

June 29, 2011

NUMBER 184 11

COLLEGE OF PHYSICIANS AND SURGEONS  
OF SASKATCHEWAN  
TO COUNCIL

FROM: REGISTRAR

SUBJECT: **FEEDBACK FROM REGINA GYNECOLOGISTS RE  
THE COUNCIL'S GUIDELINE ON UNPLANNED  
PREGNANCY**

Regina General Hospital  
1440 – 14th Avenue  
Regina, SK S4P 0W5  
Ph: (306) 766-4368  
Fax: (306) 766-4453  
E-mail: george.carson@rqhealth.ca

JUN 28 2011 AV  
2:50 p.m.

June 8, 2011

Dr. Grant Stoneham  
College of Physicians and Surgeons of Saskatchewan  
#500, 321A - 21<sup>st</sup> St.  
Saskatoon, SK  
S7K 0C1

RE: Guideline: Unplanned Pregnancy

Dear Dr. Stoneham:

I have had the opportunity to review the recently issued Guideline from the College about unintended pregnancy which gives particular attention to the option of termination of pregnancy.

I begin by wondering why such a guideline was issued at all. Termination of pregnancy is only one of many procedures offered for the healthcare of women. To my knowledge there are not specific guidelines about other procedures all of which are expected to be done with the provision of patient information and obtaining consent, as in the guideline about unplanned pregnancy, but are apparently sufficiently guided by the general policies and procedures of the College of Physicians and Surgeons of Saskatchewan. Deficiencies in practice are at least as frequent with respect to the provision of other procedures for healthcare. Why, therefore, does the College of Physicians and Surgeons of Saskatchewan feel that there is any justification for a particular guideline around what is just one more procedure in a range of options for women?

Given that there is a guideline however I do have some comments about it. I begin by asking with what providers of the service did the College of Physicians and Surgeons consult in the formulation of this guideline?

Context is helpful for this as with any other guideline. The introductory one sentence paragraph points out, rightly, that an unplanned pregnancy is not necessarily unwanted. It would be more informative and useful to add the information that approximately one half of all of the pregnancies of Canadian women are unplanned. Of these, approximately one half go on to delivery while the other half have termination of the pregnancy. It is clear that unintended pregnancy is a frequent problem which is why healthcare providers must be prepared to deal with it.

*Continued on next page... ..*

Of these, approximately one half go on to delivery while the other half have termination of the pregnancy. It is clear that unintended pregnancy is a frequent problem which is why healthcare providers must be prepared to deal with it.

It is also clear that women choose to exercise a range of options of which their healthcare providers must be aware and for which they must be able to provide non-directive counselling.

With respect to the very significant advances of practice in this area, women are now able to choose the option of "medical" termination of pregnancy, which offers considerable advantages. Women who make that informed choice can have it provided for them as an office procedure. It is not therefore necessary for the patient to have this procedure in a facility at all. Please assure us that the College of Physicians and Surgeons does not intend to restrict access to medical termination of pregnancy if that is the option which is the informed choice of any woman. Surgical terminations of pregnancy do need to be done in a facility and such facilities should be accredited.

Part 5(c) is a welcomed addition. However, perhaps it should be even more explicit that the physician who first sees the patient has a responsibility either to provide appropriate counselling and referral as indicated or to promptly refer the patient to someone else who will. The CMA Code of Ethics provides that one must "put first the interest of the patient." Within the specific issue of ethics with respect to termination of pregnancy it is noted that delay increases the risk and thus the physician who first sees the patient must not be a cause of delay and must either expeditiously provide the service of counselling and then referral if necessary or refer the patient right away to someone who will. There have been enough problems in Saskatchewan regarding this issue in the past so if there is going to be an updated Guideline it should be firmer about that particular point.

There is a lengthy description of the information that must be included in the provision of informed consent. We would request that you provide information about any other procedures the complication rate of which may be significantly higher than pregnancy termination for which there is a similarly detailed specific description of what must be included within consent and described by a College Guideline. The description, itself, fails to provide the non-directive information which is to be expected from a document from the College for guidance of the profession.

The consent policy of the Regina Qu'Appelle Health Region and the consent recommendations from the Canadian Medical Protective Association both indicate that in the provision of information about complications of a procedure the list of complications must include the circumstances of having the procedure as well as alternatives to the procedure including not having any procedure done. Thus, while the requirement that the nature of the procedure and manner of conducting it be fully described to a prospective patient is reasonable there is after that significant imbalance about complications. This is true for each of the immediate and long-term complications and the discussion is psychological complications. In all cases there should be the risks and **benefits** of the procedure and the consequences of **not** having the procedure.

For example, there is abundant evidence that women with an unplanned pregnancy who choose pregnancy termination have better long-term psychological well-being and better subsequent academic attainment than those people who continue the pregnancy. Recognition of such balance is missing from the Guideline of the College of Physicians and Surgeons.

Finally, in Part 10 there is recommendation for consultation in difficult cases with the College of Physicians and Surgeons of Saskatchewan and the CMPA. Clearly one should first seek the normal and accessible consultation which we use in nearly all circumstances, which is with a physician colleague or consultant or another healthcare provider. The CPSS and the CMPA are consultation resources of last resort, not first.

This Guideline from the College of Physicians and Surgeons of Saskatchewan is troubling both by the very fact of its existence and by the apparent imbalance of its content. We hope the issue might be corrected by the Council. We, and others, would certainly be willing to provide to the Council an unbiased selection of relevant literature to guide the Council in coming to a more productive Guideline. That is if it is thought there must be a Guideline at all. It is likely better leaving the issue of the management of unplanned pregnancies to be merely one part of the many parts of practice that are done in healthcare and guided in general terms by the College of Physicians and Surgeons of Saskatchewan.

We look forward to hearing from you about this matter.

Yours sincerely,

Grant Carson  
S. H. ...  
...

Carson  
...

...

Arndt  
(ARNDT)