

# [Legal and ethical issues in health care management](https://assignbuster.com/legal-and-ethical-issues-in-health-care-management/)

There are a vast number of topics with both legal and ethical implications faced by healthcare professionals every day in the healthcare setting. One of those topics include Roe v. Wade and its impact on the practice of obstetrics and gynecology over time. Abortion brings a great deal of tension within policy debates. In certain countries elections have been completely lost when it comes to this issue. Many deem terminating a pregnancy unethical. Regardless of how many feel, including myself, times have changed significantly making abortion accepted in society. The overall health and well-being of the mother is of the highest concern. Abortion ranks high in being one of the most controversial issues as individuals turn to the law as they try to determine the best solution for an unwanted pregnancy (Lang, 2013).

Before the 1973 decision of Roe v. Wade, abortion information in the United States was limited. In 1955, specialists projected, based on qualitative notions, that over a million illegal abortions occurred illegally each year. Although the large variety, such an approximation stayed a consistent marker for that degree of abortions for many years. In 1967, examiners established this evaluation by generalizing information from random surveys managed in North Carolina. They determined that nearly 800, 000 induced abortions (majority illegal) were completed across the nation per year (Lopez, 2012).

During this time, accessibility of legal abortions in the United States steadily grew, beginning with Mississippi by 1966; and by 1967 in Colorado. The arguments that the expansions developed encouraged public health heads and advocates to attain the most comprehensive information on female demographics who have received an abortion, along with the impact of legalizing abortion on humanity. There are three reputable organizations that collaborate to collect data by becoming what is called “ abortion surveillance”. The organizations that came together are the Population Council, The Alan Guttmacher Institute and the Centers for Disease Control and Prevention (CDC). The organizations’ joint efforts were contributory in assessing the impacts of legalizing abortion from a public health standpoint (Lopez, 2012).

Preliminary surveillance efforts recorded the quantity and traits of women receiving illegal abortions. Between the years of 1966 and 1969, there were eleven states, one of which was California, that were very liberal with their abortion laws. Nevertheless, the modifications had a slight impact on the recorded amount of legal abortions. In 1969, there was less than 25, 000 legal abortions being reported to the CDC. Succeeding the legalization of abortion in New York State in 1970 as well as in other states from 1970 through 1973, the annual number of legally induced abortions increased drastically, particularly in New York City and California. For instance, in 1972, over a half million legal abortions occurred. This was over twenty times the number recorded three years prior (Lopez, 2012).

With determining Roe v. Wade in January 1973, the U. S. Supreme Court ruled that preventive state abortion laws were unconstitutional, thus permitting induced abortion all over the nation. The outcome was the amount of legal abortions increasing to over 1. 5 million in by 1980 and prolonged throughout the 1990s. Moreover, in a few years after Roe v. Wade , the predicted number of illegal abortions steadily slowed down. Therefore, a preliminary rise in the amount of legal abortions was possible because of the falling demand for illegal abortion services as legal abortion grew more accessible. The decrease even pointed out how Roe v. Wade reduced the number of births and perhaps increased women’s health risks (Patil, 2014).

Roe v. Wade changed abortion from an unsafe, process to something performed under safe, medical conditions. By the 1970s, there was a decrease in health problems associated with abortions and deaths as safer choices were more accessible to women who may be faced with deciding to have an abortion. Because of Roe v. Wade, future generations can have the expectation of services to be available along with other healthcare services. Nevertheless, the abortion issue is always one of the most debated topics. Even if the presented medical evidence is not openly addressing humanity’s ethical issues, it permits an impartial awareness to the health effects of wider access to legal abortion. In spite of the divided views on legal abortion, the health data provided will help guide rulings and legislative actions in order to provide safer choices for women (Patil, 2014).

A multitude of legal viewpoints include medical ethics such as how abortion comprises of the killing of a fetus. Killing a fetus is depriving of a possible future. Although killing is wrong, it does not have the logical promises. In other parts of the country, where protected abortions are illegal or inaccessible, this can result in self-induced or “ back street” abortions, and all the illness or disease that come from injury or infertility of female lives. As Ann Furedi has said, “ The issue is not so much whether or when the embryo is deserving of respect per se, but how much respect and value we accord to a life that does not even know it is alive, relative to the respect and value we have for the life of the woman who carries it” (Patil, 2014).

Although regulations have been set to provide safer choices for women should they choose to have an abortion, it still seems unethical to do so. Most of the time debates concerning the topic of abortion are focused on politics and the law. It is often asking should abortion be banned and viewed the same as the murdering of a human being or if it should stay a legal decision accessed for all women to make. Underneath these debates are essential ethical matters which are not always provided the kind of attentiveness required. There are some individuals who believe that the law should not enact morals, but all good laws are based on moral values. Failing to widely discourse those values can obfuscate crucial discussions (Cline, 2018).

Other concerns include is if whether or not a woman has an ethical obligation to the fetus. If a woman has had consensual sex without the proper use of protection or birth control methods, she would have known that the it could possibly result in pregnancy. Unplanned pregnancies do occur, but it is certainly unethical to utilize abortion as a means of contraception. Pregnancy represents that there is life developing in a woman. Although the fetus has yet to grow into a person, there is reason to believe that there is an obligation. It is possible that the fetus is not developed enough to completely rule out abortion as an option, but maybe this should only be in the case that the woman carrying the fetus is facing serious health risks. Even in this scenario, there should be a full assessment from her caring physician. There is the common implication that a woman has a right to do as she wishes as it her body. Also known as “ bodily autonomy”, there is a form of ownership or democracy. Although autonomy presents as an ethical necessity, the issues then turns into how far it goes (Cline, 2018).

Pregnancy occurs with a man who has participated; and is equally responsible for fetus growing inside a woman. Society as well as the law has wondered for some time if women should allow fathers to have a say in deciding whether the pregnancy should be carried out to full term. Although it is a woman’s body undergoing the physical and emotional changes of carrying a life, the equally responsible man should still be able to say as he was a participant for the result of conception. If men have obligations for supporting their children after they are brought into the world, they should also have a say if they are born or not. Preferably, a father should be conferred with. It is well understood that many relationships are not ideal, but unless rape resulted in the conception, the father’s views matter as well. If there instances when a woman does not feel ready or equipped to be a good mother, adoption is still an option for families (Cline, 2018).

Issues of interprofessionalism when it comes to this topic involve how many women face obstacles in obtaining abortion care. At this time in the United States, there are about 87% of counties that do not have abortion providers. The lack of providers is hastened by factors including inaccessible training for women’s health professionals along with limitations of the state. Even worse, in some parts of the country near certain facilities there a great deal anti-abortion harassment (APHA, 2011).

We all have witnessed political and religious There are both political and religious factors linked to ethical debates regarding abortion. Possibly, the worst mistake is people mistakenly confusing the two by making religion an overall reason for not making such a decision or political vice-versa. With religion and politics aside, they should be no basis for these kinds of laws. In conclusion, abortion has always been a difficult topic to discuss especially when determining if it is right or wrong. It seems to safe to say that not a single person can approach the topic lightly or make a decision about having one lightly. Abortion also highlights a considerable amount of critical ethical questions such as content of rights and personal relationships and decision-making. With that being said, abortion should be perceived as an ethical issue with the seriousness of identifying numerous elements and discussing with the least bias (Cline, 2018).

## References

* Patil, A. (2014) Medical Ethics in Abortion. Indian Journal of Clinical Practice, Vol. 25, No. 6 November 2014.
* Lang, J. (2013) What Happens to Women Who Are Denied Abortions? New York Times. Retrieved fromhttps://www. nytimes. com/2013/06/16/magazine/study-women-denied-abortions. html
* Lopez, R. (2012) Perspectives on Abortion: Pro-Choice, Pro-Life, and What Lies in Between, European Journal of Social Sciences.
* Cline, A. (2018). Is It Moral or Immoral to Have an Abortion? Thought Co: Humanities. Retrieved fromhttps://www. thoughtco. com/ethics-of-abortion-248020.
* APHA (2011) Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants. American Public Health Association. Retrieved fromhttps://www. apha. org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants