

## Covid-19, Abortion and Disclosure

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The multi-faceted effects of the Covid-19 pandemic are as yet impossible to evaluate in their entirety on all human aspects be they socio-anthropological, financial, communicative, medical, etc. Here we come our attention to one medical aspect related to medical abortion and which has opened up a medico-legal minefield. We refer here to the hazardous new “do it yourself abortion” often at home, with no direct and personal medical disclosure, guidance and assistance.

Before proceeding, it may be worth that in some countries and in some states, the Covid-19 pandemic has generated a new medico-legal phenomenon. We refer here to a limited “softened up” approach to alleged medical negligence. However, this has been strictly limited to medical or pharmacy practice related to Covid-19 management and to no other medical scenarios. Neither is such mentality a cover for any malpractice and significant negligence would still have to be answered for. Abortion does not come anywhere close to Covid-19 management.

There is no doubt that medical termination rather than surgical intervention has become common. Unfortunately, familiarity of practice breeds contempt of complications. The administration of abortion inducing medications have become both common and casual—casual enough to be “prescribed” on the phone in a substantial number of cases. The problems of travel associated with the pandemic have proved a good excuse for such medically condemnable practices, always on the grounds of “helping women”.

The two chief agents commonly employed in causing an abortion within the first 7-9 weeks of pregnancy are mifepristone and misoprostol often used in tandem in various modes and combinations. Mifepristone by blocking progesterone thins out the uterine lining thus stopping pregnancy implantation while misoprostol by inducing uterine contractions expels the uterine contents. Some Morning After Pills such as Ulliporistal Acetate (Ella, EllaOne, Fibrystal, Esmya...) are abortifacients even if they also have an ovulation inhibitory effect.

The easily availability of abortifacients is worrying, bearing in mind that special care is required in the presence of:

- Concomitant drugs such as rifampicin, phenytoin, carbamezipine and ritonavir (CYP3A4 substrate interaction).
- Asthma especially if patients are on corticosteroids.
- Liver dysfunction (severe liver disease is a contra-indication).

In spite of the ease of the method as advertised by interested parties, there are situations where the method may fail at best and lead to medical disasters at worst. Such cases as :

- i. Pregnancies exceeding nine weeks.
- ii. Concomitant medications such as warfarin (and other blood-thinning agents).
- iii. Lack of availability of emergency care
- iv. Allergies to any of the medications used
- v. The presence of intrauterine device such as the commonly used Mirena coil.
- vi. Certain medical conditions such as severe hepatic, renal or pulmonary diseases, bleeding diatheses, uncontrolled epilepsy.
- vii. Undiagnosed pregnancy complications such as an ectopic pregnancy.
- viii. Early abortion involving medical termination procedures are not rarely accompanied by either a complete lack of disclosed information or else defective and limited information. Modern medico-legal reasoning demands that such procedures involve full history taking, a good physical examination, assessment of the need of the procedure and in cases where termination is accepted a full medical disclosure. Review of modern Court litigation in general will reveal an increasing number of cases seeking compensation in the presence of complications which were never even mentioned by the doctor, let alone discussed. The present mentality, partly induced by the Covid-19 pandemic has often generated a “quick fix it” mentality where patients in early pregnancy are not even seen, never mind assessed, screened for contra-indications and warned about side effects.

We will not here enter on the topic the most essential counselling of the patient if future minor or even serious psychological/psychiatric problems are to be minimised. However, the lack of disclosure of complications places the health professional on extremely shaken grounds if complications were to develop.

Such disclosure must, as a minimum, include:

- i. Information pertaining to the symptomatology following the taking of the tablets, namely the possibility of severe crampy abdominal pain, with or various degrees of headache, fever, nausea and vomiting, a chill effect and possibly severe diarrhoea.
- ii. The possibility of failure of the process and what possibilities exist then.
- iii. The possibility that the abortion is not complete and the subsequent need for surgical uterine evacuation under general anaesthesia. The possible complications of both surgery and anaesthesia must be described.
- iv. The possibility of substantial, at times severe bleeding which may necessitate hospital admission and blood transfusion and rarely, it may even be life threatening.
- v. The possibility of a pelvic infection which may remain sub-clinical and relatively silent but still damage the fallopian

tubes with future secondary infertility. Rarely, the infection may spread from pelvis into the general abdomen resulting in acute peritonitis, which unchecked may become life threatening. Such an infection commencing in the uterus may declare itself in 24-48hrs or else in the following weeks when it may produce fever and a most foul-smelling discharge resulting from the presence of gram-negative bacteria.

- vi. The possibility of immediate or long-term psychological or psychiatric effects.
- vii. It is clear that the advice recommending “simple” abortion simply described as “popping pill A followed by pill B” is misleading at best and criminal at worst. A full history taking, physical examination, psychological assessment and adequate disclosure are legally obligatory. Any subsequent complications in the absence of such basic steps of treatment will provide the basis for an extremely weak defence in any subsequent litigation. And so should it be!.
- viii. There seems to be this general feeling of an unwritten “amnesty” generated by the days of the Covid-19 pandemic. It only takes one case for careers to be ruined. Even if one has the psychological feeling of pseudo-protection because one is part of a group practice, such delusions disappear quickly when that legal letter drops in the individual’s home letter box.

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