

THE WORLD MEDICAL ASSOCIATION, INC.

Document no:	MEC 207/ Therapeutic Abortion REV 2/Oct2017	Original: English
Title:	Proposed revision of WMA Declaration on Therapeutic Abortion	
Destination:	Medical Ethics Committee WMA General Assembly, Chicago 2017 Renaissance Downtown Hotel Chicago, USA 11-14 October 2017	Action(s) required: For Consideration
Note:	As part of the annual policy review process, the Council in Buenos Aires (April 2016) decided that the WMA Declaration on Therapeutic Abortion should be reaffirmed with minor revision. The WMA secretariat submitted a revision to the 204 th Council session in Tapei (October 2016). The Council decided to circulate this version to WMA members for comments. Given the controversies of opinions reflected in the comments from members, the Council appointed a working group with South Africa as the chair. This version is the compilation from the working group.	
Suggested	Abortion, Pregnancy, Human Life , Mother, Unborn Child , Conflict of Interests <u>Respect, Autonomy, Fundamental Right</u>	

* Numbering will be deleted (or adjusted) when the revised text is adopted.

No	Proposed revision of WMA Declaration on Medically-Indicated Therapeutic Abortion
	PREAMBLE
1	Medically-indicated abortion refers to interruption of pregnancy due to health reasons , in accordance with evidence-based medicine principles and good clinical practice.
2	Abortion is a medical matter between the patient and the physician. Attitudes toward abortion are a matter of individual conviction and conscience that must be respected.
3	Circumstances where the interest of a woman is in conflict with the interests of her unborn fetus may create a dilemma as to whether or not the pregnancy should be deliberately terminated. The diversity of responses to such situations is due in part to the diversity of attitudes towards the life of the fetus, for various reasons including cultural, religious and traditional.
	RECOMMENDATIONS
4	Doctors should be aware of local abortion laws, regulations and reporting requirements. National laws, norms, standards, and clinical practice related to abortion should promote and protect women's health and their human rights, voluntary informed consent, and autonomy in decision-making, confidentiality and privacy. National medical associations should advocate that national health policy upholds these principles.
5	Where the law allows medically-indicated abortion to be performed, the procedure should be performed by a competent physician or other health care worker in accordance with evidence-based medicine principles and good medical practice in an approved facility that meets necessary medical standards
6	The convictions of both the doctors and the patient must be respected.
7	Patients with moral convictions must be supported appropriately and provided with necessary medical and psychological treatment.
8	Individual doctors have a right to conscientious objection to providing abortion, but that right does not entitle them to impede or deny access to lawful abortion services because it delays care for women, putting their health and life at risk. In such cases, the physician must refer the woman to a willing and trained health professional in the same, or another easily accessible health-care facility, in accordance with national law. Where referral is not possible, the physician who objects, must provide safe abortion or perform whatever procedure is necessary to save the woman's life and to prevent serious injury to her health. (1)
9	Physicians must work with society to seek to ensure that no woman loses her life because therapeutic abortion services are unavailable, even in extreme circumstances.

REFERENCES:

(1)(Safe abortion: technical and policy guidance for health systems. Second Ed. World Health Organization; 2012)
