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**– Carter Snead at ND Vita Institute
2020 Abortion in Scotland, with
Christian Hacking of the Centre for
Bioethical Reform**

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In a landmark ruling on 13 June 2001, FPA won the right to the first judicial review of medical practices relating to abortion and the provision of abortion services in Northern Ireland. The judicial review took place in the High Court in Belfast on 21 and 22 March 2002. On 7

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July 2003, Mr Justice Brian Kerr
presented his judgement.

Abortion practice and provision in
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ABORTION . This factsheet looks at
abortion practice and provision in
Northern Ireland. It outlines the legal

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background, professional and public attitudes, and consequences for the women who live there. Key facts • Abortion is legal in Northern Ireland in some circumstances. • The majority of women have to travel to England to secure an abortion.

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abortion activists target this less
vulnerable population to create a new
provider base. Clear analysis, insiders'
views, and elegant

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Northern Ireland Author: www.h2opalerm
o.it-2020-11-14T00:00:00+00:01 Subject:
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practice, and, provision, in, northern,
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the provision of safe abortion care, the
management of complications of abortion

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(also known as post-abortion care in some settings and provided as part of emergency obstetric care) and for post-abortion contraception provision. Abortion Practice- Warren M. Hern 1990 Originally published by JB Lippincott in 1984,

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Abortion Practice And Provision In Northern Ireland ... For example, other studies have indicated that individual intent to practice abortion, individual clinical priorities, and individual practice barriers such as insurance or institutional support are important obstacles to abortion

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provision. 8 Additionally, abortion care continues to be highly

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The passage of the federal Hyde amendment in 1977, which denies federal Medicaid coverage for abortions except

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when a patient's life is endangered or in cases of rape or incest, and the annual renewal of this provision has severely limited Medicaid coverage for abortion; a majority of states also restrict state Medicaid coverage of abortion.

Increasing Access to Abortion | ACOG

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“In addition there is a requirement for excellent sexual health education and family planning provision to help minimise the need for abortion.” Dr Asha Kasliwal, President of the Faculty of Sexual and Reproductive Healthcare (FSRH), said:

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RCOG/FSRH Ireland
response to interim
guidance on abortion care in ...

The provision of abortion care represents a great ethical challenge to physicians and other healthcare providers, particularly in countries where the law states that abortion is a crime, despite the fact that there may be a number of conditions in

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which abortion can be provided without being penalized.

“Ethics surrounding the provision of abortion care ...

In Australia, 16% of women have had an abortion by the age of 34 years. 1 While both surgical and medical methods of

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abortion are available in Australia, they can be difficult to access, with many women travelling long distances 2 or interstate 3 and incurring high out-of-pocket costs 3,4 to receive abortion care. Provision of medical abortion in general practice can improve access to abortion care.

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RACGP - Providing medical abortion in
general practice

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Abortion Practice is a thorough and
comprehensive textbook on abortion
service provision. It should be part of the
library of all abortion practitioners and all

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those interested in the impact of unwanted pregnancy women's physical and mental health.

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Abortion Practice is a thorough and comprehensive textbook on abortion service provision. It should be part of the library of all abortion practitioners and all those interested in the impact of unwanted

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pregnancy women's physical and mental health. Michael Burnhill, M.D., in Family Planning Perspectives, 1984--Family Planning Perspectives ...

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In this section, we are indebted to Joffe's

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study, *Doctors of Conscience*, in which she interviewed 45 individuals who were involved in the provision of abortion in the US before and after the landmark case of *Roe v Wade*. 59 For Joffe, examining these cases ‘tells us most about the difficult history and uncertain place that abortion services have had within the

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larger medical establishment'. 60

Acknowledging her findings, we consider the statements of clinicians who were key to abortion ...

MEDICINE AND ABORTION LAW:
COMPLICATING THE REFORMING ...

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Provision In Northern Ireland majority of private practices provide direct referrals, although those in the Midwest and the South are less likely to do so. Estimating abortion provision and abortion referrals among ... Provision of medical abortion in general practice can improve access to abortion care.

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Correlates of providing abortion included physician demographic characteristics, religious affiliation, religiosity, and the religious affiliation of the facility in which a physician primarily practices. Results:

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Among practicing ob-gyns, 97% encountered patients seeking abortions, whereas 14% performed them. Female physicians were more likely to provide abortions than were male (18.6% compared with 10.6%, adjusted odds ratio 2.54, 95% confidence interval 1.57-4.08), as were those in the ...

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Abortion provision among practicing
obstetrician ...

Provision of medical abortion in general
practice can improve access to abortion
care. General practices tend to be more
proximal than tertiary centres and
frequently visited by women,⁵ particularly

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for assistance with pregnancy and family planning issues.⁶ There is evidence that women prefer to receive their abortion care from a known health provider, such as a general

Providing medical abortion in general practice

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Timeline of CNMs, NPs, and PAs

Provision of Abortion Care by State. Year
Actions Expanding CNMs, NPs, and PAs
Provision of Abortion Care. 1973 o PAs at
the Planned Parenthood of Northern New
England (PPNNE) in Burlington, Vermont
(formerly the Vermont Women's Health
Center) begin providing abortion care.

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Currently PAs and NPs provide 1st and 2nd trimester abortion care in Vermont and New Hampshire.

Timeline of events - National Abortion Federation

A paper examining the practice of late-term abortion and feticide in Irish

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maternity hospitals paints a deeply disturbing picture of the brutal reality of Ireland's abortion regime.. Three medical professionals from various departments of University College Cork sought to look at the experience of 10 Fetal Medicine Specialists who provided abortion in Ireland in cases where the baby had a ...

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At a UN General Assembly Special Session in 1999, governments recognised unsafe abortion as a major public health concern, and pledged their commitment to reduce the need for abortion through

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expanded and improved family planning services, as well as ensure abortion services should be safe and accessible.

This technical and policy guidance provides a comprehensive overview of the many actions that can be taken in health systems to ensure that women have access to good quality abortion services as

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Abortion is a legal medical procedure that has been provided to millions of American women. Since the Institute of Medicine first reviewed the health implications of national legalized abortion in 1975, there has been a plethora of related scientific

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research, including well-designed randomized clinical trials, systematic reviews, and epidemiological studies examining abortion care. This research has focused on examining the relative safety of abortion methods and the appropriateness of methods for different clinical circumstances. With this growing

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body of research, earlier abortion methods have been refined, discontinued, and new approaches have been developed. The Safety and Quality of Abortion Care in the United States offers a comprehensive review of the current state of the science related to the provision of safe, high-quality abortion services in the United

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States. This report considers 8 research questions and presents conclusions, including gaps in research.

Planned and regulated task shifting and task sharing can have a range of benefits. It can ensure a rational optimization of the available health workforce, address health

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system shortages of specialized health-care professionals, improve equity in access to health care and increase the acceptability of health services for those receiving them. This guideline provides a range of options for expanding of health worker roles in the provision of safe abortion care, the management of

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complications of abortion (also known as post-abortion care in some settings and provided as part of emergency obstetric care) and for post-abortion contraception provision.

Access to abortion services in the US is decreasing. However, in California

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measures have been taken to increase access by expanding the role of advanced practice nurses to include both medical and surgical abortion. The California Abortion act, AB 154, passed in 2013, allowing APNs to perform aspiration abortions in the first trimester of pregnancy. Although this act was passed,

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it is unknown if any measures have been taken to implement these new policies into clinical practice. This proposed study will determine if APNs are providing abortion services, and if they are not, will assess the barriers to implementing abortion care into their clinical practice. An online survey will collect sample data from California

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APNs working with women of reproductive age to assess their attitudes and beliefs toward the provision of abortion services by APNs as well as their current abortion practices and perceived barriers to providing abortion care. This study aims to assess what barriers are preventing the integration of abortion

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services into the clinical practice of California APNs. The desired outcome is to guide future efforts to increase the number of APNs who provide abortions in California.

"This report assesses progress over the past decade regarding the legality, safety

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and accessibility of abortion services worldwide. It summarizes developments in policy and documents recent trends in abortion incidence, with a focus on unsafe abortion. It also examines the relationship between unintended pregnancy, contraception and abortion, placing abortion within the broader context of

File Type PDF Abortion Practice And Provision In Northern Ireland women's reproductive lives." - p. 4.

This book teaches an approach and framework for decision assessment and counseling for abortion and family planning care. Case examples, individual and group exercises, guided self-reflection, and values clarification build

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the reader's skills for working within a wide range of scenarios. The book is a complete manual for physicians, nurses, counselors, and social workers on how to work with decision conflict, ambivalence, and present pregnancy options.

The limited choices of pro-choice

File Type PDF Abortion Practice And Provision In physicians in their practices

Natural disasters and cholera outbreaks.
Ebola, SARS, and concerns over
pandemic flu. HIV and AIDS. E. coli
outbreaks from contaminated produce and
fast foods. Threats of bioterrorism.
Contamination of compounded drugs.

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Northern Ireland and outbreaks of vaccination refusals and preventable diseases. These are just some of the headlines from the last 30-plus years highlighting the essential roles and responsibilities of public health, all of which come with ethical issues and the responsibilities they create. Public health has achieved extraordinary successes. And

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yet these successes also bring with them ethical tension. Not all public health successes are equally distributed in the population; extraordinary health disparities between rich and poor still exist. The most successful public health programs sometimes rely on policies that, while improving public health conditions,

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also limit individual rights. Public health practitioners and policymakers face these and other questions of ethics routinely in their work, and they must navigate their sometimes competing responsibilities to the health of the public with other important societal values such as privacy, autonomy, and prevailing cultural norms.

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This Oxford Handbook provides a sweeping and comprehensive review of the current state of public health ethics, addressing these and numerous other questions. Taking account of the wide range of topics under the umbrella of public health and the ethical issues raised by them, this volume is organized into

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Northern Ireland. It begins with two sections that discuss the conceptual foundations, ethical tensions, and ethical frameworks of and for public health and how public health does its work. The thirteen sections that follow examine the application of public health ethics considerations and approaches across a

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broad range of public health topics. While chapters are organized into topical sections, each chapter is designed to serve as a standalone contribution. The book includes 73 chapters covering many topics from varying perspectives, a recognition of the diversity of the issues that define public health ethics in the U.S. and

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globally. This Handbook is an authoritative and indispensable guide to the state of public health ethics today.

Abortion Practice is the only single-author medical textbook concerning abortion. It begins with a comprehensive view in its first chapter of The Epidemiologic

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Foundations of Abortion Practice. This chapter is a unique in the medical literature in presenting a public health view of pregnancy and abortion.

Pregnancy is seen as a biocultural adaptation to the survival needs of the human species, and the management of pregnancy as a biocultural phenomenon

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that is determined by human culture. In many cultures, pregnancy is defined as a life-threatening illness, but in western culture, pregnancy is defined as normal. This reflects the role of women in western society and it affects the kinds of medical and surgical management of pregnancy that are available. Abortion alters the

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mortality statistics - the risk of death - for women who are pregnant. The remainder of the book provides a framework for modern abortion practice including evaluation of the patient, operative procedures and techniques, postoperative procedures, management of complications, diagnostic evaluation of pregnancy

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duration and fetal age, long-term risks of abortion, and program evaluation.

The Clinical practice handbook for safe abortion care is intended to facilitate the practical application of the clinical recommendations from the second edition of Safe abortion: technical and policy

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guidance for health systems (World Health Organization [WHO] 2012). While legal, regulatory, policy and service-delivery contexts may vary from country to country, the recommendations and best practices described in both of these documents aim to enable evidence-based decision-making with respect to safe

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abortion care. This handbook is oriented to providers who already have the requisite skills and training necessary to provide safe abortion and/or treat complications of unsafe abortion. It is neither a substitute for formal training, nor a training manual.

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