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Dear Sir / Madam

COMMENT: CHOICE OF TERMINATION OF PREGNANCY AMENDMENT BILL

These comments are written in my capacity as a medical doctor who takes the welfare of all his patients seriously.

Ultrasound equipment

It is nowadays generally accepted best practise in medical circles that no routine or emergency abdominal surgery is performed without a prior abdominal scan, usually by ultrasound. A termination of pregnancy is a surgical procedure that requires prior scanning. Not to offer this service to the patient prior to such an invasive procedure is tantamount to medical negligence, especially in the light of the fact that requests for termination of pregnancy are always elective and never medical emergencies. There thus always is sufficient time to perform an ultrasound before initiating the procedure. Allowing registered medical centres to perform these procedures without having an ultrasound machine on the premises is medico-legally indefensible.
Reasons why ultrasound scanning prior to a termination of pregnancy is vital to the well-being of the patient:

- *Determination of the gestational age*: The CTOP Act, as it now stands, allows for a different handling of the pregnancy based on cut-off dates at 12 weeks and 20 weeks. It is clinically impossible to delineate gestational age with such precision, necessitating an ultrasound to verify a patient's history. It is also common practise in South Africa to prescribe misoprostil for the induction of labour as a means of procuring termination of pregnancy in cases of early pregnancy (under 12 weeks of gestation). However, if the age of gestation has not been accurately determined, misoprostil administration can cause irreversible harm to the patient's cervix when administered at a gestational age beyond 12 weeks. Should a qualified person engage in a termination of pregnancy based on false evidence supplied by the patient, this does ***not*** safeguard the caregiver (or his / her employer) from later legal or medico-legal steps. It is therefore in the best interests of caregivers and patients alike that the age of gestation be accurately verified.
- *Excluding other findings*: It is in no way unlikely that the patient coming for a termination of pregnancy is suffering from the same medical conditions that affect any other pregnant woman. These conditions include an ectopic pregnancy, mola hidatidosa, ovarian cysts and leiomyomata. Should surgical evacuation of the womb be attempted in any of these cases, it has the potential of endangering the patient's life, which is medico-legally indefensible. Prior ultrasound will prevent risking the patient's health and life in such a frivolous way.

For these reasons, it is my considered opinion that the presence and use of an ultrasound machine on approved premises should be mandatory.

Informed consent

It is of grave concern that the current Act does not specify the type of informed consent that is required prior to a termination of pregnancy. Paragraph 5 of the Principal Act merely requires that the consent be "informed" without specifying what this means. It is common cause in medico-legal circles that, for consent to be "informed", it has to be truthful, as complete as possible and understandable to the patient. It is also clear, after 13 years of implementation on South Africa, that these three aspects are routinely overlooked in the preparation for a termination of pregnancy. Research published during the past decade has mostly confirmed the link between termination of pregnancy and increased breast cancer risk in later life. Papers published in prominent journals have highlighted the dramatically elevated risk of later psychological and

psychiatric damage, as well as a staggering 14-fold increase in risk of death due to unnatural causes (due to risk-seeking behaviour) during the first year after a termination of pregnancy. The link between termination of pregnancy and later infertility due mainly to cervical incompetence also goes undisputed in scientific circles. Even though a risk is just that - an increased chance not a foregone conclusion - at the very least, the wellbeing of the patient mandates that she be made aware (in an appropriate fashion) of these risks so that she is fully empowered to make an informed decision. Leaving the content of informed consent counselling up to the caregivers is clearly not sufficient. It therefore becomes necessary to outline in law the basic elements of what constitutes informed consent in the case of a request for termination of pregnancy.

Thank you for the opportunity to make a submission in this regard.

Yours sincerely

Dr FR Müller

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