Integrating Human Rights and Women's Health – an educational approach

A project of the FIGO Committee for Women's Sexual and Reproductive Rights (WSRR)

By Professor Lesley Regan, Committee Chair

Professor Lesley Regan

This exciting project has the potential to transform women's healthcare globally by ensuring that a clear understanding of women's sexual and reproductive rights becomes an integral part of the core educational training programme delivered to undergraduate medical students throughout the world. The goal is to educate future doctors to practice in such a way that Women's Rights and Reproductive Healthcare become inseparable.

Human rights as main focus

Millions of women and children suffer illness or injury every year because their fundamental human rights have been denied. In 2012 we expect that nearly 500,000 women will die in childbirth and 80 per cent of these deaths will be avoidable within the fiscal resources of the societies in which they live – no-one cares enough to ensure that their human rights are protected.

Our Committee is developing a generic medical school curriculum that is designed to integrate the teaching of women's health and human rights, and which will produce a framework that each medical school will be able to adapt to its local and national standards, health policies, laws and conventions. This will help to ensure that every graduate doctor has the necessary clinical and communicative skills and knowledge base to help women protect their sexual and reproductive rights. Doctors educated in this approach are more likely to deliver quality healthcare, advocate effectively for patient rights and participate in the development of healthcare systems that integrate available technologies with quality processes and respect for human rights.

The Committee's history

The Committee was founded in 2001 under the leadership of Dorothy Shaw. During her FIGO presidential term (2006–2009), Dr Shaw worked tirelessly to raise the profile of reproductive rights and women's health. When the Committee met in 2008, under the chairmanship of Dr Kamini Rao, FIGO had already agreed to produce a booklet that could be used by medical students to raise awareness of reproductive rights issues and to clarify the terminology in use.

Following FIGO's 2009 Congress, I was invited to chair the Committee in its next developmental stage: the design of the curriculum.

The project in progress

In March 2010 the new Committee working party (four ob/gyn clinicians, a medical educator and a reproductive rights lawyer) met to determine how best to produce the curriculum. An outline document was drafted describing 10 universal human rights and the healthcare competencies that are necessary to ensure them in the course of daily medical practice. Each statement of rights would be accompanied by a case study or exemplar, references to relevant medical, ethical and legal literature and followed by a list of specific discussion questions that would guide the student and teacher to consider local practices, laws and governance.

It was recognised that guidelines for the curriculum's teachers would need to be produced, along with recommendations for dissemination and implementation in medical schools globally.

In May 2011 the list of 10 human rights and healthcare competencies was finalised. A final document was produced alongside plans and a dissemination timetable, and these were presented to the FIGO Executive Board in June 2011, and further approved.

Following on, draft outlines for case studies to illustrate the human rights and competencies checklist were proposed by the Committee. A workshop was held in January 2012 to review and complete the editing for eight of the 10 clinical case studies, which now include the case narrative, questions specific to each and references.

We have deliberately weighted the references more heavily towards human rights standards on the assumption that medical teachers and their students have more ready access to texts and references describing the health conditions than they do human rights literature. There is a common theme to the questions beginning with the medical dilemma and the threat to rights, then progressing to explore the complexities of the relationship of health and rights for the case scenario and for the general healthcare system which is in place locally for that student and teacher.

We have now completed the last two cases and reference materials and will start designing the format of the teaching materials guide and curriculum assessment tools. Every opportunity will now be taken to disseminate the project in the form of presentations and interactive workshops.

FIGO World Congress, Rome 2012 – the next steps

A plenary session, 'Integrating Human Rights and Health – introducing the FIGO project to transform women's healthcare', scheduled for Monday 8 October 2012, aims to attract global leaders in women's health and human rights, representatives of ob/gyn specialist societies, and education and ethics teachers.

The Committee will demonstrate how the checklist of human rights can be applied to an individual case study and so easily incorporated into daily teaching on women's reproductive health. This will be followed by a panel discussion with audience participation. Attendees will be invited to use the educational materials available on **www.figo.org** and to register for an interactive Workshop to be held the next day, 9 October 2012 – 'Integrating Human Rights and Women's Health into your educational and clinical practice' – designed for leaders from national societies and training colleges.

We hope to recruit a cadre of future trainers who will help us disseminate the project globally, and we will actively encourage feedback to help refine our materials. Do join us at the FIGO plenary and Workshop sessions, and encourage your colleagues to attend.

The main questions

1. What is the nature of the health care problem?
2. What is the threat to human rights posed by the scenario?
3. How does the health care system support or infringe human rights?
4. What are the local regulations governing delivery of care?
5. How can the health care system be improved to respect human rights and ensure health care?

The way ahead

This transformational project is still evolving, and aims to move women's health and reproductive needs from a marginal position in most curricula to more mainstream thinking. We aim to turn the tables on traditional approaches and ensure that, in the future, sexual and reproductive healthcare teaching and practice has a central focus based on human rights principles.

Integrated Human Rights and Women's Health: *Checklist to Determine Competencies for Clinical Practice*

Physicians must be able to apply the principles of human rights to the daily practice of women's health care.

1. Right to life: Everyone has the right to life.
2. Health: Everyone has the right to the highest attainable standard of physical and mental health.
3. Privacy: Everyone has the right to respect for privacy in the field of health care.
4. Confidentiality: Everyone has the right to confidentiality in relation to information on health care and health status.
5. Autonomy and decision-making: Everyone has the right to autonomous decision-making in matters concerning their health.
6. Information. Everyone has the right to receive and impart information related to their health.
7. Non-discrimination: No one shall be subject to discrimination on any grounds in the course of receiving health care.
8. Right to decide number and spacing of children: Everyone has the right to decide freely and responsibly on the number and spacing of children and to have access to the information, education and means to enable them to exercise these rights.
9. Freedom from inhumane and degrading treatment: Everyone has the right to be free from torture or cruel, inhuman or degrading treatment or punishment in the field of health care.
10. Benefit from scientific progress: Everyone has the right to enjoy the benefits of scientific progress and its applications.

The Committee (January 2012)
L-R: Professor PC Ho – Hong Kong (OBGYN); Professor Lesley Regan – London (WSRR Chair, OBGYN); Dr Diane Magrane – Philadelphia USA (Medical Educator, OBGYN); Professor Anibal Faúndes – Brazil (OBGYN, Contraception and Safe Abortion care expert); Ms Adriana Lamackova – London (Reproductive Rights lawyer); Dr Stephen Munjanja – Zimbabwe (OBGYN, Domestic Violence expert)

Integrating Human Rights and Women's Health
Competencies for Practice

FIGO Committee for Women's
Sexual and Reproductive Rights

(WSRR)

Aims: To improve the health of women by ensuring that undergraduate medical students throughout the world are trained to provide patient care that respects women's sexual and reproductive rights.

The curriculum is designed to integrate the teaching of women's health and human rights by establishing standards of performance for practice within an educational framework of case studies. The approach permits medical school faculty to adapt the framework to local and national curriculum standards and health policies.

Physicians must be able to apply the principles of human rights to the daily practice of women's health care. This requires that they develop the following competencies:

1. Life: Everyone has the right to life.

- Discuss the impact of provision and denial of emergency healthcare services
- Provide emergency lifesaving treatment independent of practitioner's own personal beliefs
- Describe how health care systems can ensure or compromise the right to life

2. Health: Everyone has the right to the highest attainable standard of physical and mental health.

- Discuss the impact of availability, accessibility, acceptability, and quality of care on health outcomes
- Assess the quality of health care services for diverse populations in your community
- Discuss how public health measures for screening and prevention of disease and injury prolong life expectancy

3. Privacy: Everyone has the right to have their privacy respected while receiving health care.

- Conduct the consultation, examination and treatment of the patient in a private space and in a manner that ensures privacy and respect
- Recognize when there is a need for a third party or chaperone to be present
- Maintain patient privacy in the presence of a chaperone or other individuals invited by the patient
- Acknowledge and accommodate varying cultural attitudes towards modesty

4. Confidentiality: Everyone has the right to confidentiality in relation to information on health care and health status.

- Maintain patient confidentiality and avoid unnecessary disclosure of information
- Communicate to patients how confidentiality of all written and digital personal information is maintained
- Discuss the potential harm and benefit of release of confidential information to third parties
- Discuss how interpretation of the laws on confidentiality affects the provision of health care for women
- Discuss how decisions to protect or disclose confidential information are made

Approved by FIGO Executive Board August 2011 (Updated 14 May 2012)

Integrating Human Rights and Women's Health
Competencies for Practice

5. Autonomy and decision making: Everyone has the right to autonomous decision-making in matters concerning their health.

- Acknowledge and respect decisions that patients make about their own healthcare
- Explore medical, social and cultural considerations affecting patient decision making
- Evaluate the capacity of an individual at any age to make his or her own informed decisions
- Ensure that the "best interests" and evolving capacity of the child are considered in obtaining consent from children and their legal guardians

6. Information: Everyone has the right to receive and impart information related to their health.

- Communicate the risks, benefits and alternatives of accepting and declining therapies to patients
- Offer full disclosure of test results and provide full information unless specifically requested otherwise by the patient
- Use language that is culturally sensitive and understandable to the patient
- Provide up to date clear evidence based information to assist patients with informed decision-making

7. Non-discrimination: No one shall be subject to discrimination on any grounds in the course of receiving health care.

- Discuss how principles of non-discrimination result in improved health for everyone
- Discuss the impact of societal and cultural roles and religious practices on healthcare
- Discuss the extent to which women are ensured appropriate care in maternity services
- Provide optimal health care services and establish mutually respectful relationships with men and women of all backgrounds and abilities

8. Decide upon number and spacing of children: Everyone has the right to decide freely and responsibly on the number and spacing of children and to have access to the information, education and means to enable them to exercise these rights.

- Counsel patients about the risks, benefits, mechanisms of action and access to services for all methods of contraception
- Provide information about the risks, benefits, mechanisms of action, and access to services for all methods of abortion, where it is legal
- Discuss the effects of coercion or denial of contraceptive and abortion services upon the short and long term health of a woman and her family
- Provide comprehensive pre-conception counseling
- Discuss indications for referral for fertility problems

9. Freedom from torture, inhuman and degrading treatment: Everyone has the right to be free from torture or cruel, inhuman or degrading treatment or punishment in the field of health care.

- Identify and assist victims of physical, psychological and sexual violence and abuse, including domestic violence, human trafficking and political rape
- Describe the effects of locally prevalent harmful practices such as female genital mutilation, early marriage and polygamy
- Discuss the harm resulting from denial of medical treatment and from involuntary sterilization
- Discuss how ethical standards for doctor-patient relationships support standards of medical and surgical care

10. Benefit from scientific progress: Everyone has the right to enjoy the benefits of scientific progress and its applications.

- Access and critically evaluate new information from a variety of sources
- Inform patients of new evidence based practices to maintain and restore their health
- Collaborate with patients to integrate optimal medical therapies with their health beliefs and community resources

Approved by FIGO Executive Board August 2011 (Updated 14 May 2012)

Integrating Human Rights and Health:
A Checklist for Quality Care

For any given health care encounter, consider how rights are protected or infringed by providers and the health care system--

Review the list and check all that apply

- ☐ **Life:** You expect to receive emergency healthcare independent of your personal beliefs.
- ☐ **Health:** You experienced no substantial barriers to available, accessible, acceptable, high quality health care, including preventive screening for disease and injury.
- ☐ **Privacy:** Your consultation, examination and treatment were conducted in a manner that ensured your privacy, including times when chaperones and other invited individuals were present.
- ☐ **Confidentiality:** Your conversation and medical records were maintained by procedures that ensure confidentiality and released to third parties only through appropriate legal procedures.
- ☐ **Autonomy and decision making:** Your decisions about health care were acknowledged and respected. If your children were receiving care, their interests were protected in a manner that ensured their best interests and considered their capacity for decision-making.
- ☐ **Information:** You were provided with understandable and up to date information about test results and risks/benefits/alternatives of accepting and declining therapies.
- ☐ **Non-discrimination:** You received health care services that respected your societal and cultural roles, background and experiences, religious practices, gender and abilities.
- ☐ **Decisions about number and spacing of children:** If you were seeking counseling about pregnancy, fertility, contraception, or abortion, you were provided with information about risks, benefits, mechanisms of action and access to services for all methods available.
- ☐ **Freedom from torture, inhuman and degrading treatment:** You felt safe in seeking treatment for results of physical, psychological and sexual violence and abuse. You had no fear of involuntary treatment or denial of treatment from your health care provider.
- ☐ **Benefit from scientific progress:** Your health care provider helped you create a health care plan that integrates current scientific information, community resources and your health care beliefs.

1. Life: Everyone has the right to life.

For physicians to competently apply this principle to daily practice they must be able to:

- Discuss the impact of provision and denial of emergency healthcare services
- Provide emergency lifesaving treatment independent of practitioner's own personal beliefs
- Describe how health care systems can ensure or compromise the right to life

Case Study

SJ, an 18 year old mother of two, walks seven kilometers to her local clinic in rural Africa to be evaluated for vaginal bleeding. She is 14 weeks from her last period and has felt the familiar signs of nausea and breast tenderness of early pregnancy. The previous evening, she inserted some tablets into her vagina to induce an abortion. The friend who gave her the tablets told her they would make it seem like she was having a period, so her family would never know about the pregnancy. The nurse at the clinic performed a vaginal examination and found what appeared to be some retained products of conception lying within an open cervical os. The nurse also found three white tablets in the vagina. The nurse recorded SJ's history and physical examination in a hand-written note. She handed SJ an envelope with the note and a plastic specimen container with the three tablets, and then called for an ambulance to transfer her to the district hospital.

After approximately three hours, the ambulance arrived to take SJ to the district hospital 300 kilometers away. Upon arrival, the doctor reviewed the nurse's notes, examined the container of tablets and asked her: "Why did you murder your baby?" He conducted a cursory examination and added a note - "Criminal abortion, suspected use of Misoprostol" - to her records. He announces that he will not be an accessory to such a crime, and, despite her now profuse vaginal bleeding, and rapid pulse, calls for an ambulance to take her to the provincial hospital two hours away. SJ continued to bleed throughout the long journey by ambulance and was pronounced dead on arrival at the provincial hospital.

Questions for Discussion*:*

1. What are the medical issues in this case? Specifically,

    a. What is the appropriate treatment for an incomplete abortion with active bleeding at this gestational age?

    b. What are the health risks of delayed treatment of continued heavy bleeding after an incomplete abortion?

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2. Using the Integrating Human Rights and Health Checklist, identify the human rights that were infringed in this case.

3. How did the responses of each of the health care providers respect or threaten the patient's right to life?

4. How should a health care provider reconcile his or her beliefs with the health care needs of the patient?

5. How did the policies and practices of this health care system support or infringe her right to life?

6. What measures and policies need to be in place to avoid such situations recurring?

7. What policies in your health care system ensure quality care in situations like this?

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United Nations, Programme of Action of the International Conference on Population and Development (Cairo), 1994 http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD-Programme (provides definitions of reproductive health and reproductive rights)

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Center for Reproductive Rights, "The World's Abortion Laws", New York, 2011, http://worldabortionlaws.com (interactive map)

1. Right to life. Everyone has the right to life.

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Questions for Discussion*:*

1. What are the medical issues in this case? Specifically,

    a. What is the appropriate treatment for an incomplete abortion with active bleeding at this gestational age?

    Assessment and stabilization of any hemodynamic stability followed bv Immediate evacuation of uterus

    b. What are the health risks of delayed treatment of continued heavy bleeding after an incomplete abortion?

    - *Anemia, shock, death*
    - *Infection if treatment is delayed (septic shock with pelvic damage)*
    - *Long term: infertility,*

- *Reduced access to care in the future because of reluctance to return to this facility*

2. Using the Integrating Human Rights/ Women's Health Checklist , identify the human rights that were infringed in this case.

   Note that most have been infringed in this case

3. How did the responses of each of the health care providers respect or threaten the patient's right to life?

   The Nurse *failed to provide appropriate care (it is not clear if she was untrained, unequipped, or unwilling) and endangered the patient by transporting her. While many primary care facilities in Africa are staffed by relatively untrained personnel, this nurse was competent enough to do vaginal exam and recognize the misoprostol tablets, suggesting that she also probably had the skill to removed products of conception. Thus, she appears to have deliberately withheld life-saving treatment. In addition, the withholding of information by placing her medical record in a sealed information and the packaging of the misoprostol tablets implies that she used her power as a health care provider to incriminate the patient.*

   The Doctor,*by refusing care in an emergency situation, contributed to the patient's death. Even if he considers himself to be a conscientious objector, he holds responsibility to evacuate her uterus to save her life if no one else is available.*

4. How should a health care provider reconcile his or her beliefs with the health care needs of the patient?

   If a procedure is elective and another provider is readily available, then refer; if the situation is an emergency or there is only provider in the area, that practitioner MUST care for patient as the one who has unique knowledge and skill

5. How did the policies and practices of this health care system support or infringe her right to life?

   We actually do not know why the nurse and doctor in this case failed to provide appropriate treatment. Were they properly trained? Did they have the facilities and equipment needed to care for this patient? Were the guidelines for care and safe transport clearly established for either facility? Laying full blame upon individuals working with a system that may have failed them (not discounting their lack of professional behavior) can lead to continued failure to meet standards of quality care.

   There is a chance that there may not be a proper investigation of the death, and that the case will be closed with the completion of a maternal death record. Establishing policies of audit and improvement could save future lives.

6. What measures and policies need to be in place to avoid such situations recurring in the future?
   - *Equip the clinic and train the nurse; Provide clear guidelines for emergency care*

- *Audit all maternal deaths and provide processes for prevention of similar situations.*
- *Ideally, every woman should have access to safe abortion..*
- *In situations where physicians are assigned by agencies in states in which abortion is legal,, the physician must be trained and willing to provide abortion care if no one else is available.*

7. What policies for the provision of life-saving care in this situation are in place in your health care system?

    - *Consider the availability of legal abortion; processes of audit and quality improvement of maternal deaths*
    - *How are all providers, urban and rural, trained in post-abortion care?*
    - *What are your state's reporting mechanisms regarding physicians who breech professional codes of conduct ?*

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