



## **NAF REVISED ETHICS STATEMENT**

*December 2018*

### **INTRODUCTION**

NAF's mission is to unite, represent, serve, and support abortion providers in delivering patient-centered, evidence-based care. NAF pursues this mission, and its members provide abortion care, because NAF and its members believe:

- Abortion is a fundamental human right. Control over whether and when to bear a child is a core component of the humanity of every woman and person capable of pregnancy—it is central to individual identity, and the right to control one's fertility is an essential part of their right to full and equal participation in society.
- Abortion is an ethical act. The moral status of a person who is pregnant is higher than the moral status of the embryo or fetus they carry. Therefore, providing people with the means to exercise their human right to decide whether and when to bear a child is a morally good act.
- Abortion is an essential part of primary health care. Access to safe abortion promotes health and justice for individual women and people capable of pregnancy, families, and communities. Therefore, providing abortion to people who decide it is right for them is a public good.

The work of NAF's members is guided by the principles of medical ethics, and every member is expected to practice within the generally accepted standards of their discipline. This ethics statement has been developed by the Board of the National Abortion Federation to provide a common ethical framework for all health professionals working in abortion care. It explains how the traditional medical ethics framework of principlism (which focuses on the principles of justice, autonomy, beneficence and non-maleficence) supports and guides their work, and it is intended to be read in conjunction with NAF's *Clinical Policy Guidelines for Abortion Care* (CPGs).

### **I. Justice**

A. Abortion care is required by the moral imperative to create and maintain gender justice.

- Women have a long history of being targeted for reproductive oppression and unequal opportunity on the basis of gender whether or not they were capable of pregnancy. Women of color, ethnic minority women and Indigenous women have been subjected to particularly brutal and pervasive reproductive oppression and unequal opportunity. All people have the right to full and equal participation in society, and women cannot have full personal, social, or economic opportunity unless they have the means to control whether and when they bear a child.

- Not every person with the capacity for pregnancy identifies themselves as a “woman,” and people of all genders may experience reproductive oppression and unequal opportunity. People of every gender identity, expression, and experience are also entitled to respectful, socially appropriate, and medically accurate reproductive care.
- Therefore, gender justice requires access to options that include safe, effective, affordable, and legal contraception and abortion care.

B. Justice requires every person to have access to full reproductive health care regardless of economic status.

- The right to abortion must be accompanied by a parallel right of access to abortion care.
- NAF and its members will advocate for the repeal of restrictions on public and private insurance coverage of abortion care.
- NAF and its members will advocate for the removal of other financial barriers to abortion care, such as insurance reimbursement rates that are insufficient to create true access.
- NAF and its members will strive to make abortion care accessible to uninsured or economically disadvantaged women and people capable of pregnancy.
- NAF and its members will support initiatives that give pregnant people who want to continue pregnancy the social, economic, educational, and employment opportunities they need to do so.

C. Justice requires every person to have equal access to reproductive health care regardless of identity.

- Although NAF is a membership organization primarily focused on abortion, NAF members and their patients live and work in complex contexts that raise many additional issues. Ensuring access to abortion care for those who want it is one component of a reproductive justice agenda, and NAF and its members will strive to situate their work within the larger framework of reproductive justice. They will be mindful of the historical and social context created by reproductive oppressions imposed on people of color, ethnic minorities, and Indigenous Peoples, and will provide care in a way that is responsive to reproductive justice lessons and concerns.
- NAF and its members will strive to remedy racial, ethnic, and linguistic barriers that can reduce access to abortion care for historically marginalized communities, and ability-based barriers that can reduce access to abortion care for people with disabilities, and to increase health equity for all.
- NAF and its members will not engage in discrimination through action or inaction in the provision of abortion care based on factors including but not restricted to race, religion, ethnicity, marital status, age, body size, citizenship, immigration status, location, language, education, disability, incarceration status, sexual orientation, gender identity, or gender expression.

## **II. Autonomy**

A. Abortion care is required by the moral imperative to respect and support individual autonomy.

- Every person is entitled to decisional freedom. The ability to decide whether and when to bear a child is foundational to identity, and action on those decisions alters the course of a person's life.
- Every person is entitled to bodily integrity. The lived experience of pregnancy, and its continuation or termination, is intimately bound with the pregnant person's control of their body.
- Therefore, every person is entitled to obtain or refuse reproductive medical care in accord with their own conscience, values, and goals.
- The principle of autonomy does not apply to embryos and fetuses. Women and other people capable of pregnancy are moral agents who have interests, needs, and rights, and embryos and fetuses are not. NAF and its members prioritize the well-being of pregnant people and defer to patient decisionmaking because they believe the central moral feature of pregnancy is the fact it takes place inside a person's body, and that the presence of human DNA or human potential alone is not sufficient to confer full status as a person.
- NAF opposes both forced childbearing and forced abortion. NAF respects every person's right to govern their own body and life in accord with their beliefs.

B. Autonomy requires access to abortion care without barriers.

- Rights to bodily integrity and decisional freedom are not meaningful if one does not have timely access to the medical services necessary to act on one's decisions.
- NAF and its members have an ethical duty to advocate for the legality, accessibility, and dignity of the medical services their current and future patients require.
- NAF and its members will oppose restrictive laws that limit access to abortion care while doing nothing to improve patient safety. They will identify and oppose abusive or dishonest behaviors and tactics of those who attempt to block other people's autonomous decisions to seek, request, and receive abortion care.
- In order to retain patient access to safe abortion, NAF and its members will work to expand the pool of practicing providers, particularly in underserved communities.

C. Autonomy requires access to the medical information relevant to decisionmaking.

- Because the right to abortion, the right to be pregnant, and the right to parent are fundamental human rights, everyone must have full, accurate, and unbiased information about fertility, contraception, and pregnancy options.
- The informed decisionmaking process must give the patient an opportunity to learn and/or discuss whatever medical information the patient and health care professional believe is relevant to the treatment decision. NAF members will provide this information without pressure or bias, and NAF and its members will oppose attempts of others

outside of the clinical relationship to bring pressure or bias into patients' decisionmaking process.

- In order to ensure that patients have the medical information they need to make autonomous reproductive decisions, the education of future health care professionals must include accurate and unbiased information about sexuality, contraception, fertility, healthy pregnancy and childbearing, and abortion.
- NAF members will meet the non-medical counseling needs of patients who want to discuss the personal values and social circumstances that are driving their pregnancy decisionmaking, and will respect the preferences of patients who do not want to discuss these factors with medical personnel.

D. Autonomy cannot be realized in circumstances that unnecessarily limit freedom of thought or action.

- No woman or person capable of pregnancy should ever be coerced, manipulated, or intimidated into unwanted childbearing. NAF and its members will oppose efforts by governments and individuals to coerce, manipulate, or intimidate anyone into unwanted childbearing.
- No woman or person capable of pregnancy should ever be coerced, manipulated, or intimidated into unwanted abortion. Before providing abortion care, NAF health care professionals will confirm with every patient that they have freely chosen to end their pregnancy.
- To reduce economic coercion, NAF and its members will support coverage of comprehensive health care, including abortion care, by insurance and public aid programs.
- NAF and its members understand that a patient's freedom to consider or not consider, and include or reject, other people's perspectives in the patient's private medical decisionmaking is part of patient autonomy. They will respect every patient's right to take into account or disregard the needs, desires, and opinions of their intimates as the patient sees fit.
- The principle of confidentiality springs from the fact that in order to have decisional freedom, patients must control whether or not to disclose their personal medical information, to whom, and when. The necessity of informational privacy to autonomy means NAF members will keep all records of abortion counseling and care strictly confidential unless an ethical exception or legal imperative directs otherwise.

E. Autonomy requires freedom of choice for women and other people seeking to end their pregnancy, including the ability to choose self-induced or self-managed abortion.

- NAF strongly opposes the criminalization of actions taken by women to voluntarily end their pregnancies.
- All patients have the right to access abortion care from a qualified health care provider. As a membership organization, NAF supports abortion providers so that they are able to provide the highest-quality care to their patients. NAF works to remove barriers to

abortion care. We are committed to disseminating evidence-based standards and guidelines related to abortion care throughout pregnancy.

- NAF believes that all people should be able to consult with and obtain care from a clinician at any point during the process of terminating their pregnancy. NAF recognizes, however, that there are situations in which pregnant people will not be able to access the care they need within the current health care system. NAF further recognizes that there are pregnant people who might choose to obtain care outside of the health care system. In these instances, pregnant people (and those who support them) must have access to accurate information about abortion and high-quality follow-up care.

F. The autonomy of health care professionals who provide abortion must be respected.

- Patients' autonomy interest in access is largely dependent on health care professionals' autonomy interest in practicing medicine.
- Health care professionals are moral agents who are entitled to freedom of conscience in the provision of abortion care. Therefore, the fact that choosing to provide abortion can be an exercise of conscientious commitment must be respected.
- Like all medical personnel, those who provide abortion care have the right to practice medicine in a workplace free of fear or violence, and in a social environment free of discrimination, threats, harassment, or violence. The freedom to practice medicine includes freedom from public vilification that can encourage or inspire violent attacks, and the use of social media to harass or threaten people working in abortion care or spread inaccurate information about abortion care.
- The moral imperatives of provider and patient autonomy require NAF to work diligently to ensure the safety and security of those who deliver abortion care and their patients.

### **III. Beneficence & Non-maleficence**

**Beneficence:** The principle of beneficence requires health care professionals to do things that benefit their patients. Health care professionals treating patients who want to end their pregnancies have only one patient, the pregnant person, and their duty of beneficence extends only to that individual.

- Beneficence requires clinicians to prevent or alleviate the physical and social harms of forced childbearing and unsafe abortion.
- Beneficence requires clinicians to respect the moral agency and decisionmaking authority of each pregnant woman or pregnant person of another gender, whether that leads that person to conclude abortion is ethically permissible for them, or ethically impermissible for them.

**Nonmaleficence:** The principle of nonmaleficence requires health care professionals to inflict the least harm possible to reach a beneficent outcome. Abortion is beneficent for pregnant women and pregnant people of other genders who do not want to continue their pregnancy.

Patients having an abortion, like patients having any other medical procedure, deserve the highest standard of care.

- The principle of nonmaleficence is violated by factors that conspire to deny people who want to end their pregnancies ready access to abortion care. When the stigmatization of abortion makes it more difficult for health care professionals to deliver, or for patients to receive, high-quality care, the principle of nonmaleficence requires opposition to that stigma.
- The moral imperatives of beneficence and nonmaleficence require NAF to continue to be a leading resource for education, training, and standard-setting in abortion care. In order to give patients the high-quality, compassionate, and culturally informed health care they deserve, people who deliver abortion care must have access to continuing medical education, current research, practice guidelines, and other educational opportunities.

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