**Research Recap**

**Informed Consent Averted:**

**What Women are Told and Should be Told**

**Regarding Mental Health Risks**

**for Surgical and Chemical Abortion**

**What is** **informed consent**?

* Informed consent occurs when the individual has a *clear understanding of the known facts, personal implications, and future consequences of an action.* In the realm of informed consent for medical procedures, there is relative consensus regarding the definition and basic elements.
* “Informed consent in medicine is the process of communication between a patient and physician that results in the patient’s authorization or agreement to undergo a specific medical intervention.” [AMA]

**Informed Consent**

* Physician must disclose sufficient evidence-based information for a reasonable person to understand alternatives, as well as risks & benefits of all options including non-treatment.
* Patient understands the physician’s disclosure of information, can make a decision, and voluntarily chooses among the alternatives presented.

**What are the Key Elements of Informed Consent Relative to Abortion?**

* **Evaluate**: Evaluate the patient to determine competency to make the decision.
* **Provide**: Provide accurate and sufficient information, including the physical & psychological health risks of abortion and alternatives.
* **Educate**: Educate the patient about the procedure with information presented in understandable terms.
* **Make Sure**: Make sure the decision is voluntary and free from coercion/pressure.
* Provide gestational age and fetal development information.
* Offer an opportunity to ask questions in a private, individualized context.
* Provided sufficient time for counseling and decision-making.

US Laws related to the provision of information and abortion counseling vary considerably by state and many were enacted in recent years.

**As of August 2023, 33 States Require that Women Receive Counseling Before an Abortion**

* 29 detail the information that providers must give to patients.
* 28 have a waiting period—most often 24 hours—between the counseling and the abortion procedure.
* 16 states require that counseling be provided in person and that the counseling takes place before the onset of the waiting period.

**U.S. State Laws**

* 25 states require information about the specific procedure; 24 require information about all common abortion procedures.
* 31 states require Information on the gestational age of the fetus.
* 27 states include information on fetal development throughout pregnancy.
* 14 states require information on the ability of a fetus to feel pain.

**28 states include information about the risks of abortion.**

* 8 states require medically inaccurate information that a medication abortion can be stopped after the patient takes the first dose of pills.
* 20 states include accurate information on the potential effect of abortion on future fertility; in 3 states, the written materials inaccurately portray this risk.
* 5 of the 8 states that include information on breast cancer inaccurately assert a link between abortion and an increased risk of breast cancer.
* 8 of the 22 states that include information on possible psychological responses to abortion stress negative emotional responses.
* 28 states include information on the health risks of continuing a pregnancy.

**How Much Information do Women Want Relative to Elective Procedures?**

* In a paper published in 2006 by Coleman and colleagues in the *Journal of Ethics,* 97% of women wanted to be informed of all possible complications and 69% wanted to be informed of all possible alternatives.
* The average woman sampled indicated that she would like to receive as much or more information on complications associated with elective obstetrical and gynecological treatments, including abortion, as with other elective procedures.
* Most women in the study reported low incomes and the results contradict previous research suggesting that individuals with lower incomes tend to be more passive and lack interest in informed decision-making.

**Is Informed Consent Regarding Mental Health Risks of Abortion Common Practice?**

What is the Typical Nature of Pre-Abortion Services in the US Today?

* Not individualized to the woman’s unique situation
* Under 10 minutes
* No pre-procedure meeting with abortionist
* Often misinformation by uneducated, poorly trained, non-medical staff
* Infrequent evaluation of pre-abortion psychological functioning and typically no assessment of predisposing risk factors for psychological problems
* Often minimal or no opportunity to ask questions
* Minimization of risks and maximization of benefits
* Usually, no assessment of pregnancy context or screening for sexualassault.

**What do Women Have to Say About the Quality of Counseling Received?**

Data from a National online Survey of 987 women by Dr. Priscilla Coleman:

* *I felt the abortion counselor just wanted me to go through with the procedure.* 58% Agreed or Strongly Agreed.
* The counseling I received at the abortion facility was brief. 85% Agreed or Strongly Agreed.
* The counselor(s) at the abortion facility did not ask about any pressure I may have felt to abort. 79% Agreed or Strongly Agreed.
* The counselors at the abortion facility seemed cold and uninterested in me. 58% Agreed or Strongly Agreed.
* I was counseled at the abortion facility with sensitivity to my feelings and unique life circumstances. 6% Agreed or Strongly Agreed.
* I felt I could trust the counselors at the abortion facility to provide accurate information. 32% Agreed or Strongly Agreed.
* I was not encouraged by the abortion counselor(s) to explore all options. Agreed or Strongly Agreed 83%.
* I was not provided practical information at the clinic on options other than aborting. Agreed or Strongly Agreed 87%.
* I was told by the abortion counselor(s) that I could expect to feel fine after the procedure. Agreed or Strongly Agreed 72%.
* At the abortion facility I was not provided with any information regarding the emotional or psychological risks associated with abortion. Agreed or Strongly Agreed 90%.
* The counseling that I was provided at the abortion facility was adequate. Agreed or Strongly Agreed 5.5%.
* The abortion doctor spent time with me explaining the procedure before performing the abortion. Agreed or Strongly Agreed 12%.

**Cross-Cultural Study**

In a study published by Rue and colleagues (2004), after controlling for demographic and pre-abortion factors, not having received counseling before the procedure was predictive of post-abortion Post-Traumatic Stress Disorder Scores (PTSD).

**What exactly are women currently being told in U.S. clinics?**

**Misinformed Consent**: Insufficient information and inappropriate counseling often by non-professionals are likely to lead to decisions to abort that are inconsistent with women’s value systems, initiate negative psychological reactions, lead to a lifetime of suffering, or even factor into a premature death. Women are not given sufficient time to make a comfortable decision, and they rarely have opportunity to ask questions in a private, individualized context.

**Women’s Voices from Dr. Coleman’s Online Survey**

*“The clinic personnel were very careful to never say the word abortion or offer any options. They could see I was young and scared and alone and they just said, "we can take care of this for you, lots of women do this and it's fine, there are no repercussions, it is very simple.”*

*“I was so close to running out of the clinic the whole time I waited for the procedure. The clinic personnel presented me with NO factual information...nothing. They were very cool/robot-like. Even the information on the procedure and what to expect afterward was very brief. I think if i had been given more accurate information, and a warmer, concerned response it could have made a difference in my decision.”*

*“I needed to be supported in my freedom to choose to remain pregnant, to be cared for as the mother I already was, and defended and protected from his coercion.”*

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