on when regulating this

¹ *Higienos instituto Sveikatos informacijos centro duomenys*//<http://sic.hi.lt/>

² Čaikovski A., Žukovaitė I. Neteisėto aborto kriminalizavimas Lietuvoje ir kitose Europos valstybėse//Teisė. 2010 Nr. 75: 21-34

³ LR sveikatos apsaugos ministerijos įsakymas „Dėl nėštumo nutraukimo operacijos atlikimo tvarkos“//Valstybės žinios. 1994 m. Nr. 18-299

issue.⁴ The decree contains a list of diseases that pose a threat to pregnant woman and the life and health of fetus, comprised in accordance with International Classification of Diseases, which expired more than ten years ago.⁵

- There is still no systemic help for women experiencing crisis pregnancy, i.e. there is no advisory assistance, no mandatory decision making period after a consultation as it is standard in other countries: for example, 14 days in Denmark, 7 days in Albania, France and Russia, 6 days in Belgium, 5 days in Netherlands, 3 days in Germany, Hungary, Latvia, Portugal and Georgia.⁶

It goes without saying that a woman seeking abortion receives certain information about the intended intervention and possible consequences. This is required according to the „Act of patient’s rights and compensation“⁷, which envisages that healthcare professional has a duty to provide adequate information to the patient allowing him/her to choose a treatment that corresponds best with his interests. The Act defines quite clearly the scope of information to be provided: the patient has the right to obtain information on health status, diagnosis, methods of treatment applicable at the healthcare institution or known to the doctor, possible risk, complications, side effects, prognosis of treatment, other circumstances which can have influence on the decision of the patient to accept or refuse the proposed treatment, consequences if the proposed treatment is refused. In the Code of Ethics of the Society of Lithuanian Obstetricians-Gynecologists, discussing the termination of pregnancy, it is stated that „doctor must discuss with a woman her options, medical and psychological consequences of such decision“.⁸

The problem of the research. The main source of information about the termination of pregnancy and its possible consequences is a doctor, who in one way or another is related to the performed intervention. The performance of an abortion raises a number of moral issues both personal and professional for doctors. Analysis of the causes of abortions performed in Lithuania

⁴ Gruodytė E. Aborto teisinio reglamentavimo aspektai Europos žmogaus teisių teismo jurisprudencijos kontekste//Jurisprudencija. 2012. Nr. 19 (2). P. 745.

⁵ Mečėjus G. Abortas. Ginekologo vaidmuo // Abortas Lietuvoje. Vilnius: LRS. 2008. P. 10

⁶ IPPF European Network. Abortion legislation in Europe. Brussel. 2012. P. 66

⁷ Lietuvos respublikos “Pacientų teisių ir žalos sveikatai atlyginimo” įstatymas.//Valstybės žinios, 2004, Nr. 115-4284

⁸ Lietuvos akušerių-ginekologų draugijos Etikos kodeksas//<http://bioetika.sam.lt/index.php?1614977420>

shows that most commonly performed abortions are optional, i.e. abortions by woman's will: in 2011 in Lithuania there were 10 466 abortions performed, 6043 of them – by woman's will, that is 57, 7 % of all abortions, and only 162 (1, 6 %) due to medical causes.⁹ According to the studies of the causes of abortions performed in Lithuania, women are incited to have an abortion mostly by reasons unrelated or related very little to health: woman's age, the number of children, marital status, economic situation (the latter is not crucial), use of contraception.¹⁰ A scientific study published abroad, that analyses abortion causes, states that usually there are several interrelated causes of abortion, but as many as three-quarters of surveyed women indicated that „having a child would change their life too dramatically“, half of them named relationship issues, lack of support from relatives and especially partner.¹¹ Usually woman's choice is influenced by close people, partner having the biggest influence.¹² Neither woman's unwillingness to have children, nor the quality of relationship with partner is a medical cause requiring surgical or medical intervention. It is a moral issue that is nurtured by the lack of values and gaps of education in the family. A medic is not capable of solving neither one, nor the other. Abortion also does not solve them, but only exacerbates the existing problem.

To sum it up, a doctor is like a hostage, forced to participate in abortion drama which is usually not due to a medical cause. On the one hand, s/he is bound by laws requiring providing the necessary information for a woman seeking abortion, but on the other hand, s/he has very limited possibilities to help a woman struck by crisis and to protect the unborn baby.

The aim of the research: to identify the opinion of doctors working at the institutions of primary healthcare (they are the first ones a pregnant woman turns to) about the protection of life during the prenatal phase and the issue of the termination of pregnancy.

The methodological approach of the research. The issue of the beginning of human life is the most important in the problematic of the protection of life during the prenatal phase.

⁹ Lietuvos gyventojų sveikata ir sveikatos priežiūros įstaigų veikla 2011 m. Vilnius: Higienos instituto Sveikatos informacijos centras. 2012. P. 96.

¹⁰ *Vanagienė V.* Nenorimi nėštumai ir jų baigtys // Abortas Lietuvoje. Vilnius: LRS. 2008. P. 29–31

¹¹ *Finer L. B. et al.* Reasons U. S. Women have abortions: quantitative and qualitative perspectives // Perspectives on Sexual and Reproductive Health. 2005. Vol. 37 (3). P. 110–118.

¹² *Obelenienė B., Švedas E.* Laisvo apsisprendimo nutraukti nėštumą ir moters teisės į informaciją realizavimo galimybės // Sveikatos mokslai. 2006. Nr. 1–2 (42–43). P. 131–137.

Knowing that human embryo is human life is a crucial factor forming person's conscience as it dictates a person in ambiguous situation which action is good and which one is bad. False conscience, i.e. if it is based on false knowledge, enslaves and destroys person's freedom.¹³ If it is recognized that human life does not begin at the moment of conception, it means that abortion does not terminate human life and there should be no moral problems. However, if it is human life, then it applies for "moral principles of respect and inviolability".¹⁴ We know from science that embryos are human beings from the beginning; and we know from practice of technology that we can manipulate these embryos in many ways. But are these manipulations morally justified? This is an issue of moral philosophy - embryo ethics - because only it can answer this question.¹⁵ It is a scientifically proved fact that human life begins at conception, but what to do with this fact, how to act in one situation or another is a moral issue.¹⁶

Methods of the research. Lithuanian "X" district, which has 7 healthcare institutions – primary healthcare centers, was selected for the research in a convenient way. The research was conducted in one day (23 November 2011). All of doctors who worked on that day were interviewed: family doctors, gynecologists and heads of institutions (overall 23 medics).

A qualitative research method was selected – semi-structural interview when every participant was asked to give their opinion on every question. Questionnaire can be divided into three groups:

- 1) Questions about women who seek termination of pregnancy;
- 2) Questions about the well-being of doctors and their assistance offered to a woman;
- 3) Questions about measures which could reduce the number of abortions.

The data was processed using content analysis method.

¹³ Irving Dianne. The woman and the physician facing abortion: the role of correct science in the formation of conscience and the moral decision making process//Linacre Quarterly. 2000. Nov/Dec.

¹⁴ Have H.A.M., Meulen R.H.J., Leeuwen E. Medicinos etika. Vilnius: Charibdė. 2003. P. 283

¹⁵ Georg R.P., Tollefse C. *Embryo: A Defense of Human Life*. USA: Doubleday. 2008. P. 8.

¹⁶ Georg R.P., Tollefse C. *Embryo: A Defense of Human Life*. USA: Doubleday. 2008. P. 8.

Ethics of the research. The research was conducted after receiving approval of the Health committee of the municipality of X district. Questionnaires were anonymous. Only researchers know in which healthcare institution the research was conducted.

Research data analysis and discussion.

Characteristics of women seeking to terminate pregnancy in Lithuanian “X” district. 80 women wanted to terminate pregnancy during a one year period (overall there were 112 pregnancies reported in the district). They came alone, i.e. unaccompanied by men, to the healthcare center.

Abortion causes. While answering a question “For what reasons women usually want to terminate pregnancy” all doctors noted that it was “due to material difficulties”. After analysis the answers were divided into three groups: material causes, social problems and problems of relationship with partner (see Table 1).

Table 1. Analysis of doctors’ answers to the question „For what reasons women usually want to terminate pregnancy“

Category	Subcategories	Respondents’ answers
Material causes	Material difficulties	<i>Due to material difficulties Unemployment Bad social living conditions</i>
Social causes	Education	<i>Low level of education</i>
	Number of children	<i>Recently gave birth There are several children in the family</i>
	Woman’s age	<i>Woman is over 40 „it is too early“ or „it is too late“</i>
Lack of partner’s support	Relationship with partner	<i>Pressure by partner Single Abandoned by partner</i>

In surveyed doctors’ opinion, woman’s choice to have an abortion due to material difficulties or social problems corresponds with the opinion widely spread in the community of Lithuanian

medics that „a large proportion of women terminate pregnancy due to social causes“.¹⁷ But review of overseas studies shows that abortion is usually not a woman's choice: 64% of surveyed women chose abortion under pressure by others.¹⁸ Women, whose partners were not in favor of pregnancy, indicated 7, 4 times more often that their pregnancy is unwanted comparing to women, whose partners were positive about the pregnancy.¹⁹ According to the data of A. Gutmacher's institute, 51% of surveyed women confirmed that their problems of relationship with partner resulted in their decision to have an abortion.²⁰ Survey of Lithuanian students' opinion that was conducted in two Lithuanian universities (Vytautas Magnus University and Lithuanian University of Health Sciences, 780 respondents) showed that, in student's opinion, social and financial problems are not the most important. The most important abortion causes, in students' opinion, are woman's and unborn baby's father's relationship problems and the lack of systemic help for women.²¹

Help for women. If a woman experiences a crisis pregnancy (she wants to terminate pregnancy), she is not free to make a decision. Such women are characterized by „lesser connection with reality“. She experiences flows of fatigue, despair, anger and disorganization more frequently. Persons in crisis are more likely to stay on the sidelines and allow others to make decisions for them.²² In Lithuania 48% of surveyed women, who came to terminate pregnancy, did not know about possible consequences of abortion.²³ Studies show that even in those cases, when a woman was indecisive and felt encouraged to choose abortion, 67% of them did not receive any advice; 79% of them were not informed about possible alternatives.²⁴ Even 8

¹⁷ LAGD valdybos pareiškimas dėl LR Seime svarstomo „Gyvybės prenatalinėje fazėje apsaugos įstatymo“//Lietuvos akušerija ir ginekologija. 2008. Tomas XI. Nr. 1. P. 9;

¹⁸ VM Rue et. al., „Induced abortion and traumatic stress: A preliminary comparison of American and Russian women,” *Medical Science Monitor* 10(10): SR5-16, 2004.

¹⁹ Green DC, Gazmararian J.A. Mahoney L.D. Unintended pregnancy in a commercially insured population. *Maternal and Child Health Journal* 6 (3), September, 2002, p. 181-187

²⁰ *Facts in Brief: Induced Abortion.*, *The Alan Guttmacher Institute*, 1996, http://www.agi-usa.org/pubs/fb_induced_abortio.html

²¹ Obelenienė B., Narbekovas A., Liubarskienė Z., Daudaravičienė V. Žmogaus gyvybės pradžios ir apsaugos problematika Lietuvos studentų požiūriu//Soter. 2012 . Nr. 43. P.7-22

²² Sobie A., Reardon D.C. Who is making the choice? Women's heightened vulnerability During Crisis Pregnancy *The Post-abortion Review*, 2000, 8(1).

²³ *Vanagienė V. Nenorimi nėštumai ir jų baigtys // Abortas Lietuvoje. Vilnius: LRS. 2008. P. 32*

²⁴ VM Rue et. al., „Induced abortion and traumatic stress: A preliminary comparison of American and Russian women,” *Medical Science Monitor* 10(10): SR5-16, 2004.

out of 10 women indicated that they would have given birth if they had received help and support.²⁵ That is why a woman needs help.

Analysis of the answers to the question „*What means of help are provided for a woman who seeks to terminate pregnancy*“ makes an impression that doctors tried to help women by all means. Respondents answered that they usually tried providing moral support for women themselves, informed them about the consequences, suggested looking for a solution, and less often referred them to other specialists. Some of doctors did not suggest anything (see Table 2).

Table 2. Analysis of answers to the question „*What means of help are provided for a woman who seeks to terminate pregnancy*“

Categories	Subcategories	Respondents' answers
Moral help	Asking to change their mind	<i>Personal talk</i> <i>Ask to think more, to talk to partner</i> <i>Always suggest not to have an abortion</i> <i>Try to discourage</i> <i>Talk about life, motherhood</i> <i>Encourage to give birth</i>
	Moral support	<i>Suggest the help that is needed for a woman, moral support</i>
Counseling	Inform about consequences	<i>Inform about moral and physical consequences</i>
	Suggest help of specialist	<i>Psychologist's help</i> <i>Talk to a priest</i> <i>Visit Social care unit</i>
	Suggest looking for a solution	<i>Finding a job</i> <i>Visit Social care unit</i>
No help	Do not provide help	<i>No help (3 answers)</i> <i>Redirect to a 3rd level healthcare institution to terminate pregnancy</i>

²⁵ Reardon D.C. *Aborted Women, Silent No More*. Springfield, IL, 2002, p.11-21.

Doctors' emotional state while consulting women on the termination of pregnancy. Abortion alienates the community of medics. Freedom of personal conscience and decision is regulated by laws and foresees that doctor whose personal conviction opposes abortion may refuse to perform abortion. Nevertheless, some gynecologists think, that permission for a doctor not to perform an abortion is unfair in respect of other doctors who will perform it: „One is clean and morally right at the expense of other gynecologist? One is holy, flaunt a halo, while condemning the other person, roughly said, to hell“.²⁶ On the one hand, doctors who perform abortions state, that every doctor supposedly „must do what is stated in laws defining their duties“²⁷, while doctors opposing the killing of the unborn are convinced that abortion cannot be performed even according to medical indications. Dublin declaration was released on 8 September 2012 in international symposium that took place Ireland. It states that “as experienced practitioners and researchers in obstetrics and gynecology, we confirm that direct abortion is not medically necessary to save woman’s life”.²⁸

Analysis of doctors’ answers to the question „How do you feel when women ask you to terminate pregnancy?“ allows saying that doctors experience negative feelings, such as sorrow, helplessness, despair. They feel pity for a woman; try to dissuade her (see Table 3).

Table 3. Analysis of answers to the question „How do you feel when women ask you to terminate pregnancy?“

Categories	Subcategories	Respondents’ answers
Negative feelings	Sorrow	<i>Feeling sorrow when women realize that this is killing, but still do not change their mind</i>
	Pity	<i>Feeling pity for a woman</i>
	Helplessness	<i>Feeling helpless, because unable to help otherwise</i>

²⁶ *Mečėjus G.* Abortas. Ginekologo vaidmuo // Abortas Lietuvoje. Vilnius: LRS. 2008. P. 10.

²⁷ *Ibid.* P. 12

²⁸ Dublin declaration on maternal healthcare. Monday, September 10, 2012. Prieiga internete <http://www.all.org/article/index/id/MTA5Njl>. Žiūrėta 2012 10 01.

	Feeling unwell	<i>Feeling unwell – cannot influence the decision at that time</i>
	Despair	<i>Feeling despair, helplessness, inability to help otherwise</i>
Willingness to help	Efforts to dissuade	<i>Trying to dissuade; always discuss a lot; feeling happy when a woman changes her mind</i>

Measures allowing reducing the number of abortions. Attitude towards abortion and analysis of abortion causes may help choosing truly effective measures allowing reducing the number of or even eliminating abortions. While analyzing doctors’ answers to the question “What kind of help should be provided for women in order to reduce the number of terminated pregnancies”, thoughts of doctors and heads of institutions were separated, although they did not differ much. However, a significant part thinks that if economic situation changed, the situation would ameliorate; that the number of abortions can be reduced by effective contraception, counseling, inclusion of family member, especially increasing responsibility of men. Only two doctors shared an opinion that value education can be an effective measure for reducing the number of abortions (see Table 4).

Table 4. Analysis of answers to the question “What kind of help should be provided for women in order to reduce the number of terminated pregnancies?”

Proposed measures	Thoughts of doctors	Thoughts of heads of institutions
Value education	<i>Raise future woman in a girl; Shape responsible attitude towards family, pay a lot of attention to education; Explain that even the unborn is already a human and valued, support morally</i>	<i>Start talking at school about the damage of abortion, not only in physical, but also in moral sense</i>
Improvement of material well-being	<i>Mother needs to get benefits; Improve material well-being; Ameliorate social conditions</i>	<i>Change in economic situation; Increase benefits, improve well- being; reduce cost of living</i>

Counseling, training	<i>Include participation of baby's father; mandatory consultations by psychologist, gynecologist, social worker; Talks with both partners; Consultation by psychologist</i>	<i>Discussion (surroundings are very important); Introduce with consequences, the psychological state of the mother herself</i>
Prohibition of abortions	<i>Prohibition by law</i>	
Contraception	<i>Knowledge about family planning; Use of contraceptive coils; Effective contraception; Sterilization for asocial women</i>	<i>Effective contraception</i>
Inclusion of family members	<i>Include participation of baby's father; mandatory consultations by psychologist, gynecologist, social worker; Talks with both partners; Increase men's responsibility by written approval/disapproval for abortion</i>	<i>Consultation of both parents; Include other family members</i>

In the above mentioned survey of students' opinion they were asked to answer a question – which of the measures could influence the reduction of the number of abortions. There were five possible answers: 1) systemic consultative, legal, financial and other help for pregnant women, especially those who seek abortion; 2) teaching about the value of human life at all educational institutions; 3) teaching about family planning at all educational institutions; 4) creation and development of preparatory marital courses for engaged couples; 5) legitimation of equal responsibility of both man and woman (a woman who seeks abortion should get a permission from baby's father). Students were asked to rate these measures from the most important (5 points) to the least important (1 point). Results show (see Picture 1) that the creation of preparatory marital courses for fiancés may have the least influence, while teaching about the value of human life at all educational institutions may have the biggest influence.



Picture 1. The comparison of average students' answers about possible measures to reduce the number of abortions²⁹

Referring to scientific studies, encouragement to use contraception does not reduce the number of abortions. Even more, the statement that the use of contraception is the main factor reducing the number of abortions is methodologically incorrect.³⁰

Conclusions

- The research conducted in Lithuanian X district confirmed that doctors' opinion about abortion causes corresponds to the opinion of medical community that abortions are caused by social and economic factors.
- In the opinion of surveyed doctors, the termination of pregnancy evokes in them inward discomfort.
- Surveyed doctors try to help women who seek to terminate pregnancy.

²⁹ Obelenienė B., Narbekovas A., Liubarskienė Z., Daudaravičienė V. Žmogaus gyvybes pradžios ir apsaugos problematika Lietuvos studentų požiūriu//Soter. 2012 . Nr. 43. P.7-22

³⁰ Puccetti R., Pietro M., Costigliola V., Frigerio L. Prevenzione dell'aborto in occidente: quando conta la contraccezione?// It. Journal Gynaecol.Obstet.2009. 21 N. 3. P. 164-178

- In the opinion of surveyed people, the solution for the abortion problem is, on the one hand, sexual education in family and at school, on the other hand, systemic help for women in crisis pregnancy, mandatory counseling, and decision making period after consultations.

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