

FIGO Human Rights and Women's Health Case 8 Discussion

Repeatedly requesting sterilization

This case highlights the right to decide freely and responsibly on the number and spacing of one's children, which includes the right to have access to the information, education, and means to exercise these rights. International human rights bodies have recognized that women are entitled to decide on the number and spacing of their children because the responsibilities that women carry in bearing and raising children affect their right of access to education, employment, and other activities related to their personal development. This right is closely connected with the right to private and family life. The right to private life protects the rights of individuals and couples to make decisions about their private lives without government interference. Decisions about whether and when to start a family fall within the protected zone of privacy. Women's enjoyment of these rights depends on their ability to obtain contraceptives and other reproductive health services without undue interference in their selection of a method that works for them. Restrictions on access to certain contraceptive methods and coercive family planning policies impair the ability of women to make informed, autonomous decisions about their personal lives and health, violate their right to privacy, and violate their right to determine the number, spacing, and timing of their children (CEDAW 1994, Center for Reproductive Rights, UNFPA 2010).

Learning objectives

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

- 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 on the short- and long-term health of a woman and her family.
- Provide comprehensive preconception counselling.
- Discuss indications for referral for fertility problems.

Note that although the case highlights the right to decide on the number and spacing of one's children, it also addresses a variety of other ethical, human rights, and policy issues. Similarly, although the medical issues of the case focus on decisions at the time of cesarean delivery, the standards of practice are applicable to other surgical and preventive services.

Case study

T.M., a 29-year-old mother of two children, ages 7 and 5, requests that a tubal ligation procedure be performed at the time of her third cesarean delivery. She and her husband want no more children and she particularly wishes to avoid having to undergo a fourth cesarean operation. When her second child was delivered, she requested a tubal ligation, but her request was refused on the grounds that she was too young to be sterilized.



FIGO Human Rights and Women's Health Case 8 Discussion

Repeatedly requesting sterilization

The doctor again refuses to perform the tubal ligation procedure, saying, "I don't do it before the woman has reached the age of 30 years. You are too young and at this age some couples change their mind about having more children, and come back to ask me to have the sterilization reversed." Although the couple insists that they are sure of their decision and wish to proceed, the doctor replies, "Come back when you are 32 or 33 and I will definitely do the sterilization for you."

Three months after the cesarean delivery, T.M. travels 1000 kilometers to consult another gynecologist, who agrees to perform the tubal ligation. However, because T.M. has already had three major abdominal operations, the doctor advises that she will require a minilaparotomy under general anesthesia. The couple feels they have no option but to agree. They begin saving money and preparing their family and employers for T.M.'s anticipated convalescent period far away from home.

Questions for discussion

1. What are the medical issues of this case? Specifically:
 - a. What are the risks and benefits of sterilization at the time of cesarean delivery?

The risks of sterilization by division and ligation of the fallopian tubes at the time of cesarean delivery are largely those of regret among women who subsequently wish to have more children. There is also a small risk of pregnancy. Intraoperatively there is minimal increased risk of bleeding, infection, and adjacent organ damage, beyond risks associated with the cesarean delivery itself.

Regret is more likely for women younger than 30 years, especially for those with fewer children. Regret may occur among women who choose sterilization owing to financial concerns, rather than to achieve their ideal family size, and among those who lose a child in infancy.

Compared with other types of sterilization, the incidence of tubal reanastomosis and subsequent pregnancy is slightly higher when the procedure is performed immediately postpartum, including with cesarean delivery. Pregnancies occurring with partially occluded fallopian tubes are more likely to implant in an ectopic site.

The greatest benefit to having a tubal ligation at the time of cesarean delivery is the prevention of subsequent pregnancies; risk is minimal beyond that ordinarily associated with the cesarean procedure itself. Interval sterilization in a patient who has had prior abdominal surgery (in this case, three cesarean deliveries) carries the risk of injury to adjacent organs due to adhesion formation. As a result, in addition to having to undergo another anesthetic procedure, the patient is likely to require laparotomy to access her fallopian tubes rather than laparoscopy, which is less invasive. Also, a patient who waits



FIGO Human Rights and Women's Health Case 8 Discussion

Repeatedly requesting sterilization

for sterilization until after she has recovered from a cesarean delivery risks becoming pregnant again before the procedure can be performed several months later.

b. What issues need to be discussed with T.M. to obtain full informed consent for sterilization?

Before she is asked to sign an informed consent, the patient should be informed that sterilization should be considered irreversible and that there is a very small risk of failure (approximately 2 per 1000 procedures). She should be asked to consider that life circumstances, including death of any of her children, may change. All alternatives, including male sterilization and various reversible contraceptive methods, should be discussed.

Although the partner's consent for sterilization is not required, the patient should be encouraged to include him in the counselling. In this case, T.M. and her husband made the request together.

Equally important, sterilization must not be coerced. In some cases, a practitioner may believe that future pregnancies are not recommended, or evidence may suggest that subsequent pregnancy might endanger the woman's life or health. Nevertheless, the practitioner is obliged to provide counselling, to allow the patient the time and support she needs to consider her choice, and then to respect her informed decision. Neither may consent for sterilization be requested at a time when a woman is considered vulnerable, such as when she is in labor or immediately following delivery.

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

Numerous human rights are implicated when a patient is refused sterilization on the basis of her age despite her own decision to be sterilized. Rights may also be violated if the patient is not provided with adequate information to be able to give informed consent prior to sterilization. These rights include the right to decide on the number and spacing of her children and the right to have access to the means to enable her to exercise this right, the right to health, the right to autonomy, the right to information (the doctor in this case failed to inform the patient of other appropriate alternatives), and the right to nondiscrimination (on the grounds of age and sex).

The right to decide on the number and spacing of one's children and to have access to the information, education, and means to exercise these rights is specifically guaranteed in the Convention on the Elimination of All Forms of Discrimination Against Women. The Committee on the Elimination of Discrimination Against Women (CEDAW), which monitors states' compliance with CEDAW, stated that this right is crucial for women because "[t]he responsibilities that women have to bear and raise children affect their right of access to education, employment and other activities related to their personal development. They also impose inequitable burdens of work on



FIGO Human Rights and Women's Health Case 8 Discussion

Repeatedly requesting sterilization

women. The number and spacing of their children have a similar impact on women's lives and also affect their physical and mental health, as well as that of their children" (CEDAW Rec. 21, 1994).

3. What are the possible social consequences of this denial of sterilization?

T.M. and her husband are already experiencing consequences – having to save money that likely would have gone towards other family expenses to pay for the fees, and planning for the time when T.M. will be away to have the procedure, time in which someone else will need to care for the three small children.

Although the couple may be pleased with T.M.'s obstetric care otherwise, they may no longer trust the advice or care of this clinic. It is likely they will share this bias with other women, who might also avoid this physician and the clinic. This will be especially dramatic if T.M. finds herself pregnant again before she can arrange for the surgery.

4. What are the laws/policies/practices regarding family planning advice in your medical facility?

Students should read and discuss the policies of the clinics in which they and their teachers practice. The policies related to sterilization should comply with international medical and human rights standards on counseling and informed decision-making regarding sterilization.

5. How would you improve the clinic's standard of contraceptive care to follow international guidelines?

Consider how to educate the physicians in this hospital about ethical decision-making that upholds the rights of all patients to make the best decisions they can make for themselves. Provide peer support for practitioners who find themselves having to make decisions that are against their beliefs or for which evidence is unclear.

Provide information in both written and oral form to patients and consider utilizing patient educators and counselors to meet with patients to obtain their fully informed consent prior to sterilization. If patients agree, request that their partners be present, as the information should be presented to the patient and her partner at the same time if possible. Students may have other creative ideas about how to improve care and counseling in this hospital.

References



FIGO Human Rights and Women's Health Case 8 Discussion

Repeatedly requesting sterilization

Sterilization

Cullins V. Sterilization: Long Term Issues. Global Library of Women's Medicine. London, UK: Foundation for the Global Library of Women's Medicine; 2008. doi: 10.3843/GLOWM.10405.

http://www.glowm.com/section_view/heading/Sterilization:%20Long-Term%20Issues/item/404

Eisenberg D, Sciarra JJ. Surgical Procedures for Tubal Sterilization. Global Library of Women's Medicine. London, UK: Foundation for the Global Library of Women's Medicine; 2008. doi: 10.3843/GLOWM 10400.

http://www.glowm.com/section_view/heading/Surgical%20Procedures%20for%20Tubal%20Sterilization/item/399

Hardy E, Bahamondes L, Osis MJ, Costa RG, Faúndes A. Risk factors for tubal sterilization regret, detectable before surgery. *Contraception* 1996;54(3):159–62.

World Health Organization (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Information and Knowledge for Optimal Health (INFO). Decision-Making Tool for Family Planning Clients and Providers. Baltimore, MD, and Geneva, Switzerland: INFO and WHO; 2005.

http://whqlibdoc.who.int/publications/2005/9241593229_eng.pdf

World Health Organization (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Information and Knowledge for Optimal Health (INFO). Family Planning: A Global Handbook for Providers (2011 update). Baltimore, MD, and Geneva, Switzerland: CCP and WHO;

2011. http://whqlibdoc.who.int/publications/2011/9780978856373_eng.pdf

Addressing human rights

Center for Reproductive Rights (CRR), United Nations Population Fund. The Right to Contraceptive Information and Services for Women and Adolescents. New York, NY: CRR; 2010.

http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/BP_unfpa_12.10.pdf

Cook RJ, Dickens BM, Fathalla MF. Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law. New York, NY: Oxford University Press; 2002:175 –179.

International Federation for Gynecology and Obstetrics (FIGO). Committee for the Study of Ethical Aspects of Human Reproduction and Women's Health. Ethics in family



FIGO Human Rights and Women's Health Case 8 Discussion

Repeatedly requesting sterilization

planning 2008. In: Ethical Issues in Obstetrics and Gynecology. London: FIGO; 2012:134–136. <http://www.figo.org/files/figo-corp/English%20Ethical%20Issues%20in%20Obstetrics%20and%20Gynecology.pdf>

International Federation for Gynecology and Obstetrics (FIGO). Committee for the Study of Ethical Aspects of Human Reproduction and Women's Health. Female contraceptive sterilisation 2011. In: Ethical Issues in Obstetrics and Gynecology. London: FIGO; 2012:122–126. <http://www.figo.org/files/figo-corp/English%20Ethical%20Issues%20in%20Obstetrics%20and%20Gynecology.pdf>

Sonfield A, Hasstedt K, Kavanaugh ML, Anderson R. The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children. New York, NY: Guttmacher Institute; 2013. <http://www.guttmacher.org/pubs/social-economic-benefits.pdf>

United Nations. Programme of Action of the International Conference on Population and Development. Cairo, 5–13 September 1994, paras. 7.1.–7.26. New York, NY: United Nations; 1994. <http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD-Programme>

United Nations Population Fund (UNFPA). By Choice, Not By Chance: Family Planning, Human Rights and Development. State of World Population 2012. New York, NY: UNFPA; 2012. <http://www.unfpa.org/public/home/publications/pid/12511>

World Health Organization (WHO). Department of Reproductive Health. Medical Eligibility Criteria for Contraceptive Use. Fourth edition. Geneva, Switzerland: WHO; 2010.

Zampas Ch, Lamačková A. Forced and coerced sterilization of women in Europe. Int J Gynaecol Obstet 2011;114(2):163–6.

