

FIGO Human Rights and Women's Health Case Contraceptive of choice

This case study highlights the right to health, which includes the right to reproductive health. Thus, the provision of reproductive health services must conform to the international human rights framework comprising the right to health – namely, the standards guaranteeing availability, accessibility, acceptability, and quality of health facilities, goods, and services. These standards also apply to the underlying determinants of health, including access to information. (UN Committee on Economic, Social and Cultural Rights, General Comment 14 ,2000)

Availability. States must ensure that an adequate number of functioning health care facilities, services, goods, and programs are available to serve the population, including medicines that are on the World Health Organization (WHO) Essential Medicines Lists, which includes contraception.

Accessibility. States must ensure that health facilities and services are accessible to their populations without discrimination, meaning that they must be accessible to all, in law and in practice, particularly the most vulnerable populations. Health facilities and services must also be physically accessible, including for people with physical disabilities, and economically accessible, which entails affordability. Payment assistance must be based on the principle of equity to ensure that impoverished families and individuals do not bear a disproportionate burden of health costs. Finally, information must be accessible, meaning that individuals and groups must be able to seek, receive, and disseminate information and ideas on health issues.

Acceptability. Health facilities, services, and goods must be culturally appropriate and should take into account the interests and needs of minorities, indigenous populations, all sexes and genders, and all age groups.

Quality. Reproductive health care must be of good quality, meaning that it is scientifically and medically appropriate and that service providers receive adequate training.

Learning objectives

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

- 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 the community.
- Discuss how public health measures for screening and prevention of disease and injury prolong life expectancy.

Note that although the case highlights the right to health, it also addresses a variety of other ethical, human rights, and policy issues. Similarly, although the medical issues of



FIGO Human Rights and Women's Health Case

Contraceptive of choice

the case focus on contraception, the standards of practice are applicable to other preventive treatments and services that facilitate complete and comprehensive care.

Case study

Z.B., a 35-year-old mother of four children (all under the age of 10 years), requests advice on effective methods of contraception. Her 11-month-old son was conceived while she was taking oral contraceptive pills. Although she took the pills regularly, on one occasion she was unable to obtain a new pack until almost a week after she was scheduled to begin them and during that period she became pregnant. She thinks that an intrauterine contraceptive device (IUCD) might be better for her. Both oral contraceptive pills and IUCDs are available at this clinic. Z.B.'s last routine examination was 19 months ago, at the time of her first pregnancy consultation. She has no health complaints and no contraindications for either method of contraception.

The clinic doctor sees her at the end of a very busy day that has included two emergency procedures, 35 additional patients, and no lunch break. The doctor has a personal appointment immediately following clinic and Z.B. is her last patient for the day. She reviews Z.B.'s record and chooses not to conduct a physical examination. Dismissing Z.B.'s questions about the IUCD, she tells Z.B. that the pill is her best option. She quickly writes a prescription for oral contraceptives and leaves the clinic without advising Z.B. on follow-up.

One year later, Z.B. returns to the clinic, pregnant again. During the course of her examination she is found to have a lesion on her cervix. A biopsy reveals cervical cancer.

Questions for discussion

1. What are the medical issues in this case? Specifically:
 - a. What are the health risks and benefits of oral contraceptives, IUCDs, and pregnancy?

Known risks of oral contraceptives include cardiovascular risks such as venous thromboembolism, myocardial infarction, and stroke and increased risk of breast cancer.

Benefits of oral contraceptives include a reduced risk of ectopic pregnancy, pelvic inflammatory disease, menorrhagia, dysmenorrhea, endometrial cancer and ovarian cancers, benign breast disease, and ovarian cysts and improvement of acne.

Risks of IUCDs include perforation of the uterus at time of placement and translocation of the device thereafter. The copper IUCD may be associated with increased menstrual flow and dysmenorrhea and increased risk of pelvic inflammatory disease in the first 3 weeks after insertion. With the levonorgestrel IUCD, menstrual flow and dysmenorrhea are usually reduced but intermenstrual bleeding or spotting may increase.



FIGO Human Rights and Women's Health Case

Contraceptive of choice

The main benefit of copper and levonorgestrel IUCDs is that they are highly effective and safe methods of contraception. The levonorgestrel IUCD can also be used to treat menorrhagia.

With oral contraceptives, the failure rate of “typical use” is much higher than that of “perfect use” because of problems in compliance. Conversely, with the IUCD the failure rates of “typical” and “perfect” use are similar and are lower than the failure rate of typical use of oral contraceptives. In this multiparous woman who has conceived previously while using oral contraceptives, an IUCD would have been a better choice.

b. What routine screening is recommended at the time of counseling for contraception?

History, weight, height, and blood pressure measurement are required. Other examination or tests may be necessary depending on the patient's history and the contraceptive method prescribed. The woman should also be advised to undergo regular cervical cytology screening in accordance with the prevalent national policy or WHO recommendations.

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

In addition to the obvious rights to health and the right to determine the spacing and timing of one's children, several other rights have been infringed here. These include the right to privacy, the right to be free from inhuman and degrading treatment, and breach of dignity. Because the doctor did not respond to the patient's questions, her right to receive information and her right to benefit from scientific progress have also been infringed.

Contraceptive services. These rights obligate states to ensure the availability and accessibility of acceptable-quality family planning and information services. This includes referral, choice of the full range of modern contraceptive methods, and accurate and comprehensive sexual and reproductive health information to all, including adolescents. Such information and services could be provided at different points of contact and must be free of discrimination, coercion, and violence that has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health. This includes discrimination in access to health care and the underlying determinants of health on grounds of race, skin color, sex, language, religion, political or other opinion, national or social origin, property, birth physical or intellectual disability, health status (including HIV/AIDS), sexual orientation, gender identity, and civil, political, social, or other status.

Contraceptive information. International human rights require states to ensure that comprehensive information about contraceptive methods is available, suitable to the individual, and provided in a manner the patient can understand. They also require counseling services and training programs for health care workers providing this



FIGO Human Rights and Women's Health Case Contraceptive of choice

information. Human rights bodies have explicitly called on states to refrain from “censoring, withholding or intentionally misrepresenting health-related information, including sexuality education and information,” including information on contraceptives.

3. In what ways did the physician provide or deny optimal health care to Z.B.?

The physician, in her efforts to finish her clinical rounds, failed to pay attention to Z.B.'s requests for information and instead dispensed a therapy that not only was not the one that Z.B. requested, but also is known to be less effective. In addition, the physician failed to obtain even a basic medical history or to perform an appropriate physical examination as indicated for a patient who had not been seen for more than a year and a half. The physician did review Z.B.'s medical record but her review was not careful or thorough. She attempted to address the patient's request to prevent pregnancy by prescribing oral contraceptives. We do not know what follow-up was requested or arranged – only that it did not happen until it was too late to prevent pregnancy and cervical disease.

4. What laws and policies in your country/state/province address the issue of neglecting to provide proper care to patients?

In general, such cases will be discussed by internal reviews of clinical staff. The best outcomes of such reviews result in improved provider performance and clinical processes. When the failure to properly care for the patient is addressed through complaints and/or reports to legal or medical practice authorities, a finding of negligence of care may result in censure of the physician through practice or licensure boards.

Discussion of this case should include a conversation about “What would you do if/when you find yourself in the situation of not having sufficient time to address all of a patient's concerns?” Although the situation Z.B. and her physician faced may seem extraordinary, physicians often find themselves overwhelmed by competing responsibilities. This case offers an opportunity to think through such a difficult situation ahead of time.

5. What changes in policies and practices in this clinic would better ensure that all patients receive the highest standard of care possible?

This clinic needs to improve its staffing for both providers and clinical educators who can support the small number of physicians who are often available to serve in such high-volume, high-need situations. Not doing so endangers patients and can lead to physician and nurse burnout, resulting in loss of essential health care providers. The clinic is responsible for ensuring quality and for meeting human rights standards of availability, acceptability, accessibility, and quality of care. These changes need to be addressed across the full hierarchy of the clinic system and might include the following:

- Employing of midlevel providers to conduct screening for pregnancy and



**FIGO Human Rights and Women's Health Case
Contraceptive of choice**

to perform Papanicolaou smears.

- Training neighborhood educators to provide basic information about how to access and follow up with health care plans.
- Improving the scheduling of clinic appointments.
- Educating providers regarding their responsibility to protect human rights.
- Working with hospital and ministry of health guidelines to comply with international human rights and medical standards.



FIGO Human Rights and Women's Health Case Contraceptive of choice

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FIGO Human Rights and Women's Health Case
Contraceptive of choice

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