Abortion has been a hotly debated issue for many years in the United States. The Supreme Court's decision legalizing abortion in 1973 (Roe v. Wade) led to increasing polarization of opinion, with "pro-life" and "pro-choice" factions vying for supremacy in the public arena, the legislatures, and in the streets.

The psychiatric community has had discussions regarding the psychological aspects of termination of pregnancy (Zolese & Blacker, 1992; Lazarus, 1985; Rogers, Stoms, & Phifer, 1989; Morrison-Friedman, Greenspan, & Mittleman, 1974), the psychotherapeutic perspectives of abortion
(Donahue, 1971; Shainess, 1968; Ford, 1971), family planning needs and practices of psychiatric patients (Grunebaum, Abernathy, Rofman, & Weiss, 1971; Coverdale & Aruffo, 1989; McCullough, Coverdale, & Bayer, 1992; Coverdale, Chervenak, & McCullough, 1996), and patients' need for autonomy (Coverdale, McCullough, Chervenak, Bayer & Weeks, 1997).

To our knowledge, there is no published literature addressing the varied psychiatric, ethical, legal, and medical issues faced by individuals when a patient with chronic mental illness contemplates having an abortion while hospitalized on a psychiatric inpatient unit.

This article will highlight the multiple responsibilities a psychiatrist, nurse coordinator, registered nurses, and various mental health workers dealt with in this scenario. The aim is to provide guidance to mental health specialists who work in institutional settings where treatment of clients with serious mental illnesses is provided.

CASE STUDY

Mrs. A. is a 43-year-old Asian-American mother of three. She had been diagnosed with the undifferentiated type of chronic schizophrenia and was admitted involuntarily to our inpatient unit. Upon admission, she was vigilant, combative and assaultive, she believed the FBI was after her, and that her husband was a drug dealer. Her family was incapable of effectively caring for her at home.

During her hospital stay, Mrs. A. agreed to take neuroleptic medication and was stabilized on olanzapine 10 mg orally every night. As her psychosis abated, she became more conversant and less hostile. After several weeks on medication, Mrs. A. informed the staff that she was pregnant. A urine pregnancy test confirmed this and an ultrasound dated the pregnancy at 17 weeks. Mrs. A. then informed the staff that she wished to terminate her pregnancy.

THE PSYCHIATRIST'S RESPONSIBILITY

Evaluating Mrs. A.'s competency to make the decision to terminate her pregnancy was paramount. Mrs. A. expressed a choice to terminate her pregnancy; in addition, she appeared to apply logical reasoning in making this decision. She stated that another child would be a severe financial burden. She expressed concern that given the nature of her illness, her ability to care for an infant might be compromised and she was fearful of passing her illness along to a child.

No delusions affected her decision to terminate the pregnancy. When alternatives to termination were discussed, she clearly understood the options available and made an informed voluntary choice to proceed with termination.

Discussion with the patient, her husband, and their three children led to a clear sense that all family members were in agreement that termination was what the family desired.

Consultation with the hospital ethics committee was initiated to ascertain whether any factors precluded Mrs. A. from proceeding with an abortion. Ethics committee members met individually with the patient, her family, and hospital staff. This provided a forum for individuals to address ethical dilemmas they were facing. The ethics committee consultation culminated in a meeting with the patient, her family, and all caregivers. After a thorough review, the committee agreed that Mrs. A.'s right to terminate her pregnancy should be respected and supported.

Meetings with hospital administration and attorneys were also necessary and productive. It was made clear that the hospital could not pay for the procedure, but that the hospital would continue treating and caring for Mrs. A.'s psychiatric and medical needs prior to, and following, the termination of her pregnancy. Support was given to Mrs. A. and her family through multiple meetings. Support for hospital staff dealing with strong feelings about abortion was also provided.

Dealing with personal feelings regarding abortion was also essential. Advocating for the patients' right to choose a procedure that (legally) terminated a life was extremely difficult to do. Subjectively, the medical concept of "do no harm" seemed to be violated. This case forced much soul-searching by the psychiatrist, clarifying feelings and values about an issue that was very sensitive and disturbing to examine. Regardless of the psychiatrist's personal beliefs about abortion, respecting the competent patient's decision was of utmost importance.

Mrs. A. tolerated the procedure well, and there were no adverse physical problems afterward. She and her family were grateful for the care provided by the staff. She was discharged within one week of having the abortion. She is being treated on an outpatient basis and is doing well.

In summary, the psychiatrists' responsibilities include:

- Establishing competency
- Obtaining informed consent
• Discussing decision with patient and patient’s family
• Obtaining ethics committee consultation
• Consulting with hospital administration and attorneys
• Supporting Mrs. A, her family, and hospital staff
• Dealing with personal feelings regarding abortion
• Remaining nonjudgmental

NURSING RESPONSIBILITY: PATIENT CARE VS. STAFF CARE

On an acute psychiatric admission unit, the nursing management of a pregnant patient requesting an abortion was far from a routine consideration. When the term abortion becomes part of a discussion, complicated and ambivalent thoughts, feelings and moral opinions emerge. These issues manifest themselves directly and indirectly. Themes of blaming, self-doubt, judgments, and anger also plague the staff.

Common questions asked by staff were:
• How did we miss the pregnancy?
• How would the psychotropic medications we encouraged her to take possibly affect the fetus?
• Is Mrs. A. competent to make this decision?
• How can we best support her and her family?

It was easy to detect that emotions were running high among staff. It was apparent that staff members had a difficult time verbalizing issues to the appropriate people. Behind the scene, chatter was common. A note was found in a non-patient area bulletin board indicating that the “hospital should not be involved” in helping to facilitate this process. It became clear that a plan had to be developed to address these issues in order to maintain a therapeutic patient care environment. Underlying issues of right and wrong needed to be addressed for staff.

We immediately consulted with the attending psychiatrist in order to explore his feelings as well as have the opportunity to vent our own. We unanimously felt the welfare of the patient came first. We needed to support the patients’ decision, put personal feelings aside, and provide each staff member the opportunity to explore and appropriately express his or her feelings. A staff meeting was scheduled and all staff members were encouraged to attend.

The meeting was facilitated by the attending psychiatrist, nurse manager, and team nurse. The majority of the attendees were from the 3-11 p.m. shift. The initial tone of the meeting was hostile. As the meeting progressed, it became evident that this particular group of staff lacked information which had been discussed during treatment team sessions.

Some staff were unaware of the family meetings, the ethics consultation, and the comprehensive team discussions. They were given the opportunity to share their thoughts and ask questions. Emotions ranged from anger to empathy for both the patient and direct care staff. Later in the meeting, the tone changed as many questions were answered and individual feelings validated. The family autonomy rights were explained with emphasis on empowering the family to exercise their wishes to go forward with the abortion.

The hospital could not finance the procedure, but would provide transportation and staff escort. Careful consideration was essential regarding who would accompany the patient.

The chosen person’s level of comfort, personal beliefs regarding abortion, and competency had to be assessed. In light of well-publicized violence at women’s health clinics, the safety of all involved was also a consideration.

An RN on staff had a similar ethnic background to Mrs. A. and her family. She accepted the assignment and spent time educating herself regarding this procedure, and dealing with it on a professional and intellectual level. Her culture and ability to communicate with the patient and family assisted them with respect to education and comfort levels. She described feeling emotions as she sat in the waiting room. She remembered thinking, “I’m not as cool as I think I am.” She then began to think of the fetus.

Upon returning to the hospital, she was able to process her feelings by scheduling supervisory meetings with the nursing coordinator and the director of patient care services. She wrote about her experience and developed a case study which she utilized in completing her BSN program. In general, despite varying opinions regarding abortion, staff provided the patient with necessary emotional support, respect, and dignity.

In summary, nursing leadership responsibilities include scheduling meetings at the onset of any potentially conflicting issues to encourage staff to process their feelings in a safe non-threatening environment, and provide one-to-one counseling via supervision, employment assistance programs, or other available services. They should also ensure that all staff directly caring for the patient have
ample opportunities to clarify underlying issues that may compromise their caring for the patient. This may include reassignment of the care provider to ensure respect for the patient and the care provider. The leader should also provide support for the patient and family during this extremely stressful time, and work with staff to assure that personal beliefs are not shared with the patient, thus guaranteeing a therapeutic environment for care.

CONCLUSION

In a psychiatric hospital setting, the treatment of a pregnant patient who has decided to terminate pregnancy is challenging, even in this relatively uncomplicated case where the patient, her husband, and children all agreed to the termination. Issues undoubtedly would have been more complex if family members disagreed. It is important that staff recognize and address their own personal and ethical conflicts, in order to assure that the needs and care of the patient and her family are kept in the forefront.

REFERENCES


Dr. de Nesnera is an assistant professor of Psychiatry, Dartmouth Medical School, New Hampshire Hospital, Concord, NH. Ms. Grandfield, Ms. Cummings, and Ms. Bryant are members of the Department of Nursing, New Hampshire Hospital, Concord, NH. This work was supported by the efforts of patients and staff of New Hampshire Hospital. New Hampshire Hospital is an agency of the State of New Hampshire and a state-academic partner with Dartmouth Medical School. Address correspondence regarding this article to Alexander de Nesnera, MD, New Hampshire Hospital, 36 Clinton St., Concord, NH 03301.