

Concise version

On the practice of late termination of pregnancy

Ethical considerations and recommendations

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Background

Switzerland has one of the lowest rates of abortion worldwide. Of the total of around 10,000 pregnancy terminations performed each year, approximately 95 per cent are carried out by the 12th week in accordance with the so-called time-limit regulations. Only a very small proportion of all terminations take place at an advanced stage of pregnancy. Such procedures give rise to significant challenges, uncertainties and stresses for the women concerned, their partners and families, and also for the health professionals involved.

This Opinion is concerned with the current practice of late termination of pregnancy in Switzerland and addresses the ethical questions arising in the clinical setting within the legal framework applicable today.

Under the applicable legislation, late termination of pregnancy is permissible if it is indicated on medical or sociomedical grounds; the more advanced the pregnancy, the more compelling the reasons are required to be. This reflects the widely held moral conviction that the protection accorded to unborn life must increase as pregnancy progresses.

Facts and figures

- In Switzerland, around 150 terminations per year are performed from the 17th week of pregnancy onwards. This includes approx. 40 procedures in the 23rd week or later. The number of terminations in advanced pregnancy has remained virtually unchanged over the last ten years.
- In all cases, the reason (and the legal requirement) for a late termination is a state of distress affecting the pregnant woman, which has to be medically certified.
- In Switzerland, terminations from around the 15th week of pregnancy take the form of medical (drug induced) abortion. From roughly the 17th week, a child born in this way may show signs of life; from around the 22nd week, there may even be a possibility of survival with intensive-care support. In some cases, a lethal substance is therefore administered to the fetus in utero to ensure stillbirth (feticide).
- As regards the management of late termination of pregnancy, there is considerable variation between hospitals across Switzerland. In some regions, late termination may be difficult to access; at the same time, certain centres account for a disproportionate number of procedures of this kind. In some cases, women receive professional support; sometimes, however, care and support services are not adequately coordinated or are not offered at all stages of the process (before and after the procedure).

Ethical considerations

The reasons and circumstances underlying advanced pregnancy termination are many and varied. Almost always, the women concerned find themselves in a situation beyond their control, posing a moral dilemma. The need for a decision, and the consequences thereof, can have a lasting impact on the women and their families. Accordingly, the primary ethical principle is that all options need to be jointly considered, with empathetic and careful support being provided for the people concerned.

The question of when a state of psychological distress calls for and justifies a termination cannot be answered in general terms; rather, it must be evaluated in each individual case by a physician (possibly in consultation with other health professionals). The decisive factors are the woman's personal assessment and the circumstances of the individual case. It is to be assumed that both the woman's personal decision and the judgement of the physician establishing the indication will also be influenced by societal values (e.g. concerning living with disease, or with a child's illness).

In addition, the following points are central to the ethical considerations:

Indication and decision-making

- Crucially, the degree of suffering can ultimately only be assessed by the woman concerned herself (principle of autonomy), although – in accordance with the principle of beneficence – this assessment must be comprehensible from a medical perspective.
- Pregnancy may be a result of rape, a pregnant woman may develop an acute psychiatric condition and become suicidal, or severe fetal disease or malformation may be diagnosed as a result of prenatal screening. In the last of these cases, in accordance with the principle of non-maleficence, consideration must then be given, from an ethical viewpoint, not only to the mother's suffering but also to the expected suffering of the child. The grounds for such decisions should be subject to public discussion, so as to prevent the women and treatment teams concerned being left to decide alone (importance of values anchored in society).

Care and support

- Attentive care and support for the pregnant woman and her family is just as important as a well-justified decision. If premature termination of pregnancy is being contemplated, the circumstances in question (e.g. a prenatal diagnosis) will generally involve the risk of a family being plunged into a profound crisis; informed decision-making (capacity for autonomy) will then only be possible with intensive support. Various options are to be considered, including in particular a palliative birth or the release of the child for adoption. In accordance with the principle of beneficence, attention should be focused on the needs of those concerned. The freedom of conscience of treatment team members is also to be respected.
- Termination of pregnancy is accompanied by a grieving process, which frequently begins (long) before the actual procedure and, for parents, takes a wide variety of forms. The approach taken to the management of a deceased fetus, or of a child which may only have died after birth, can have a huge impact on the parents' (and possibly also siblings') grieving process.

Performance of a termination

- Terminations must always be performed in such a way as to minimise as far as possible the suffering of the woman and the fetus (principle of non-maleficence).
- Because of the absence of public discussion and a lack of research, evaluation of the various methods of termination is only possible to a limited extent. Feticide is a controversial procedure, as it involves a physician directly ending the life of a fetus; medical induction of labour is, however, also associated with the deliberate ending of life (the act of causing death in utero is more negatively evaluated or perceived by health professionals).

Live birth after termination

In the case of a live birth following termination, the same criteria are applicable as for extremely premature infants (right to life). Here, decisions concerning the medical measures to be taken are based on the child's welfare.

Recommendations

On the basis of its ethical considerations, the Commission recommends that measures be taken in the following areas:

Security of provision and quality standards

To ensure consistent, high-quality provision throughout Switzerland, measures need to be taken by the competent professional associations. In particular, there is a need for:

- a transparent exchange of information and experience, as well as standard procedures to harmonise practice;
- guidelines on the circumstances in which advanced pregnancy termination may be indicated, so that the women and treatment teams concerned do not feel that they are left to make difficult decisions alone;
- an intercantonal or national committee to examine particularly complex constellations and thus support decision-making at the clinical level.

Care and support for pregnant women

Crucial importance attaches to the provision of professional support for the pregnant woman or the couple – it must be empathetic, continuous, timely and sustained. The following elements are important:

- The women concerned should be comprehensively informed about the various methods of termination.
- If a life-limiting condition is diagnosed prenatally in a fetus, the woman must be informed about the option of carrying the critically ill child to term. The subsequent pregnancy, birth and period thereafter require careful, multiprofessional planning (so called palliative birth).
- Differentiated support models are required, and staff education and training must be promoted.
- Women or couples who have had to terminate a wanted pregnancy should receive support for their individual grieving process. This should include the option of participating in farewell rites at the hospital or receiving bereavement support including religiously based ceremonial elements.

Management of live births

Every child born alive after a pregnancy termination must receive comprehensive medical and nursing care. Consideration is to be given to the following points:

- The woman, or couple, must be informed that, in a termination, the child may be born with signs of life, and the measures to be taken in this event should be jointly discussed in advance.
- Structures must be made available to provide training and (also psychological) support for nursing staff.