S.J., an 18-year-old mother of two, walks 7 kilometers to her local clinic in rural Africa to be evaluated for vaginal bleeding. Her last menstrual period was 14 weeks ago, and she 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 performs a vaginal examination and finds what appear to be retained products of conception lying within an open cervical os. The nurse also finds three white tablets in the vagina. The nurse records S.J.’s history and physical examination in a handwritten note. She hands S.J. an envelope with the note and a plastic specimen container with the three tablets, and then calls for an ambulance to transfer her to the district hospital.

After approximately 3 hours, the ambulance arrives to take S.J. to the district hospital 300 kilometers away. Upon the patient’s arrival, the doctor reviews the nurse’s notes, examines the container of tablets, and asks her “Why did you murder your baby?” He conducts a cursory examination and adds a note to her records: “Criminal abortion, suspected use of misoprostol.” Despite her profuse vaginal bleeding and rapid pulse, the doctor calls for an ambulance to take her to another hospital, which is 2 hours away. S.J. continues to bleed throughout the long journey by ambulance and is 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?

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 the patient’s 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?