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Chapter 1 : Symposium: Ensuring abortion safety in a declining market for abortion services - SCOTUSblo

Chapter 4 Abortion in the Marketplace: Lay Practitioners and Doctors Compete (pp.) The concerted effort made by many members of the medical profession to legalize abortion on medical grounds was closely linked to their campaign against quackery (Kurpfuscherei).

On a recent afternoon, all those destinations were a dead end. The border is just minutes away. Locals told the paper that with the nearest clinic now miles away, more women would terminate their pregnancies on their own by taking black-market abortion drugs. Such pills, known as misoprostol, are readily available over the counter in Mexican pharmacies. But a trip across the border would cost the undocumented much more. For many reasons, women had already reportedly been buying pills at flea markets to end their pregnancies because it was cheaper than going to a clinic, because they feared immigration authorities, or perhaps because they assumed abortion in the U. They also went to the flea markets for contraception, like birth control pills or injectable Depo-Provera. As expected, the two local abortion clinics were shuttered in March under the new law clinics that together performed 2, abortions in And the flea market raids had done their job. There are no abortion pills there, and no hormonal contraception. The combined crackdown by state and local authorities in Texas has done more than make it harder for the women of the Valley to get an abortion. At la pulga, a woman whose stall had just barely survived the raid had one more idea for obtaining abortion pills. On a recent Wednesday, most of the women visiting the local San Juan Community Center, where Planned Parenthood has managed to keep open a once-weekly health clinic, had heard about the raids. Some of them said they had always been afraid to buy contraception there, because who knew how long the drugs had been sitting out in the sun? Marlena said the drugs available at the flea market were just as good as those that her friends sometimes buy for her at pharmacies in Mexico. The only trouble she has is finding someone to inject the Depo-Provera. The youngest of the four children she does have clambered at her feet. It had taken both of them months of calling to get an appointment at the clinic. I want to take care of myself. One woman at the clinic has nine children. Both Claudia and Marlena want to get their tubes tied, but neither can afford it. Then came the Republican legislature. That funding cut was followed by state legislation, heralded by Gov. Rick Perry, intended to stop Planned Parenthood from receiving any public funds. The family planning money that was left after the funding cuts was divided into three tiers that put Planned Parenthood and other explicitly-pro-choice providers at the very bottom, even though none of the funds were going to abortion services. By October , four of the eight health centers the clinic ran were forced to close. On top of the uphill struggle to provide basic services like contraception, cancer screenings, and testing for sexually-transmitted infections, Gonzalez is looking to help women who need an abortion. He and his staff have been trying to find an abortion provider who has local admitting privileges at a hospital within 30 miles the requirement the state imposed last summer, even though major medical organizations say it has no basis in medical necessity and is only meant to shut down safe clinics. If nothing else, Gonzalez hopes to add a doctor for miscarriage management and to treat women who self-induce an abortion and are still bleeding. Those women used to go to the abortion clinics when their attempts to end their pregnancy on their own failed. One study found that women in the Rio Grande Valley were far more likely than other women nationally to self-induce 12 percent, compared to the national average of 2. And that was before the legal clinics closed. These women are already struggling to get basic health care services, Felix pointed out. She was taking a break from a baby shower at a colonia, one of many unincorporated settlements where the poverty can be desperate. Just before the crossing is the county building where Planned Parenthood had to shut down its operations the rare clinic that was walking distance from two colonias. Women at one of the many pharmacies around the border town of Nuevo Progreso, Mexico on April 23, She has spent her life on both sides of the border, though she was born on the U. It was an illegal abortion. This time, the procedure was legal and safe. Across Latin America, the availability of the abortion drug misoprostol, packaged by Pfizer as Cytotec and officially

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intended for ulcers, has been a game-changer for women who want to end their pregnancies without surgical intervention. The drug carries risks, but nothing like older and more violent means of self-inducing. Misoprostol is the first part of the two-pill regimen legally available in U. Misoprostol used alone even in the recommended regimen is 85 percent effective in the first trimester of pregnancy. And taking the drug is far less likely to be successful if the pregnancy is advanced. Near McAllen, rumor has it there is still an illegal abortion provider — a doctor on the Mexican side in Reynosa — for women who are more than three months pregnant. But Dora said the trip there is too dangerous because of warring drug cartels in the area. Moments after crossing — the way out of the U. This is a medical tourist Disneyland, everything planted on a thoroughfare of retirees plodding in khaki and kicking back Coronas. Here, liquor stores are also pharmacies. Jewelry stores are pharmacies. Even street carts, with cardboard paste-ups of the most popular prescription drugs, are pharmacies. Though some drugs technically require a prescription in Mexico, no one here makes a pretense at it. No one even has to pretend to have an ulcer — the preferred phrase is asking for a pill para que baje, or para que venga — to bring back your period. He said he had been seeing one or two people a week cross the border from the U. They also gave wildly different instructions on dosage. Women on Waves, an advocacy group that provides clandestine abortions where it is illegal, has information about taking the drug safely on their website — its Women on Web service even allows pills to be ordered online from a doctor in a foreign country, but it takes weeks and requires an internet connection. How many pharmacies were there on this strip? But for the undocumented living illegally in the U. That takes money too, and people are nervous. Few expect things in Texas to get better any time soon. But both depend on the conservative Fifth Circuit — or perhaps the Supreme Court — to eventually step in. Dulce, 21, and another visitor to the San Juan clinic, crossed the border from Mexico while pregnant. It had taken a month for her and husband to get through. They had wanted to get to North Carolina, where they heard they could find work, but she was too exhausted from the journey to get that far, so they moved to a mobile home in the Rio Grande Valley. She had come to the clinic for a free IUD after months of trying for an appointment. She had wanted to get on birth control after her first baby was born. She and her husband, who works in construction, began saving for an IUD, which cost hundreds of dollars at other clinics. While they were trying to come up with the money, she got pregnant again. It had only been eight months after her first was born. She gestured at her three-month-old and smiled.

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Chapter 2 : Texas women are running out of options | MSNBC

In Chapter four, 'Abortion in the marketplace: lay practitioner and doctors compete', Usborne reflects on the nature of medical and lay abortion in the Weimar Republic and argues that the perception of the dangers of lay abortion was to some extent a construction of medical discourse, and that women often preferred to use the services of.

September 22, Contact: Harris today announced that California, along with 34 other states and the District of Columbia, has filed a lawsuit against Indivior, a British pharmaceutical company, and MonoSolRX, an Indiana pharmaceutical film technology company, for antitrust violations. The complaint, filed today in U. In this kind of scheme, pharmaceutical companies try to maintain profits generated via a monopoly by slightly reformulating their product in a way that blocks generic competitors without offering any significant medical or therapeutic advantages to patients. Indivior and MonosolRX flagrantly violated the law, deceiving doctors and patients and shutting down generic competition in order to rake in profits," said Attorney General Harris. During this time, Indivior generated over a billion dollars in sales of the Suboxone tablets. It falsely claimed the tablets presented pediatric safety issues, made unfounded claims to physicians that tablets were dangerous, and raised the price of its tablet while lowering the price of the film. Through these actions, Indivior was able to maintain artificially high prices for Suboxone, depriving the state and consumers of the benefits of lower prices that come with competition. The complaint seeks to require Indivior to pay back any profits that resulted from the illegal conductâ€”disgorgementâ€”and includes injunctive relief to ensure the conduct is not continued or repeated. Attorney General Harris has worked to curb the sweeping epidemic of opioid abuse, overseeing a state-of-the-art prescription drug monitoring program, CURES, that allows health providers and pharmacists to more effectively flag at-risk patients and curb prescription drug abuse. Attorney General Harris and 37 other state attorneys general also sent a letter to Congress in support of the Comprehensive Addiction and Recovery Act of S. Attorney General Kamala D. Harris has taken significant steps to protect consumers from monopolies and other violations of antitrust law, most recently joining with the United States, the District of Columbia, and 11 other states to file a lawsuit to block the merger of Anthem and Cigna, two major insurance companies operating in California. The merger, if allowed to proceed, would drive up costs and undercut the quality of care available to Californians across the state. She has also been a leader in challenging reverse payment agreements by which a branded drug company pays its rivals to not compete, which allows it to wrongfully inflate drug prices. Supreme Court decision in FTC v. Actavis finding that such agreements could be anticompetitive. Attorney General Harris has also authored numerous amicus briefs attacking this practice, which costs consumers billions of dollars and increases drug prices. Obama and repeatedly speaking out in support of health care reform. Attorney General Harris has set clear conditions when approving mergers and other transactions to ensure that those served by the hospitalsâ€”predominantly vulnerable and low-income communitiesâ€”continue to have access to high-quality health care.

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Chapter 3 : Book Reviews - Europe PMC Article - Europe PMC

Book description: Abortion in the Weimar Republic is a compelling subject since it provoked public debates and campaigns of an intensity rarely matched elsewhere. It proved so explosive because populationist, ecclesiastical and political concerns were heightened by cultural anxieties of a modernity in crisis.

Adam Sonfield ,Guttmacher Institute First published online: August 1, The U. The Values at Stake Although different associations and professions frame the issues differently, core values that are generally agreed upon across health care professions and in the field of bioethics underlie the rights and the responsibilities of all health care providers: These core values have been translated into more specific ethical principles by numerous professional associations. Such guidelines are necessary in part because these values can at times conflict or appear to point in different directions. In the absence of respect for autonomy, for instance, beneficence can easily turn into paternalism in the hands of a highly trained health care provider caring for patients with inferior knowledge. And, while the International Code of Medical Ethics of the World Medical Association WMA asserts that "a physician shall always bear in mind the obligation of preserving human life," in a separate declaration on abortion, the WMA discusses how the "diversity of attitudes towards the life of the unborn child" can lead to differences in how to interpret this obligation. Professional standards help to mediate these differences. Despite the complexities of balancing these values, the professional medical associations have been remarkably consistent when it comes to the concept of refusal. At the same time, these standards make clear that there must be limits to this right in order to ensure that patients receive the information, services and dignity to which they are entitled see box , page 8. It should come as no surprise that many of the most detailed standards and policy statements about refusal focus on abortion, contraception and other forms of reproductive health care, along with end-of-life care. These services have often generated controversy among policymakers and the general public. The professional associations have made their position clear, however: Responsibility and Reality Public policy, however, has not always matched up with the principles endorsed by professional medical associations, and the situation appears to be getting worse. Within weeks of the U. The Church Amendment prevents the government as a condition of a federal grant from requiring health care providers or institutions to perform or assist in abortion or sterilization procedures against their moral or religious convictions. It also prevents institutions receiving certain federal funds from taking action against personnel because of their participation, nonparticipation or beliefs about abortion or sterilization. The question is not specifically addressed, but nothing in this policy suggests that anyone has the right to withhold information from a patient or refuse to refer a patient to another provider. Almost every state in the country also has decades-old policies allowing individual health care providers to refuse to participate in abortion; many of these laws also apply to sterilization, and in 10 states, to contraception more broadly. These laws often depart more explicitly than the Church Amendment from the professional standards discussed above: The architects of more recent legislation in many cases appear to have purposefully blurred or actually crossed the line between a right to withdraw and a right to obstruct. One subtle example of this was a provision included in legislation that created national standards for Medicaid managed care, including the standard that plans could not "gag" providers from telling Medicaid patients about treatment options not covered by the plan. Yet, Congress also allowed plans to refuse to cover counseling and referral activities to which they object on religious or moral grounds, creating a financial barrier to obtaining informed consent and ensuring access to care. Another obstructionist provision, named after its sponsor, Rep. Dave Weldon R-FL , was passed in as part of an annual appropriations law. It forbids federal, state and local governments from requiring any individual or institutional provider or payer to perform, provide, refer for, or pay for an abortion. A law passed in Mississippi in may be the best example of the expansive new breed of refusal clause. It allows almost anyone connected with the health care industryâ€”from doctors, nurses and pharmacists to the clerical staff of hospitals, nursing homes and drug storesâ€”to refuse to participate or assist in any type of health care

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service, including referral and counseling, without liability or consequence. In the process, it violates every one of the obligations to patients and employers listed above around information, referral, emergencies, notice and the like. A poll of U. Rather, many observers have focused on cases where pharmacists have refused to transfer a prescription or refer a client to another pharmacist and where they have made oftentimes hostile attempts to dissuade women from using the product. Some advocates for expansive refusal rights have argued that such actions are justified and should be protected. They assert, for example, that a pharmacist who refers a woman to someone else to fill her prescription for contraception is just as guilty as if the pharmacist filled the prescription himself. Such extremist behavior appears to be fueling a backlash. Policies adopted this year in Illinois and Nevada and introduced in at least five other states and in Congress would ensure that patients have access to legally prescribed medications, often by requiring a pharmacy to meet this need even if an individual pharmacist it employs refuses see related story , page The AMA responded to the pharmacist controversy in June by adopting a resolution supporting legislation to ensure that pharmacists and pharmacies either fill valid prescriptions or "provide immediate referral to an appropriate alternative dispensing pharmacy without interference. It sounds reasonable that a pharmacy ensure that every prescription is filled, even if an individual pharmacist refuses, but this can be difficult in pharmacies where only one pharmacist is on duty at a time. Perhaps requiring referral to another pharmacy is an answer, but is that pharmacy close enough? Does it have the drug in stock? Will the pharmacist there refuse as well? And what impact will that have on the original pharmacy in terms of customers lost? Such concerns have led to even more creative proposals. The AMA, for example, has called for legislation allowing doctors to dispense medication when no pharmacist within 30 miles is "able and willing" to do the job. Lawmakers, likewise, have addressed some of these details in crafting their proposals. Ultimately, no policy may be able to address every contingency, however. In such cases, professional standards are there to provide guidance, and to remind everyone that responsibility to the patient must always be the top priority and that a right to withdraw must never be turned into a right to obstruct. The physician has an ethical obligation to help the patient make choices from among the therapeutic alternatives consistent with good medical practice. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer an established patient to another qualified provider. PAs are obligated to care for patients in emergency situations and to responsibly transfer established patients if they cannot care for them. Pharmacists and their employers will need to develop processes that support the decision of the individual pharmacist while still providing the appropriate services the patient seeks. Should a pediatrician choose not to counsel the adolescent patient about sexual matters such as pregnancy and abortion, the patient should be referred to other experienced professionals. Nurses have the professional responsibility to provide high quality, impartial nursing care to all patients in emergency situations The conclusions and opinions expressed in this article, however, are those of the author and the Guttmacher Institute.

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Chapter 4 : - NLM Catalog Result

Abortion in the Weimar Republic is a compelling subject since it provoked public debates and campaigns of an intensity rarely matched elsewhere.

Ensuring abortion safety in a declining market for abortion services Posted Thu, January 7th, 9: Thomas School of Law. The views she expresses are hers alone. Cole involves two contested provisions of a Texas law, referred to as HB2. The state argues the admitting-privileges requirement ensures ease of transfer and continuity of care for women needing hospitalization due to injuries or unanticipated conditions arising from their abortions. The ASC requirement is designed to make certain that abortion clinics meet the general safety standards applied to other facilities that operate primarily to provide surgical services such as cataract removal, colonoscopies, knee arthroscopies, and tonsillectomies. Abortion providers have attacked these provisions as offering little medical benefit to women, while reducing access to abortion. Ironically the main thrust of their argument is that the Constitution requires both that Texas allow abortion clinics to operate at a lower standard of care than other facilities at which surgeries are routinely performed and that abortion doctors be exempt from the requirement of admitting privileges to nearby hospitals. This bizarre combination of objections leads to the very real possibility that when an injury or complication occurs during or after an abortion, the clinic will be less equipped than an ambulatory surgical center to address the problem on site and more likely to transfer care to an emergency room where the abortion practitioner has no relationship with any of the medical staff. Impetus of the legislation The Texas legislature was prompted to pass HB2 in part by concerns arising from the case of Dr. Kermit Gosnell, the infamous Philadelphia abortionist convicted of three murders and involuntary manslaughter arising from his practice. There was blood on the floor. A stench of urine filled the air. A flea-infested cat was wandering through the facility, and there were cat feces on the stairs. Semi-conscious women scheduled for abortions were moaning in the waiting room or the recovery room, where they sat on dirty recliners covered with blood-stained blankets. Investigators found the clinic grossly unsuitable as a surgical facility. Equipment was rusty and outdated. Oxygen equipment was covered with dust, and had not been inspected. The same corroded suction tubing used for abortions was the only tubing available for oral airways if assistance for breathing was needed. There was no functioning resuscitation or even monitoring equipment, except for a single blood pressure cuff in the recovery room. This was long after an increasing number of abortions were being performed at Texas clinics classified as ASCs. Annual reports from the Texas Department of Health show that the trend of abortions being performed in ASCs began in and by , the last year for which statistics are available, almost one-quarter of all abortions in the state were performed at ASCs. Leroy Carhart , often identified as a hero of the pro-abortion movement, has been investigated repeatedly for dangerous and unprofessional practices. Most recently he was investigated for the death of his patient, Lisa Morbelli. He then left town. The danger from lack of coordination is even more acute outside major metropolitan areas where specialized emergency care is limited, if available at all. A survey of Texas health care revealed that of the counties in Texas, did not have a gynecologist or obstetrician, did not have a pediatrician, and 29 did not have a primary care physician. These access problems are compounded by the fact that there simply is no emergency care to be had in a growing number of counties. Across Texas, ten rural hospitals have closed since , according to data from the National Rural Health Association. The simple fact is that ensuring access to quality health care for people living outside major metropolitan areas is difficult, and Texas is no exception to this rule. That said, nothing in Supreme Court jurisprudence or common sense requires legislators to exempt abortion from state efforts to ensure the safety of patients undergoing invasive procedures by regulating both the clinics where abortions are performed and the doctors who perform them. It is clear that abortion clinics are closing in Texas, but exactly why they are closing is hotly disputed. Some of the decline in the number of abortion clinics can be attributed to the fact that fewer women are seeking abortions. This summer the Associated Press found that there has been a

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decrease in abortions of about twelve percent since nationwide. In the same period Texas abortions declined twelve percent. And this decline is part of an even larger decline when the time period is expanded. In Texas there were almost 20, fewer abortions reported in than were reported in What is true is that abortion clinics are trying to survive in a shrinking market for their services. This is causing an economic restructuring of the abortion industry, in which economies of scale and cost efficiency are increasingly important. In Planned Parenthood opened a new 78, square foot facility in Houston. Planned Parenthood Affiliate President Jeffery Hons told the local newspaper that the new center will perform about 2, abortions a year “ an increase of 1, over the number provided two years ago, before HB 2. This sort of increase in capacity makes continued existence of small competitors more difficult regardless of the regulatory environment. The objection of abortion activists to the efforts of Texas can easily be read as demands of a protectionist industry that cares little about the quality of care it delivers and more about its ability to survive in a shrinking market for its services. It would be a height of judicial pretention to constitutionalize these claims into a basis for striking down the Texas law.

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Chapter 5 : BBC NEWS | Health | A guide to the Hippocratic Oath

Get this from a library! Cultures of abortion in Weimar Germany. [Cornelie Usborne] -- "Abortion in the Weimar Republic is a compelling subject since it provoked public debates and campaigns of an intensity rarely matched elsewhere.

When I asked my medical students to name famous doctors in the history of medicine, their first answer was Harold Shipman, the GP who murdered hundreds of patients. I nearly swallowed my tongue. Their second answer was House, the fictional doctor from the American TV series. Tears of frustration welled up in my eyes. Their third answer was Hippocrates, presumed author of the Hippocratic Oath - I breathed a sigh of relief. Written nearly 2,000 years ago, the Oath is the most famous text in Western medicine, yet most people including doctors know precious little about it. One GP recounted the story of an elderly patient who believed the Oath instructed doctors never to tell patients the truth. It contains no such advice. Here is a brief guide to the Oath. I will use treatments for the benefit of the ill in accordance with my ability and my judgment, but from what is to their harm and injustice I will keep them Hippocratic Oath In his absence, Apollo sent a white crow to look after her. Although Apollo could not save Coronis, he rescued the unborn child, Asclepius. Hygieia, the goddess of health, and Panacea, the goddess of cures, are the daughters of Asclepius. Inspiration Doctors taking the Oath would doubtless have been inspired by this illustrious lineage of healers. The next section instructs the doctor to treat his teachers as his parents, and to pass on the art of medicine to the next generation of healers. In a pure and holy way, I will guard my life and my art and science Hippocratic Oath The Oath continues: The next part seemingly concerns euthanasia or physician-assisted suicide, saying: Abortion The text continues: However, abortion was legal at the time and the text only mentions pessaries a soaked piece of wool inserted in the vagina to induce abortion, not the oral methods of abortion also used in ancient Greece. As pessaries could cause lethal infections, the author of the Oath may have had a clinical objection to the method, rather than a moral objection to abortion itself. The next sentence - "In a pure and holy way, I will guard my life and my art and science" - is a call for professional integrity. Doctors should refrain from immoral behaviour and resist the temptations that accompany their privileged position today, from drug companies offering generous gifts, for example. Surgery The Oath continues: About whatever I may see or hear in treatment, or even without treatment, in the life of human beings, I will remain silent, holding such things to be unutterable Hippocratic Oath In fact, it instructs doctors to acknowledge the limits of their competence and to refer cases to more specialised practitioners. In a competitive marketplace where quacks abounded, it was necessary to reassure the public that doctors would not exploit patients. Confidentiality The penultimate section deals with confidentiality and reads: Without this trust, patients may withhold facts that would help the doctor make an accurate diagnosis. The text ends with the rewards that await those who respect the Oath "the benefits both of life and of art and science, being held in good repute among all human beings for time eternal" and the punishment of those who do not "if, however, I transgress and swear falsely, the opposite of these". This whistle-stop tour of the Oath gives some idea of the content and spirit of this ancient text. In an age of technological developments, cosmetic surgery, complementary medicine, drug companies, and many other temptations for patients and doctors alike, the spirit of the Oath is as relevant as ever.

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Chapter 6 : Legal Information regarding Non-Compete Agreements

H-NetReviews lay practitioners were dangerous, unqualified and un-trained to perform abortions. Rather, she posits that many of these so-called "quacks" were highly skilled, de-

On April 7, , thirty women met together to talk about "breaking through" the abortion issue by working on women having control over their reproduction, rather than continuing previous efforts aimed at influencing hospitals, doctors and legislators. The movement started that evening has not only had an enormous impact on abortion care in the United States, but has also affected the manner in which routine health care is provided to millions of women and the relationship that thousands of women have with their own bodies. What happened at that meeting? Self Help Clinic began. Like many others at the meeting, Carol Downer was a reproductive health activist in her local NOW chapter. After a visit to a clandestine abortion clinic, she had gone home with a plastic vaginal speculum. Abortion Breakthroughs For The Community The group also talked about the new abortion equipment in use at some clinics -- a flexible plastic cannula attached to a syringe--and one member of the group, Lorraine Rothman , volunteered to modify it for safe use by non-professionals. The techniques eventually developed by Rothman and Downer were entitled "menstrual extraction", to differentiate them from abortion in the medical setting. Menstrual Extraction, or ME, was never envisioned as a service that lay women practitioners would provide to other women who needed an abortion. If a pregnancy happened to be present, it would be extracted along with the contents of the uterus. The self helpers believed that their experience with each other, the modified nature of the equipment they were using, and the fact that they were ending pregnancies far earlier than was typical during an abortion would make menstrual extraction safe. Helped along by the presence in Los Angeles of thousands of women attending a NOW National Organization for Women convention in August, , self help began to spread across the nation. After distributing a flyer announcing just one hour-long meeting about self examination, the original self help group found themselves sharing self help with small groups of women non-stop throughout the entire conference. Leaving the meeting room with their speculums in brown paper bags, these women went back to their local NOW chapters and started spreading the word. In October, Downer and Rothman went on a six-week cross country tour via Greyhound bus! Many long-lasting groups resulted. Back in Los Angeles, a core group of about a half a dozen women had been working together throughout the week. They also shared self help with women who dropped by during the week. At the same time, they began a program of referring women for abortions, which gave them the power to negotiate with physicians for better quality abortions--women were awake and supported by an advocate while a physician performed a suction abortion on an out-patient basis. Using infiltrators, investigators hoped to catch the self helpers performing abortions. In December , Carol Downer was acquitted by a jury of charges that she was practicing medicine without a license. Creating Clinics Shortly after, as a result of the Roe v Wade Supreme Court decision, abortions could be provided openly and independent of hospitals. Doctors were hired by the self helpers to perform abortions, and many other services were provided, including "well woman" care. A self help attitude permeated the health care offered and the health center served as a base from which to continue spreading Self Help Clinic. Abortion was as widely available and accessible as it has ever been, before or since. Medical schools and individual physicians began to realize that the callous and insensitive treatment many women received had to stop and took steps to reform medical training not to mention abolishing the unwritten quotas that had severely limited the number of women allowed to enter medical school. Curbs were placed on sterilization abuse. Challenges were posed to the US practice of funding foreign birth control programs strictly for the purpose of population control, not to empower women to control their own fertility. Many women came to believe, in a way almost inconceivable during the heyday of physician control, that their bodies were their own to understand and to control. Doctors took steps to reform medical training. Like other elements of the movement though, by the late s Self Help Clinic began to experience backlash. The strategy of establishing clinics to offer women good health care and

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to serve as bases from which to spread self help led many groups to spend endless hours fighting regulatory battles about clinic licensing and the definition of "medical" services and who was allowed to provide them. The economic hard times of the s, followed quickly by the anti-abortion violence, left many clinics unable to continue providing services. Midway through the s, relatively few women-controlled clinics exist. However, the spark of Self Help Clinic is still alive. These books are available from FWHC, in addition to information on self examination you can also order your very own speculum! Supreme Court considered overturning Roe v Wade, but instead narrowed it in the Casey and Webster decisions. Self helpers even reprised the tour around that time, sharing self examination and menstrual extraction with groups of women interested in maintaining control over their reproduction regardless of the Supreme Court rulings. She has been a self helper for over 20 years. Subscribe to our Mailing List.

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Chapter 7 : Abortion letâ€™s get rid of those ancient laws

Regulatory laws based on phony health claims erode economic liberty. But some free-market conservatives have a double standard for abortion.

Next Family Planning People have long taken measures to control their fertility. Through the use of abortion, withdrawal, breastfeeding, and abstinence as well as condoms, douches, and pessaries, nineteenth-century Americans dramatically reduced their fertility rates. Chicago was known as a source of contraception and abortion providers because of its massive concentration of medical practitioners and commercial resources. Some believed, however, that the use of birth control disrupted the social order and promoted illicit sexual behavior. By the early twentieth century, a new generation challenged the prohibitions against contraceptives, drawing upon socialist, public health, and eugenic agendas. In 1917, Margaret Sanger, a nurse by profession and socialist in politics, visited Chicago as part of her nationwide campaign to abolish Comstock laws and urge the establishment of local contraceptive clinics. Her speech, delivered near the stockyards to an audience of 1,000 people, inspired the creation of the Illinois Birth Control League. In 1918, the league opened its first birth control clinic in Chicago. Under the direction of Hull House resident Rachelle Yarros, the clinic provided married women primarily with the doctor-prescribed diaphragm. Similar facilities quickly spread across the city. By 1920, the decision to legalize pregnancy preventatives under the supervision of physicians in U. S. v. One Package reflected the growing acceptance of contraception. Married couples were expected to have only planned children, and those who failed were often held responsible for expanding relief rolls and juvenile delinquency. Throughout the sixties, Chicago proved a hotbed of reform in both areas. The decision by the Illinois Public Aid Commission IPAC in 1965 to provide contraceptive information to all welfare recipients, regardless of marital status, provoked bitter criticism. Roman Catholics condemned state support of contraception, and voices from the black community later charged that such initiatives represented an implicit attack on large families among African Americans. Nevertheless, by 1968 the commission voted to make information available to single and teenaged welfare recipients, despite the forced resignation of IPAC chairman Arnold Maremont. Seven years later, Eisenstadt v. Baird legitimated the right of the unmarried to obtain contraceptives. Chicagoans also challenged abortion restrictions. In 1973, Roe v. Wade, which secured the right to abortion for women throughout the nation. Debates over birth control persist. The year battle in the 1970s and 1980s surrounding elective abortion in Cook County Hospital indicates the lack of consensus regarding the procedure. Contraception and Abortion in Nineteenth-Century America. Revised and updated edition. When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1880-1935. Portions are copyrighted by other institutions and individuals. Additional information on copyright and permissions.

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Chapter 8 : Rights vs. Responsibilities: Professional Standards and Provider Refusals | Guttmacher Institut

Inside the Top-Secret Abortion Underground and by extension the morality of the lay practitioners who provided it. is known as a medication abortion. In clinics doctors tell patients to.

Complications arising from unsafe abortion are among the top 10 causes of maternal death in the island, especially among teenagers. Review of legislation governing abortion has been 30 years in the making. Efforts by various governments to address these concerns have been halted by conservative religious groups not sensitive to the reproductive rights and realities of women, girls, their families and partners. If convicted, they "shall be liable to be imprisoned for a term not exceeding three years with or without hard labour. Does the illegality of abortion prevent its practice? Is pregnancy only unwanted because the woman has been sexually reckless? The answer to these questions is NO. Nearly half of all pregnancies -- 41 per cent -- are unplanned Reproductive Health Survey ; only 50 per cent of pregnancies were planned Reproductive Health Survey In , some 7, live births occurred to mothers under the age of 20 - a decrease from the 7, recorded at the end of data obtained from National Family Planning Board - NFPB. Eighty-one per cent of recent births reported by women aged were unplanned. Nearly all of these unintentional births were mistimed occurred earlier than desired as opposed to unwanted no children or no more children desired. The information is also obtained from the NFPB. According to the WHO, "abortions and complications thereof are the eighth leading cause of maternal deaths in Jamaica, affecting adolescents primarily". Between March 1 and August 31, , there were patients at Ward 5, which deals exclusively with abortions at the Victoria Jubilee Hospital. All patients were from inner city communities, single, and nearly half were Christians, while a third were teenagers. About 40 per cent admitted to having had a previous termination of pregnancy and 30 per cent had two or more previous abortions. Do Jamaicans support abortion? Many of us support efforts to make services for the termination of pregnancy legal, safe and affordable. From the public health perspective, we need to address these women who burden the public health system after botched abortion attempts. Evidence in Italy, the Netherlands, Romania, South Korea, Guyana and Barbados shows that where abortion is legal, maternal morbidity and mortality rates fall. Rates may initially seem to rise because of the previous under-reporting. For women in the middle and upper income groups, the law can be circumvented by access to financial resources to pay for private medical services to procure a safe abortion. The law is restrictive and unjust to women in the lower income groups who cannot afford private medical services and therefore resort to the illegal informal market. In both instances, the quality of the service that the woman receives is entirely determined by the ethics and integrity of the individual practitioner. There are no minimum standards and no norms. Legal provision of abortion by qualified practitioners in both the public and private health care systems as recommended will ensure that safe abortions can be accessed by all women thus protecting their lives and health. While debates on when life begins and ends may persist along the continuous range of religious perspectives, the realities surrounding this public health matter which affects so many women will not disappear unless addressed based on existing, objective realities. The State has a responsibility to ensure that the rights of all its citizens are protected. The current illegal status of abortion in all circumstances exposes women to stigma and discrimination when they are faced with this choice. Women should not be punished for what is a difficult decision about their body, life and future. It is a misuse of Government power to take that right from them. Denying women access to medical services that enable them to regulate their fertility or terminate an unwanted or dangerous pregnancy amounts to a refusal to provide health care that only women need. Women are consequently exposed to health risks not experienced by men. Repealing the prohibitive provisions under the Offences Against the Persons Act concerning abortion, as recommended by the Policy Review Group would restore this right to women and prevent further stigmatization and gender discrimination. Let us consider cases where: To abort or not to abort is an extremely difficult decision for any woman. There is not only the financial cost to consider, but risk to her mental and physical health as well. Adequate access to

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appropriate counselling services to help her consider all the options, strengthening of sexual and reproductive education at all levels, and the strengthening of family planning services, help women make the best choices. We as a nation need debate this issue and lay the facts bare without shrouding them in misconceptions, prejudice and religious absolutism. It is about time such an important issue be dealt with once and for all, the women of Jamaica deserve no less. What of the bright young year-old girl in the inner city who is getting ready to do CSEC examinations and who is the only option to lift that family out of the abyss of poverty, who is sent for by the "don" in the community, then abused and subsequently takes the morning after pill but still ends up missing her period and later diagnosed as pregnant? Should she be forced to carry that child? Or to seek abortion on the black market? As a man of faith, I humbly suggest that we allow common sense to prevail. Let me make it abundantly clear that I am not proposing abortion as a means of contraception, nor am I suggesting that mere poverty should be a reason for it, as I stand as a true example that it is possible to break the changes of poverty and rise from poverty to prosperity. Of paramount importance is also the need to revise our adoption laws so that we can provide this service to those persons who are in need. I anxiously await a vigorous debate on this matter, as we seek to establish a new paradigm: His views do not necessarily represent those of the government.

Chapter 9 : Family Planning

The first requires abortion practitioners to have admitting privileges at a hospital within thirty miles of where they perform abortions, and the second requires abortion facilities to meet ambulatory-surgical-center ("ASC") standards governing operating protocols, physical plant, and general safety.