

## ETHICAL CONFLICTS IN WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH

### *KONFLIKTY ETYCZNE A ZDROWIE SEKSUALNE I REPRODUKCYJNE KOBIEC*

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#### Abstract

Ethical conflicts are present in the daily practice of health care professionals, and dealing with them requires the development and application of specific tools and abilities. This article offers the reader the chance of training decision-making in ethical conflicts related to women's sexual and reproductive health, by taking into account the ethical principles of beneficence, non-maleficence, autonomy and justice. Three different situations are put forward related to issues such as emergency contraception in teenagers; sexually transmitted diseases and professional secrecy; and the request for abortion by choice. Each situation poses an ethical conflict for health professionals, who must analyse the different options for action suggested and choose the most beneficial and least harmful one for the user. Finally, some data on sexual and reproductive health in the Spanish and international context is given.

KEY WORDS: sexual health, reproductive health, women, emergency contraception, abortion, AIDS, sexually transmitted infections (STIs).

#### Streszczenie

Konflikty etyczne są nieodłącznym elementem w praktyce zawodów medycznych, a ich rozwiązywanie wymaga rozwoju i zastosowania specjalnych umiejętności i kompetencji. Celem pracy jest charakterystyka dylematów etycznych związanych ze zdrowiem seksualnym i reprodukcyjnym kobiet. Obierając za punkt wyjścia podstawowe zasady bioetyki: dobroczynność, nieszkodzenie, autonomię i sprawiedliwość, opisano trzy sytuacje związane z antykoncepcją postkoitalną wśród nastolatek, chorobami przenoszonymi drogą płciową i tajemnicą zawodową oraz aborcją na życzenie. Każda z nich stwarza szereg konfliktów etycznych dla przedstawicieli zawodów medycznych, którzy w swych działaniach muszą kierować się powyższymi zasadami bioetycznymi. W tekście opisano także wybrane zagadnienia związane ze zdrowiem seksualnym i reprodukcyjnym kobiet w Hiszpanii.

SŁOWA KLUCZOWE: zdrowie seksualne, zdrowie reprodukcyjne, kobiety, antykoncepcja postkoitalna, aborcja, AIDS, choroby przenoszone drogą płciową (STIs).

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#### Introduction

Ethical conflicts are present in the daily practice of health care professionals. Decision-making in these contexts is usually difficult, so health practitioners must be prepared and equipped with the necessary tools that are good enough to be able to deal with these situations.

Competence for dealing with ethical conflicts is especially necessary when they involve vulnerable groups such as women in scenarios as delicate as the ones related to sexual and reproductive health.

The World Health Organization (WHO) defines sexual health as: "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" [1]. Thus, in order to be able to guarantee people's full sexual health, it is necessary for society to respect, acknowledge and allow individuals to exercise their sexual rights [2].

On the other hand, reproductive health does not cover only the right to decide on one's own reproduction, but also the right to suitable health care during the periods of pregnancy, parturition, puerperium, and in the first care

to the new-born [2]. Following this tendency, the WHO defines reproductive health as that which: "addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so" [3].

Implicit to the above definition is the obligation of the health care system to offer people the most up-to-date, evidence-based information in relation to the effective, safe options available to regulate fertility, so that they can exercise their right to decide freely about these for themselves [2, 3].

Hence, in order to ensure the right to a full sexual and reproductive life of its citizens, the Spanish government published in 2011 the guidelines for the development of the National Strategy on Sexual and Reproductive Health. This document conducts an analysis of the current status of Spanish society as a whole and the health care system in particular as regards the sexual and reproductive health of Spaniards, and lays down a series of recommendations that are organized in different strategic lines of action (Table 1) [2].

**Table 1.**

Strategic Lines in Sexual Health
Promotion of sexual health
Health care in sexual health
Training professionals in sexual health
Research, Innovation and Good practices in sexual health
Strategic lines in Reproductive Health
Promotion of health in pregnancy
Health care in pregnancy
Birth care
Birth care in the first week of life
Promotion of breastfeeding
Care of the hospitalised new-born infant
Postpartum care
Postpartum health care
Training professionals in reproductive health
Participation of women and their partners
Institutional coordination
Research, innovation and good practices in reproductive health

Although sexual and reproductive health programmes frequently approach both fields together as they are closely related, the aforementioned National Strategy chooses to separate the lines of action in order to ensure a comprehensive, differentiated approach to both sexual and reproductive rights [2].

As pointed out above, ethical conflicts in sexual and reproductive health are common in the clinical practice of health professionals. To be able to deal with them from an ethical point of view it is necessary to possess the necessary knowledge, skills and attitudes to enable an appropriate analysis of the different intervention options. In order to achieve this goal, in the following section we proceed to review the basis of principlism.

### *Ethical decision-making model*

A model for ethical decision-making, according to Torralba [4], is a systematic set of principles that motivate and guide ethical actions. These principles, in turn, serve to justify and explain actions.

Therefore, it is necessary to define an ethical-clinical issue as “a difficulty in decision-making about a user, in the resolution of which it is necessary to refer to values or principles that specify what should be done as opposed to simply what can be done or is often done” [5: 141]. Yet the difficulty, at this point, arises from the decision as to whether to use one model or another and, where applicable, the choice as to what values or ethical principles are established, whether they are universally accepted or are related to different cultures, places and moments in history and whether they take into account the emotional realm [5].

The most outstanding aspects when it comes to decision-making in clinical procedures are clinical parameters and the participation of the patient in this decision-making in which the nurse is involved, in this case directly, such as Informed Consent, risk-benefit assessment, interaction with the health care team, patient and family and their rejection of a certain practice (Spanish Society of Emergency Nursing).

Independently of the model used, we can summarise some key aspects to be taken into account which can act as pre-requisites:

- Correct knowledge of clinical aspects
- Professional competence to assume responsibility in the conflict
- Possibility of choosing between different alternatives
- Assessment of the values of the people involved
- Quality criteria in the decisions to be made.

Analysing the factors from another perspective we should take into account:

- Information that comes from objective aspects:
  - Technical judgement; normally derived from knowledge of the evidence
  - Abilities of the person in decision-making: intellectual ability and its degree of influence in decision-making, information provided and understood and freedom to choose
  - Information linked to the values and beliefs of subjects: both users and professionals involved
  - Information from the institution or legal framework.

Despite the above, it is worth noting a growing scientific movement which questions the current way of understanding bioethics as merely an instrument of logic or as a set of standardised principles based on criteria related to efficiency, consistency and application [6].

According to Clouser and Gert [7], the main problem with the current model of ethics, is that it is usually presented in standard texts on bioethics as if it were logically derivable from a harmonic umbrella of bioethical theories, when actually the principles contain internal inconsistencies and the theories upon which they are based are discordant in themselves.

This leads to the fact that if the principles are not firmly established and justified, people are deluded if they believe in them as providers of moral imperatives. A principle is not by any means a clear, direct imperative, but rather simply a collection of suggestions and observations which occasionally converge.

To resolve the following clinical cases, we will use a model to analyse principles of bioethics proposed by Molina Mula [8].

This decision-making model is based on the four bioethical principles established by the Belmont Report and consists of responding to the questions raised in the specific case analysed:

- Principle of Beneficence:
  - Use of the most beneficial means (“doing good”). The most beneficial means in an individual case would be the specific application of all care and treatments needed to do good.
  - Maximise possible benefits and minimise possible risks.
  - Praxis: To make available to others:
    - » Our knowledge of the science to be applied: comprehensive knowledge of clinical criteria.
    - » Ethical values: professional ethics indicate that means that may harm patients should not be applied. *Lex Artis* considered *ad hoc*.

- » Not resorting to paternalisms.
- Principles of Beauchamp and Childress: obligation of the professional to work for the patient's benefit when:
  - » The patient is at risk of suffering a major loss or injury.
  - » Professional action is needed to prevent harming the patient.
  - » Professional action will prevent this harm.
  - » This action does not harm the professional.
  - » The benefits to the patient outweigh the harm to the professional.
- Principle of Non-Maleficence:
  - Not using one's privileged position and knowledge to inflict harm.
  - Knowledge must always be channelled towards preventing harm to the patient; thus, appropriate use must always be made of professional privilege.
  - Respect for non-disclosure and confidentiality.
  - No distinction in treatment.
- Principle of Autonomy:
  - Informed Consent: exceptions to consent.
  - The patient as an autonomous being.
  - Patients with diminished autonomy must be the object of protection.
- Principle of Justice:
  - According each patient their rights: equity.
  - Equal treatment in equal cases: equality.
  - Being the Ideal Observer:
    - » Omniscient: knowledge of the science and clinical practice to be applied in each case.
    - » Omniscipotent: knowledge of the patient's cultural aspects, beliefs, thoughts and historical context etc.
    - » Impartial.

### *Decision making in situations of ethical conflicts related to women's sexual and reproductive health*

#### *Case 1. HIV Infection*

##### Description of the situation

Lola, 37 years of age, has just been diagnosed with HIV in the doctor's surgery. During the interview, she explains she has just become romantically involved with

a person who doesn't know her health situation. The doctor suggests she should make it clear to her partner that she is HIV + and there is a risk of contagion during sexual relations, if the necessary protection is not ensured.

Lola refuses to tell her partner, explaining that he will leave her if she tells him that. She doesn't want that to happen. She assures the doctor that she is going to support the necessary level of protection during sexual relations to avoid contagion.

##### Intervention options

- We should respect Lola's decision, after clearly explaining to her the risk of infection for her partner, if they have unprotected sexual relations.
- We should contact Lola's partner to inform him that Lola has something to tell him about her health situation.
- We should communicate the diagnosis of HIV + to Lola's partner, independently of Lola's desires.

##### Ethical analysis of the intervention options

See tables 2–5.

##### Conclusions

On the basis of the bioethical analysis carried out, it can be concluded that the balance leads us to consider the correct option as A: We should respect Lola's decision, after clearly explaining to her the risk of infection for her partner if she has unprotected sexual relations.

#### *Case 2. The morning-after pill in teenagers: emergency contraception*

##### Description of the situation

Sarah is a 13-year-old adolescent who comes to the health centre accompanied by her 15-year-old boyfriend to request the morning-after pill after unprotected sexual intercourse. The emergency consultation nurse receives them. They explain they used a condom, but it broke. That happened approximately 12 hours ago. The parents of the girl will be away for the next 2–3 days, because of the death of a relative. The girl is under the supervision of her 80-year-old grandmother. Sarah insists that she does not want to tell her grandmother, because she suffers from a heart condition and will be scared.

**Table 2.** Analysis of the Principles of Non-Maleficence

	Patient	Partner
Does it cause harm to the patient if the partner is informed?	<ul style="list-style-type: none"> <li>- If the partner is informed, the patient's right to confidentiality <b>is not respected</b>.</li> <li>- If the partner is informed <b>professional secrecy with the patient is broken</b> (limits of Professional Secrecy).</li> </ul>	<ul style="list-style-type: none"> <li>- If he is not informed, this <i>could</i> cause harm to the partner, if the patient does not take precautions during sexual relations.</li> <li>- If the partner is not informed, a third party <i>may</i> be harmed if the patient does not take the necessary precautions to avoid contagion.</li> </ul>
Is there misuse of the professional's knowledge and privileged position regarding the patient?	<ul style="list-style-type: none"> <li>- If the professional informs the partner s/he <b>is using privileged information</b> obtained regarding the patient (Limits of Professional Secrecy).</li> </ul>	

**Table 3.** Analysis of the Principle of Beneficence

	Patient	Partner
Are the best means used to prevent contagion?	– The professional informs of the risks entailed if the necessary precautions are not taken to avoid contagion (condom).	– By having no information, he cannot make decisions or maximise precautions during sexual relations.
Are the benefits and risks maximised?	– Not informing the partner means respecting the beliefs and values of the patient (benefits). – Informing means respecting the partner's ability to decide in the situation.	– Not informing entails a potential risk for the partner. – Informing jeopardizes confidentiality.
Analysis of the premises proposed by Beauchamp & Childress (1)	– “The patient is in danger of suffering significant loss or harm”. If the partner is informed, we are jeopardizing confidentiality and professional secrecy. – “Action on behalf of professionals is necessary to avoid harm to the patient”. The professional's decision will entail upholding professional secrecy or not. – “Action on behalf of professionals will avoid this harm”. If not informed, professional secrecy will be upheld. – “This action will not involve any harm to the professionals”. If we uphold professional secrecy and the right to patient confidentiality and privacy, no harm will be caused to the professionals.	– “The partner is in danger of suffering significant loss or harm”. If he is not informed, he <i>may</i> be at risk if precautions are not taken. – “Action on behalf of professionals is necessary to avoid harm to the partner”. If the professional decides to inform the partner, he <i>may</i> decrease the <i>potential</i> risk. – “Action on behalf of professionals will prevent this harm”. There is no harm a priori; he could only be harmed if precautions are not taken. – “This action will not involve any harm to the professionals”. If the partner is informed, this would not protect the patient's privacy.

1. It must be remembered that the analysis of the situation is carried out from an ethical point of view, and occasionally the most ethical option does not coincide with the most correct option from a legal point of view.

**Table 4.** Analysis of the Principle of Autonomy

	Patient	Partner
What is the information to be provided like?	– She is informed she must take the necessary precautions to avoid contagion, as well as the option of letting her partner know so that he can be autonomous in the decision.	– He is not given any information.
Informed Consent	– Limits of IC, in this case the professional cannot inform the partner without explicit authorization from the patient.	– It is not necessary.
Autonomy in decision-making?	– If the partner is informed, her autonomy will not have been respected.	– The lack of information does not allow him to make autonomous decisions on the matter.

**Table 5.** Analysis of the Principle of Justice

Ulpian principle of justice	Considers equity the main axis of its development, providing each one their rights and in equal cases, equal treatment. In respecting this premise, we should respect the patient's autonomy and not suppose she is going to cause any harm a priori by not taking the precautions she herself indicates she will take.	
	Patient	Partner
Ideal observer	– Omniscient: The professional knows the possible routes of transmission and the precautions and has informed the patient of the risks and the possibility of informing her partner. – Omniperceptive: The professional should know all the circumstances, feelings, emotions, etc. concerning the situation so as to respect the patient's decision and advise her so that she can make her own decisions. – Impartial: S/He should not influence, persuade, or convince the patient of her decisions.	– Omniscient: The professional should know that contagion occurs if precautions are not taken. – Omniperceptive: The professional should know that his/her patient does not a priori pose a threat to her partner's health and the patient's fears of abandonment. – Impartial: S/He should not influence, or persuade, or convince the patient of her decisions.

When the couple are interviewed, they both understand that the pill is an emergency resource and that the main consequences of not using a condom are unwanted pregnancies and sexually transmitted diseases.

The nurse offers them complete information about emergency contraception: a single dose of levonorgestrel within the first 72 h acts principally by delaying or inhibiting ovulation, thus preventing fertilization of the ovum. Some studies suggest the pills might also act by altering the lining of the endometrium to prevent the attachment of the fertilized egg, but this fact has not been demonstrated. What is certain is that these pills are not an abortive method: once the egg is fertilized and implanted, levonorgestrel has no effect on pregnancy.

#### Intervention options

- The nurse should ask Sarah to come back later accompanied by her grandmother, to be able to administer the contraceptive pill.
- The nurse can administer the contraceptive pill because the girl fits the criteria and the nurse thinks that, despite her age, she is very mature and understands perfectly the consequences of not using a condom.
- The nurse shouldn't administer the contraceptive pill because she is a minor and it is contraindicated.

#### Ethical analysis of the intervention options

See tables 6–9.

#### Conclusions

On the basis of the bioethical analysis carried out, it can be concluded that the balance leads us to consider the correct option to be B: You give her the contraceptive pill because she meets the criteria and you think that, despite her age, she is very mature and understands the consequences of not using a condom.

#### Case 3. Abortion

##### Description of the situation

Maria is a 32-year-old woman, 12 weeks pregnant. She already has three children under 7 years of age. Her husband is unemployed and she works cleaning houses. She earns just enough to survive, but they cannot afford to have another child.

Maria and her husband go to the hospital for the abortion. This is the second time this year they have been to hospital for the same reason. She recognizes that in the

previous abortion visit, they were informed that they must take contraceptive measures to prevent pregnancy, but she explains they belong to a religious community which is very strict regarding the use of condoms or the like (intrauterine device, pills...).

#### Intervention options

- They should be advised that they must take contraceptive measures next time, and the abortion cannot be performed as it is the second in one year.
- They should be advised that there are risks of having repeated abortions, but we respect her decision and perform the abortion.
- Indicate that the reasons presented are not ethical for an abortion.

#### Ethical analysis of the intervention options

See tables 10–13.

#### Conclusions

On the basis of the bioethical analysis carried out, it can be concluded that the balance leads us to consider the correct option to be B: She is informed that there are risks to undergoing repeated abortions, but her decision is respected and the abortion is performed.

#### Conclusions

Day-to-day reality in health care demonstrates that the cases of ethical conflicts in situations regarding sexual and reproductive health are not isolated or infrequent situations. Therefore, it is absolutely essential for health practitioners to be trained, informed and prepared to proceed with the correct ethical analysis of the different options for action in each case, always taking into account the most up-to-date clinical information in relation to sexual and reproductive health.

On an ethical level, the interest stems from ethical-clinical deliberation, like the deliberation health professionals carry out whenever they come across cases such as the ones put forward [9].

This type of deliberations may be considered by professionals from different standpoints. On the one hand, those who make decisions as a reflex action, quickly, without going through the long process of assessing the user's situation and justified by appealing to their so-called "clinical eye". This assessment stems from an aspect of insecurity and fear of this deliberation process on behalf of the professional who is dominated by

**Table 6.** Analysis of the Principles of Non-Maleficence

Is harm inflicted on the young girl if she is given the pill without the consent of her grandmother?	<ul style="list-style-type: none"> <li>- If the pill is administered without the grandmother's consent the patient's confidentiality is respected.</li> <li>- If the grandmother is informed, professional secrecy with the patient is broken (Limits of Professional Secrecy).</li> </ul>
Is there misuse of the professional's knowledge and privileged position regarding the patient?	<ul style="list-style-type: none"> <li>- If the professional informs the grandmother s/he is using privileged information obtained regarding the patient (Limits of Professional Secrecy).</li> <li>- If the pill is not administered this <i>may</i> not prevent harm to the patient, if a pregnancy she does not want is produced.</li> </ul>

**Table 7.** Analysis of the Principle of Beneficence

Are the best methods being used to prevent pregnancy?	– The professional informs of other existing methods for preventing pregnancies, and also STDs. S/He should insist on the fact that emergency contraception must never be considered a customary contraceptive method.
Are the benefits and risks maximised?	– Not informing the grandmother implies respecting the beliefs and values of the patient (benefits). Informing the grandmother <b>will cause moral harm</b> to the patient. – Not taking into account the patient's degree of maturity may represent a decision insufficiently thought through due to her age and therefore a risk.
Analysis of the premises proposed by Beauchamp & Childress (1)	– “The patient is in danger of suffering significant loss or harm”. If the grandmother is informed the patient <b>is caused moral harm</b> . If the pill is not administered an unwanted pregnancy <i>may</i> be produced. – “Action on behalf of the professionals is necessary to avoid harm to the patient”. The professional's decision <i>may</i> prevent an unwanted pregnancy. If the grandmother is not informed, the patient's autonomy and confidentiality are respected. – “Action on behalf of the professionals will prevent this harm”. If the pill is administered, an unwanted pregnancy <i>may</i> be prevented. – “This action does not entail harm to the professionals”. If we respect professional secrecy and the patient's right to confidentiality and privacy, no harm will be produced to the professionals.

1. It must be remembered that the analysis of the situation is carried out from an ethical point of view, and occasionally the most ethical option does not coincide with the most correct option from a legal point of view.

**Table 8.** Analysis of the Principle of Autonomy

	Patient
What is the information to be provided like?	– She is informed as to what the consequences of taking emergency contraception are (it delays ovulation and therefore fertilization with the sperm; it is not proven whether it prevents the attachment of the ovum to the uterus, and if pregnancy has already occurred, it is not an abortive method), as well as the secondary effects (nausea, sickness, abdominal pain).
Informed Consent	– Limits of informed consent. As she is over 12 years of age, the minor may give consent with no need for representation, providing the professional considers she shows a high enough level of maturity to cope with the situation, neither will it be necessary to inform her guardians if there is no serious danger to the minor. <sup>1</sup> (Government of the Balearic Islands, 2008).
Autonomy in decision-making?	– If the grandmother is informed, the patient's autonomy will not have been respected or her right to confidentiality.

**Table 9.** Analysis of the Principle of Justice

Ulpian principle of justice	Considers equity the main axis of its development, providing each one their rights and in equal cases, equal treatment. In respecting this premise, we should ensure the patient's right to have access to the emergency contraceptive methods she meets the requirements for.
Ideal observer	– Omniscient: The professional knows the criteria the patient must meet to be able to receive emergency contraception. S/He ensures they have correct information regarding the prevention of STDs. – Omniscipicent: The professional should know all the circumstances, feelings, emotions, etc. concerning the situation in order to respect the patient's decision and advise her so that she can make her own decisions. – Impartial: S/He should not influence, or persuade, or convince the patient of her decisions. She should not be influenced by prejudices and personal beliefs.

**Table 10.** Analysis of the Principles of Non-Maleficence

	Patient	Foetus
Is harm inflicted on the patient/foetus if an abortion is practiced?	– The risk the mother may suffer would be a series of complications due to performing curettage for the second time in a year, but if the necessary precautions are taken there is no need for any to appear. Therefore there is only a potential risk.	– The harm caused to the foetus would be real as with the abortion it would cease to exist.
Is there misuse of the professional's knowledge and privileged situation regarding the patient/foetus?	– Both the professionals who attended her on the previous occasion and this time have informed her of the need to avoid pregnancy, if they so wish, by using contraceptive methods. Even so, the woman may decide with her husband's consent whether or not they want to use them.	– The professionals understand that the foetus has no ability to make decisions; it must be the mother, ideally with her husband's consent, who should make the decision on the matter.

anxiety or by unconscious emotions. Meanwhile, there are others who deliberate on the basis of an analysis of the problems in all their complexity, weighing up both the principles and values involved and the circumstances and consequences of the case, identifying all, or at least most, of the possible courses of action [10].

We have shown the need to follow some sort of procedure for decision-making in general, and in particular in the cases of sexual and reproductive health, as ethical problems always consist of conflicts of value, and values are

necessarily based on facts. Hence, the procedure of analysis must be based on a thorough study of the clinical facts.

This analysis will give rise to a series of analytical judgments based on experience. For this reason, the quality of a possible course of action based on a clinical case subjected to deliberation gains importance. These courses of action must be contrasted with the principles in play and with the foreseeable consequences.

Inside the aforementioned ethical deliberation, we must include moral deliberation, which not only caters

**Table 11.** Analysis of the Principle of Beneficence

	Patient	Foetus
Are the best means used to resolve the case?	<ul style="list-style-type: none"> <li>– The partner does not want to use means for preventing pregnancy; this may entail a high number of pregnancies over a short period of time, therefore they should be warned that this situation may endanger the woman if she undergoes repeated abortions, and the subsequent risk of not being able to become pregnant in the future.</li> <li>– The abortion should be performed with the necessary means to ensure clinical safety.</li> </ul>	<ul style="list-style-type: none"> <li>– In the event of continuing with the pregnancy on the parents' decision, the necessary socio-medical means should be provided to alleviate the family's particular situation.</li> </ul>
Are the benefits and the risks maximised?	<ul style="list-style-type: none"> <li>– Performing the abortion respects the woman's decision with her husband's knowledge (benefit).</li> <li>– Possible risk of complications (Risk).</li> </ul>	<ul style="list-style-type: none"> <li>– Performing the abortion will produce the death of the foetus (risk).</li> <li>– Not performing the abortion may endanger the newborn's care due to rejection by the woman and her husband (potential risk).</li> </ul>
Analysis of the premises proposed by Beauchamp & Childress (1)	<ul style="list-style-type: none"> <li>– "The patient is in danger of suffering significant loss or harm". If the abortion is not performed, the psychological health of the woman and her husband is endangered.</li> <li>– "Action on behalf of professionals is necessary to prevent harm to the patient". The professional's decision can avoid this psychological damage.</li> <li>– "Action on behalf of professionals will avoid this harm". If the abortion is performed this harm to the psychological health of the woman and her husband will be avoided.</li> <li>– "This action will not involve any harm to the professionals". Respecting the choice of the woman together with her husband does not involve an unethical action on behalf of the professionals.</li> </ul>	<ul style="list-style-type: none"> <li>– "The foetus is in danger of suffering significant loss or harm". If the abortion is carried out, death of the foetus is caused, even though it has no decision-making ability.</li> <li>– "Action on behalf of professionals is necessary to avoid harm to the foetus". The professional's decision can prevent this harm to the foetus but the choice of the woman and her husband would not be respected.</li> <li>– "Action on behalf of the professionals will prevent this harm". If the abortion is not performed this harm to the foetus will be avoided but not to the psychological health of the woman and her husband.</li> <li>– "This action will not involve any harm to the professionals". Respecting the choice of the woman with the consent, should this be the case, of her husband, does not entail an unethical action on behalf of the professionals.</li> </ul>

1. It must be remembered that the analysis of the situation is carried out from an ethical point of view, and occasionally the most ethical option does not coincide with the most correct option from a legal point of view.

**Table 12.** Analysis of the Principle of Autonomy

	Patient	Foetus
What is the information to be provided like?	<ul style="list-style-type: none"> <li>– She is informed of the need to take contraceptive measures in order to prevent unwanted pregnancies.</li> <li>– She is informed of the risks of undergoing a high number of abortions in a short period of time.</li> </ul>	<ul style="list-style-type: none"> <li>– Does not apply.</li> </ul>
Informed Consent	<ul style="list-style-type: none"> <li>– In this case, the informed consent should be the woman's with the relevant information to her husband.</li> </ul>	<ul style="list-style-type: none"> <li>– IC is exercised by the woman's representation.</li> </ul>
Autonomy in decision-making?	<ul style="list-style-type: none"> <li>– The woman with information to her husband is the person who should make the final decision as to having an abortion, if the necessary information measures concerning informing of the risks and consequences have been taken.</li> </ul>	<ul style="list-style-type: none"> <li>– Lacks the ability and it should be the woman who decides.</li> </ul>

**Table 13.** Analysis of the Principle of Justice

Ulpian principle of justice	Considers equity the main axis of its development, providing each one their rights and in equal cases, equal treatment. In respecting this premise, we should ensure the patient's right to have an abortion if that is what she wants.
	Patient
Ideal observer	<ul style="list-style-type: none"> <li>– Omniscient: The professional knows the ethical criteria the patient must meet to be able to have an abortion. S/He makes sure they have all the correct information regarding the prevention of pregnancies and the risks of repeated abortions.</li> <li>– Omniscipient: The professional should know all the circumstances, feelings, emotions, etc. concerning the situation to be able to respect the patient's decision and advise her so that she can make her own decisions.</li> <li>– Impartial: S/He should not influence, or persuade, or convince the patient in her decisions. She should not be influenced by prejudices or personal beliefs.</li> </ul>

for the objective dimension of the act, but assumes the voluntary nature of the facts, posing possible exceptions to a series of “universally” established ethical principles. This moral deliberation must contrast the event to be considered with ethical principles and assess the circumstances and consequences as to whether they would allow or call for an exception to the principles [11].

Finally, with respect to this deliberation, we should remember that the object of this process is not to make decisions, as it is not intended to be put into practice or to be decisive but rather to be consulted. For this to actually become real decision-making, it entails the responsibility of the person who has to make these decisions. Therefore, deliberation may be performed by a person or group of people other than the person/people who have to make the decision.

Contraception using the ‘morning-after pill’ is rising in Spain as an emerging contraceptive use. According to data from 2004, it is estimated that 305,000 women between 15 and 24 years of age used the morning-after pill in Spain, which represents a usage rate of 117 per thousand women between 15 and 24 years. Approximately 63% of emergency contraception users are young people under 30 years of age [12]. From a clinician's point of view, it is very important to point out that it is not a contraceptive to be used on a regular basis, but that it is restricted to emergency situations and that it does not prevent catching sexually transmitted diseases. The eradication of wrong beliefs that consider emergency contraception as an abortive pill should also be part of sexual education in relation to this method [13]. Hence, it is necessary to step up information concerning the good use of contraceptive methods, by placing special emphasis on those that also enable the prevention of STDs, as is the case of the male condom.

In Spain, although the rate of voluntary interruptions of pregnancy continues to be high, it is one of the lowest in comparison with other EU countries or countries such as the USA or Canada [12]. Nevertheless, to be able to correctly analyse the data it is necessary to take into account the legal framework for abortion. Currently in Spain less restrictive legislation is applied for performing voluntary interruption of pregnancy, including up to 14 weeks of gestation at the woman's

request [14]. The current government is considering the possibility of returning to more restricted legislation as regards terms and circumstances [15, 16]. Either way, it is wrong to think that more restrictive policies in this sense result in a lower number of abortions, as these are probably still carried out but in conditions of greater insecurity or risk to health, and without a record [12]. The WHO calculates 22 million clandestine abortions are performed every year, causing around 47,000 pregnancy-related deaths, especially in developing countries [17].

According to data from the World Health Organization, 448 million new infections of curable sexually transmitted diseases such as syphilis, gonorrhoea, *Chlamydia* or Trichomoniasis, occur every year. Some of these diseases develop without a specific clinical pattern, a fact which hinders their early detection and treatment, and facilitates their transmission [18].

The consequences of a sexually transmitted infection are potentially serious, especially concerning women's reproductive health. Problems of infertility, ectopic pregnancies, cervical cancer, abortions, premature births and even perinatal death are some of the adverse effects of developing a sexually transmitted infection [18]. Nowadays, the most effective prevention of transmission of this type of disease is still the male condom.

Taking into account all the above, in Spain the data presented by the National Survey of Sexual Health of 2009 are alarming regarding the use of protection methods in casual sexual partners: 22.1% of men and 18.6% of women say they have not used any method of protection against STDs [2].

Therefore, performing abortion in a safe, controlled way or administering emergency oral contraception are procedures that are currently part of the range of services offered by our health care system, although this does not mean it should be used as a regular method of birth control and reproduction. The same happens with education and the availability of contraceptive methods and of protection against STDs. In this sense, the health professional plays a very important role in offering comprehensive, rigorous, accurate, evidence-based information, which enables users to know the options before them, their consequences and the good practice associated to

them, so that they can, on the basis of this knowledge, make their own decisions in an autonomous way.

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