

Let's communicate... about abortion

The last *Juniors' Forum* was all about the need to develop good general communication skills.¹ For the rest of the year though, we're going to look at common pitfalls that arise when communicating *specific* issues to colleagues and patients. This issue, we're looking at abortion...

I'm scared!

There are those in society who object to Christian doctors choosing to practise medicine in accordance with their beliefs. Whether it's offending your consultant, not getting a job,² or being reported to the GMC,³ standing out as a Christian in today's NHS is getting more costly.

'What shall I do?' Alex* was well into her GP registrar year and had got into a bit of a mess:

When I started [as a registrar] I kept meaning to mention that I didn't refer for abortions. But I guess I was just scared...My trainer's the GP lead on women's health and very pro-choice. Anyway, I got lucky for a few weeks and kind of forgot about it as an issue. But then this week not one but two women booked to see me with unwanted pregnancies! They took me by surprise – I panicked, referred them both [for abortions] and now I feel terrible... (* Name changed)

Alex's reluctance to speak up is understandable. Moreover, she's not alone – more than once I've failed to act on my beliefs. When facing such situations, we would do well to reflect on the story of Esther thinking about appearing uninvited before King Xerxes.⁴ This communication task was very scary. It could have cost her much more than her job as the Queen of Persia! Yet she went ahead. First though she fasted and prayed. Only then did she go in to the King, putting her job (and her very life) in God's hands.⁵

I'm not sure what the law says? And the GMC?

There is a lot of confusion amongst juniors (and quite a lot of seniors too) about what a doctor is and is *not* obliged to do when managing a woman with an unwanted pregnancy. This subject has been covered comprehensively in *Triple Helix*.⁶ Have a good read – including the two excellent updates in this issue^{7,8} – and get to grips with your rights to conscientiously object and discuss personal beliefs, where appropriate, with patients.

My colleagues will think I'm judging them!

This is usually an unfounded fear. I've found that it's always best to be upfront about my conscientious objection. Whenever I arrive at a new locum booking, I make a point of politely informing the senior receptionist, practice manager and GP lead for women's health about my belief. Very few of the GP partners I've locumed for have ever given me a hard time. Most are simply intrigued as to how pro-life inner city GPs handle unwanted pregnancy consultations. It also makes for a lively discussion at coffee time and can result in further coffee breaks spent discussing faith!

Of the few snide comments I have received, most have been made by colleagues who, it turns out, are actually pro-life themselves but who are acting against their consciences. Vicki recalls:

I was working at a small practice. The abortion referral rate wasn't particularly high but my conscientious objection seemed to really irritate one of the partners.

Then, quite by chance, we both ended up at a local church event. I hadn't realised that he had a [Christian] faith. Somehow, the subject of abortion came up over dinner...I found having lots of other people in on the conversation much less awkward.

A few weeks later, the receptionists told me that he [the partner] had decided to stop referring women for abortions. It turns out that he'd never been comfortable with referring but had just drifted into it because he'd been frightened of offending his patients.

I don't know how to explain to my patients!

Like every other task in clinical medicine, explaining your pro-life views to patients improves with practice. Before embarking on my GP registrar year, I talked to a Christian GP I knew and respected. She told me how she managed these consultations but encouraged me to devise my own consultation model.

Over time, I've devised a way of incorporating an explanation of my pro-life beliefs into an exploration of my patient's ideas, concerns and expectations about her pregnancy and abortion...

GP: *So, you definitely don't want this baby and you've mentioned abortion...Can I ask how you feel about abortion?*

Patient: *I don't like it doctor, but I don't believe it's killing or anything. Well, not this early on anyway. I'd never have a late abortion though.*

GP: *As we've discussed, the law does allow you to have an abortion. However, the law also gives doctors like me, who believe that every abortion involves the taking of a life, the option of not getting involved with it.*

Patient: *Oh, I think I knew that...My last doctor was Catholic – he didn't refer for abortions either...*

Why not ask a local CMF GP you respect how (s)he handles these consultations? Maybe you could try some role plays yourself. After all, practice (eventually) makes perfect!

Rachael Pickering is a portfolio GP in London and invites approaches from juniors interested in editing the Forum in 2009

references

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