

## Three Case Studies on Patient-Centered Abortion Care

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Objective: To increase knowledge and analytical skills in providing abortion-related patient care.

Time: 60 minutes

Instructions: Read and answer the questions for the following case studies. Refer to “Physician Response” when done and discuss answers as a group.

### CASE STUDY 1

A 42-year-old woman enters your clinic for an abortion at 8 weeks since her last menstrual period. She walks in dabbing her eyes. Her history is relevant for an alcoholic father and a very dependent and apologetic mother. The patient had an abortion at the age of 16, after which she continued through high school and graduated as valedictorian. She has 2 children in their late teens. She tells the counselor that she doesn’t know if she will ever recover from her first abortion and is already guilty with the thought of “killing another child.” The counselor advises that the patient speak to you, the clinician, to determine whether the clinic can provide the procedure. Upon hearing this, the patient is suddenly dry-eyed and demands an abortion.

### QUESTIONS

1. What would you do?
2. How would you address her persistent guilt, as well as the additional guilt she will feel if you perform the abortions?
3. If you do provide the abortion, what would you recommend as contraceptive methods?
4. What follow-up would you recommend?

### CASE STUDY 2

A very well-dressed 20-year-old college student comes into your office for an abortion at 10 weeks since her last menstrual period. She is exceedingly polite during the counseling session, to the point that the counselor is not convinced that she is really listening. She denies any history of abuse. During the explanation of the procedure, when the counselor shows her a diagram of the vagina and holds up a speculum to explain how it is inserted, she puts her arms over her eyes as if to ward off blows. When she is asked if she is sure of her decision even though it involves instruments in the vagina, she says she is. The counselor has informed you that she’s been hurt and that something bad is going on, but the counselor is not sure the patient even knows what it is.

Realizing that the patient needs further assessment for abuse, you suggest that you could refer her to someone who could help her. She ignores your plea, insists on receiving the abortion, and appears confident in her decision. You decide to proceed with the abortion. You put two lubricated fingers in her vagina after letting her know exactly what you are doing. She begins rocking her head from side to side screaming, “No. No. Don’t hurt me. Stop. Mommy. Don’t hurt me. I didn’t mean it.”

**QUESTIONS**

1. You are the clinician. What would you do next?
2. Would you continue with the procedure? Why or why not?
3. How would you handle the fact that it appears that she has been abused?
4. Would you complete the procedure despite the patient's dissociative/regressive behavior?
5. How would you feel knowing your actions were causing her to relive the abuse she suffered in her past?
6. Do you think it is a good practice to allow patients with a history of abuse to understand that these things happen to many women?
7. Do you think medical abortion would have been a better option for her? Why or why not?

**CASE STUDY 3**

A 23-year-old-woman enters your office for an abortion at 11 weeks since her last menstrual period. During the counseling procedure, she admits to being an anti-choice protester who was active in large protests in her city. She is proud of her arrests. When discussing the conflict between her beliefs and behavior, she says, "This abortion is different."

**QUESTIONS**

1. You are the clinician. How would you handle this situation?
2. Would you obey the patient's wishes and provide her with the desired services despite obvious conflicts?
3. How would you help her to explore her responsibility in her decision to have an abortion?
4. Should a clinician always obey a patient's requests?
5. Would you discuss with the patient the fact that her reasons for having an abortion may be exactly the same as any other woman's reason for having an abortion?
6. If so, how would you discuss this issue with her? If not, why wouldn't you discuss it with this patient?

**PHYSICIAN RESPONSE: CASE STUDY 1**

One physician's response in this situation was to suggest that guilt seemed to have always been an important part of the patient's life and that now it was time to address that issue. "She is welcome to continue it [guilt] for another 26 years if she wants to, but it would not stop another abortion or help her in any way. Better birth control would." This physician would also provide the patient with phone numbers for groups of adult children of alcoholics.

Are there any other approaches other clinicians could take in response to this patient?

**PHYSICIAN RESPONSE: CASE STUDY 2**

One physician's response to this situation was to stop what she was doing, ask the patient to sit up, and cover her as well as possible with a paper sheet. She removed the instruments and covered them so the patient couldn't see them. She told her that it was clear that she had been badly hurt in the past and she was sorry that that had happened to her. It wasn't fair, but by dealing with it, the patient could feel better in the future. Then she described exactly what she would do during the procedure and asked the patient whether she wanted to continue with the procedure. She told her that if she wanted to continue, she would complete the procedure. She asked the patient whether she had ever before yelled, "Stop. Don't hurt me." The patient said, "Yes, during sex." She asked her if she remembered being hurt during sex when she was young. The patient responded, "No, ma'am." She asked her if they should complete the procedure. The patient said yes. The physician asked whether the patient had a place in her head where she went when things felt bad. She said, "Yes ma'am." The physician asked her to please not go there but to stay in the room, because what she was going to do was uncomfortable and maybe painful, but she had requested the procedure, would be all right after it, and would be better off if she remembered it. The patient again answered, "Yes ma'am."

The physician talked her through the speculum insertion and the injections of lidocaine, which can be quite painful. When the physician was performing the suction aspiration, which seemed to be frightening for the patient but not necessarily painful, the patient tried to suck on the nurse's hand she was holding while making baby-type suckling noises. The patient did not answer when they spoke to her. Her vital signs were stable throughout the procedure. The physician completed the procedure, and the patient remembered very little of it.

Are there any other approaches other clinicians could take in response to this patient?

**PHYSICIAN RESPONSE: CASE STUDY 3**

The response of one physician was to not perform the procedure. This physician wanted to make sure that the patient was aware that the physician does not perform abortions for women who believe that they are unlike the other suffering women in the office. The physician requires that a woman be sure of her decision to have an abortion. When a patient says that her abortion is not like others, it is abdicating responsibility, and if the patient persists, then the physician will not perform the procedure.

Why do you think that this physician has such a strong view that patients feel like everyone else or else she/he will not perform the procedure? Are there any other approaches other clinicians could take in response to this patient?