"It's persuasion disguised as information"
The experiences and adaptations of abortion providers practicing under a new law

Rebecca J Mercier MD MPH[1], Mara Buchbinder PhD[2], Amy Bryant MD MPH[3], Laura Britton RN BSN[4]

1. Department of Obstetrics and Gynecology, Jefferson Medical College 2. Department of Social Medicine, School of Medicine University of North Carolina.
3. Department of Obstetrics and Gynecology, School of Medicine University of North Carolina 4. School of Nursing, University of North Carolina

Background

Abortion laws are proliferating in the United States. From 2011 to 2013, 30 states passed a total of 205 abortion restrictions.[1] Increasingly, these laws are focused on abortion providers. Such laws have been criticized by professional organizations including the American College of Obstetricians and Gynecologists,[2] but few studies have assessed the impact of these laws on abortion providers.

In 2011 North Carolina passed HB 854, the "Women's Right To Know Act" (WRTK). Similar to laws in 26 other states, WRTK mandates a 24-hour waiting period after counseling before an abortion can be performed. Content of the counseling is partially dictated by the state, and contains scripted statements about the potential harms of abortion and pregnancy alternatives. There are no allowances for discretion in consideration of specific patient circumstances. We performed a qualitative study to investigate the impact of the WRTK Act on abortion providers in North Carolina.

Methods

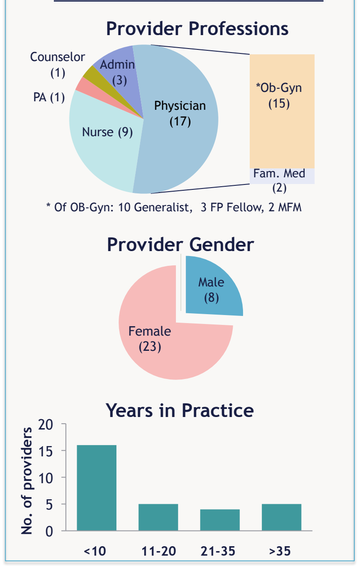
Physicians, nurse practitioners, physician assistants, nurses, counselors and clinic administrators involved in abortion provision under the WRTK law were eligible to participate. Participants were recruited by a combination of methods. A list of known abortion providers in North Carolina was compiled from the National Abortion Federation database, online search, and professional networks. Providers were contacted by letter, phone, or email and invited to participate. We also employed a snowballing sampling strategy in which participants were asked to share information about the study with colleagues.

We conducted semi-structured interviews with providers. Interviews were audio-recorded and transcribed verbatim. Transcripts were analyzed to identify themes related to provider experience with the law and how providers adapted practices to comply with the law. Our analysis followed a grounded theory approach in which we read for context and content, identified emergent themes, developed a coding structure and dictionary and performed thematic analysis of coded transcripts. Analysis was conducted in Dedoose software.

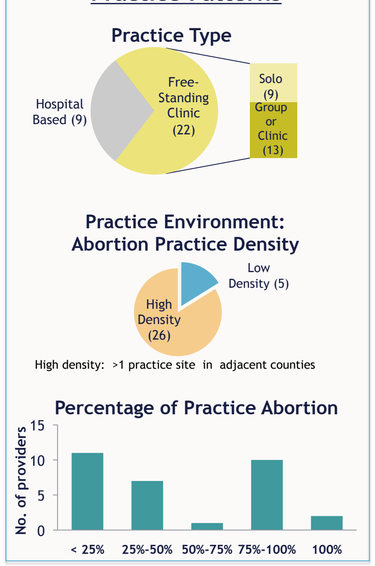
Results: Participants

A total of 31 providers from 11 practices were interviewed.
Some providers currently or previously worked at more than one location.

Provider Characteristics



Practice Patterns



Results: Experiences and Adaptations

Theoretical & Political Objections

WRTK represents excessive regulation compared with other medical practice

"It's just understood that when it comes to abortion care, the medical profession doesn't get to make all the decisions." (112, MD)

"I think it tells providers that what they're doing is something other than regular medicine… Because it prescribes how they do medicine." (302, Administrator)

Laws regarding abortion are made by persons with no knowledge of the area

"Those that aren't from a medical background have forced this constraint on the patient provider decision…it's being done for political reasons" (110, MD)

"It's insulting to us because they have no idea about providing care to these patients." (208, RN)

WRTK raises ethical questions about patient and provider autonomy

"I hate it. I just believe that it's compelled speech. I do believe it should disappear." (109, MD)

Negative Impact: Provider

WRTK required staffing changes and increased costs

"Since it requires RNs to do the counseling and everything, it certainly increased the expense." (116, MD)

"It was a huge financial impact; like a whole other ¾ FTE." (302,Administrator)

"The logistics…all that had to be changed to comply with the law." (114, MD)

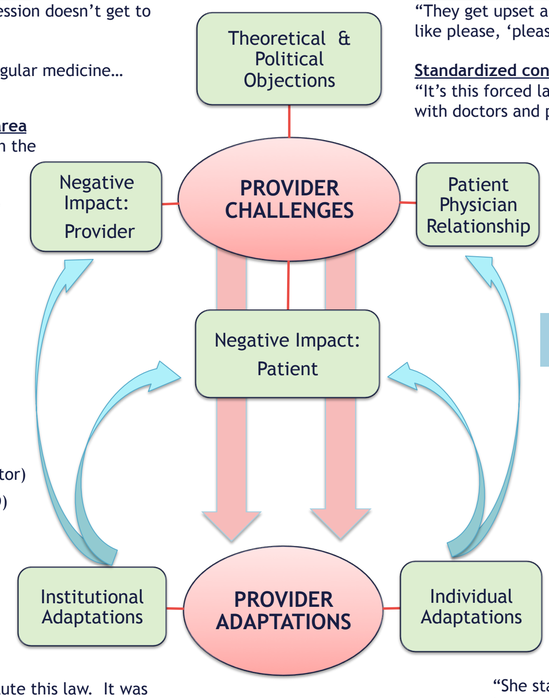
Providers perceive increased scrutiny regarding compliance

"The legislation puts us in a difficult position of having this higher level of scrutiny and feeling like, 'oh, we're going to get in trouble'." (101, MD)

"They're just laws that can catch me accidentally doing something wrong legally, not doing anything wrong medically." (116, MD)

Providers describe emotional and physical stress as a response to WRTK

"I actually had to take some medical leave time after we were able to institute this law. It was just - it was super stressful. " (303, Administrator)



Patient - Physician Relationship

Providers are perceived as denying access

"They get upset and I understand their frustration it's like they're just trying to be seen. They're like please, 'please, I'll pay extra' - everything you can think of they'll say." (206, RN)

Standardized content not appropriate for all patients; interferes with trust/rapport

"It's this forced language that I don't necessarily agree with, I think that affects the relationship with doctors and patients." (113, MD)

"It just seems to challenge the initiation of a provider patient rapport, in a situation where they you need to engender a lot of trust quickly." (110, MD)

"The scripting really impedes the patient physician relationship…its just not woman-centered; not based on what their needs are." (101, MD)

WRTK compliance gives impression providers question patient's decision

"It'd still come off really impersonal and judgmental just because of the language that we're required to say." (207, RN)

"It makes me feel like I'm not supporting them." (206, RN)

Negative Impact: Patient

WRTK may lead to delays and be a barrier to care….

"I'm seeing the same person on my schedule for weeks in a row because we haven't been able to get in touch with them…they're going from having a procedure in their first term to a mid-trimester abortion." (210, RN)

…But most patients access care despite delays.

"I think its just a speed bump, so to say." (211, Counselor)

"It's one more step. It's just another hoop to jump through." (302, Admin)

"I don't think the twenty-four hour waiting period makes any difference …The idea of that was for people to be sure. I think that's crazy thinking. They were sure when they called." (201, RN)

Patients respond negatively to the content of the counseling

"Patients vocalize that they just feel like the counseling is ridiculous, that they feel almost insulted, and that it really has no place in their care." (115, MD)

"She started crying and just saying 'I can't do that. I've already been through so much. I can't believe I have to go through this so again'." (208, RN)

Institutional Adaptation

Providers adapted counseling and clinical practices to meet requirements of law

"Our practice had to change a little bit in that it requires almost a full day of physicians' time to make phone calls." (108, MD)

"They're (the residents) either coming in early or staying late to be able to do counseling." (115, MD)

"We developed a scheduling form. We keep these at home. We keep them with us in my car...I have stopped in parking lots and done 24-hour consents." (106, MD)

Practice changes were done to minimize impact on patient; avoid multiple visits and not pass on costs

"We don't charge these people for 24 hour consents because that's not right. That's not fair, to pass that burden along to our patients." (207, RN)

"I don't want to have that requirement impose an unnecessary burden on women already in a tough situation." (103, MD)

Individual Adaptation

Providers employ strategies to mitigate patients' interpretation of the WRTK content and process

"I start off with almost a disclaimer…explain that there's a state law and I'm going to read them a hospital interpretation of that." (110, MD)

"I think we apologize to patients and we say 'We're sorry we're required by the state to do this.' And I make it clear that we think it's bullshit." (113, MD)

"I refuse to just read the consent and not tell them which part I think is true and which part isn't."(111, MD)

"I think for the patient it kind of denigrates it a little bit so that maybe they can also sneer at it. I'm sneering at it is basically what I'm doing. And I'm going to let them sneer at it too." (109, MD)

"I let them know I'm on their side. Basically. I don't mind annotating or throwing in my two cents worth on some of this stuff." (106, MD)

Conclusions

- **Compliance with WRTK law is challenging to providers; these challenges arise from their opposition to the law on ethical grounds, the required changes to practice and the perceived negative patient impact.**
- **Providers adapt their clinic practices, workflow and language to comply with the law.**
- **Many of the providers' adaptations are undertaken to minimize impact of the law on their patients.**
- **The law has both direct and indirect effects on providers. They are affected by the constraints of the law, and their strategies for mitigating the law's impact on their patients.**

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