"AN INFRINGEMENT OF PATIENT RIGHTS TO BE TREATED WITH RESPECT" UNDERSTANDING CLIENT EXPERIENCES OF TERMINATION REFERRAL DENIAL IN WESTERN AUSTRALIA

Roberts M¹, Hendriks J¹, Galrao M², Creagh A²

¹ The Collaboration for Evidence, Research and Impact in Public Health, Curtin University, ² Sexual Health Quarters

Background:

A referral from a General Practitioner (GP) is a legal requirement in Western Australia (WA) for any person to be eligible for a termination of pregnancy. Termination continues to be a morally contentious health issue, with some GPs refusing to participate in any part of the process due to conscientious objection. There is a dearth of reliable research on the extent and impact of termination referral denial. The purpose of this study is to document and understand client experiences of being denied a referral by a GP for a termination of pregnancy in WA, from the perspective of service providers.

Methods:

A qualitative methodology approach was undertaken for this study. In-depth, semistructured interviews and focus groups were facilitated with staff employed in a clinical or administrative role at clinics in Perth, WA that provide termination services. A total of sixteen staff members across five different clinics participated in this study. Thematic analysis was used to analyse data.

Results:

Data analysis revealed five themes: 1) Client stories; 2) Abortion stigma; 3) Low knowledge; 4) Patient pathways; and 5) Workforce. Each theme contained two or three subthemes which confirmed the existence of termination referral denial, revealed client experiences and explored the impact for the client. Despite the focus being on client experiences, service providers also discussed their own perceptions of termination referral denial.

Conclusion:

Client experiences of termination referral denial are inherently negative, as reported by service providers. There is low knowledge of abortion legislation and processes amongst clients and health professionals, and a clear need for improving patient journey pathways in WA. The barriers to improvements are primarily attributed to abortion stigma, which exists amongst the general and medical community. These results significantly contribute to the dearth of knowledge obtained from qualitative investigations of abortion access and conscientious objection.

Disclosure of Interest Statement:

All authors declare that they have no conflict of interest to disclose.