

# Victorian Rural Clinical Network Meeting 13 October 2020

## Snapshot of 1800Myoptions

Number of callers has been stable.

Profile of callers:

- Due to COVID-19 increase in level of financial insecurity experienced by callers seeking abortion and contraception services, therefore increased demand for bulkbilling services
- Increase in number of women presenting with a pregnancy in later gestation throughout COVID-19, reflects a level of pre-occupation and fear about accessing services.
- Callers report being obstructed when accessing an abortion service. Regular reports from callers of being obstructed in their attempts to access an abortion service. Typical scenario is a GP who creates barriers such as time delay before referral made, challenging the women's decision making "go home and think about it", misinformation about eligibility. 1800MyOptions maintain a database of these scenarios, consistently occurs across all regions - metro, regional and rural. Recent scenario of a provider who acknowledged they were a conscious objector to abortion but recognised need to provide a medical abortion service for the woman concerned. The service provider contacted 1800Myoptions for an appropriate service to refer to in order to meet the GPs legal obligations.

Discussion on the need to improve health literacy targeting potential and actual service users about access to services and information about sexual and reproductive health issues. Not all services require a GP referral to access an S&RH service. Discussed opportunities to increase level of S&RH information available to the community in order to empower their knowledge, options available and choices such as 1800Myoptions recent social media campaigns promoting information about medical abortion as a choice of method.

## Presentation by Dr Paddy Moore, Clinical Lead Vic Rural Clinical Network.

### A Conscious Commitment: a morality tale in 3 slides, how to discuss issues of conscience with colleagues and trainees

Presented as a series of scenarios.

#### Scenario 1: The interview.

Story context. Huan is a GP Registrar who applies for a job at a Sexual & Reproductive Health (S&RH) hub. At the job interview Huan states they are prepared to offer all aspects of S&RH except abortion

Discussion points

How to approach this? What questions would encourage discussion and understanding of Huan's position while gently challenging their standpoint.

- Explore spectrum of willingness to be involved in various components of care, i.e. involved in work up and referral to another service and provide follow up but not provide the script.
- Over time and with a developing understanding of the context of individual woman's lives, Huan may reach an understanding of the need to be directly involved in abortion care. Particularly important in rural context as there are fewer providers.

- The need to be curious about Huan's position. Could sensitively and respectfully probe her position that aspects of S&RH care are acceptable and some are not. Gently ask her to articulate the thought process behind their standpoint.
- Even though abortion is a known taboo, rather than simply accept their position it is possible to sensitively encourage these discussions. Initiating a conversation to articulate their position is an important component of moral development.
- Use this conversation as an opportunity to open up about one's own moral development and reflect on this position and the development throughout S&RH career. Share these reflections with Huan.

## Scenario 2: The consultation.

Story context. Huan is offered the S&RH position for probationary period. Sits in on a consultation and is an opportunity to hear women's stories.

Huan's background: Vietnamese ethnic group, attended religious schools, 4 children in family, 3 are professionals, 4<sup>th</sup> child has severe disability, parents full-time carers. At university involved in Christian union, exposed to opposition to abortion based due to religious teachings. Huan reflects on the impact and challenges associated with living with a severely disabled sister.

Josie, the patient in the consultation- 23yo, G1P0, 14/40 gestation, unplanned pregnancy, initially welcomed and accepted the pregnancy. However, now experiencing increasing intimate partner violence (IPV) during the pregnancy. Has made a decision to leave the relationship and to relocate interstate to be with her mother. Past history childhood physical abuse, previous IPV.

Discussion points

Provide an opportunity to reflect on Josie's story. What is like to be in this woman's shoes? What feelings came up for you as you listened to the patient's story?

- Set up opportunities for discussion with Huan. This is not an uncommon story to those who work in S&RH, however could be a new scenario for Huan who may have had limited exposure to unwanted pregnancy and associated complexities.
- The consultation is an opportunity to reflect on how Josie's trauma background has impacted on her and shaped her current life situation and choices.
- The potential may be to blame the patient and the domestic violence situation Josie is in and that it repeats a pattern from her past. Huan's conclusion may be - what would the abortion solve, it doesn't fix the intimate partner violence"? Create opportunity to challenge this possible standpoint.
- Opportunity to inform the clinician of trauma informed practice and the long term consequence of experiencing trauma.

## Scenario 3: The phone call

Story context. Huan receives a phone call from her brother. Brother and partner now 13 weeks pregnant, NIPS test, indicates high risk for Trisomy 21. The brother reflects on impact of growing up with a severely disabled sibling and impact on relationship with parents. The brother states he doesn't want to repeat a similar scenario for himself. He seeks Huan's advice.

Discussion points

- Acknowledge and validate difficulty and complexity of the situation and decision making process.

- Everyone has a story that has led them to the decision they have made. Have the person's story front and centre, to set aside the other (Huan's) perspective.
- The conclusion may be a decision that is "right enough" in the circumstances or a "good enough" decision in a tough situation.
- The health professional role is to actively listen, to seek to understand, to trust and honour the patient's story.
- Opportunity for the S&RH hub workforce to actively open up conversations and engage with the S&RH workforce and students to educate and promote discussion of conscientious provision of S&RH services.

### Further Reading:

Watson, K 2019. Abortion as a moral good. *The Lancet*, Vol. 393, No. 10177, p1196–1197.

PDF attached.

### Service update:

Swan Hill District Health now providing a medical abortion service. Nurse-led service delivery. Listed with 1800Myoptions.