

Should Advanced Practice Nurses Perform Abortions? Debate in the Profession

Carolyn A. Laabs

ABSTRACT

There has been discussion in the literature that legal permission should be granted to advanced practice nurses to perform first trimester surgical and medical abortions. In this paper I argue that even if laws allow nurses to perform abortions, nurses should not do so. Abortion is contrary to the tradition and values of the nursing profession. To become abortion providers would violate the integrity of the nursing profession and cause harm to mother and child. Both are patients for whom nursing professes to advocate and protect. Rather than abandon patients to abortion, nursing should direct its efforts toward genuinely promoting the health and well-being of every patient, born and unborn.

There is no reason why laws and attitudes shouldn't change to permit midlevel providers to perform first trimester abortions.... If women are to continue to have access to this crucial component of reproductive health care, then physician assistants, nurse practitioners, and nurse-midwives must be part of the solution.

– Rachel Atkins, National Symposium on Strategies for Expanding
Abortion Access, National Abortion Federation, 1997¹

THERE HAS BEEN DISCUSSION in the literature and organized effort in place to grant advanced practice nurses (APNs), specifically nurse practitioners and certified nurse-midwives, legal permission

¹ R. Atkins (1997). "The Role of Physician Assistants, Nurse Practitioners, and Nurse Midwives in Providing Abortions: Strategies for Expanding Abortion Access," National Abortion Federation, http://www.prochoice.org/pubs_research/publications/downloads/cfc/1996_symposium_report (accessed 14 May 2007).

to perform abortions.² Historically, performing abortions has not been considered legitimate nursing practice. However, attitudes are changing. Since 1989 the position of the American Nurses Association (ANA) has been that abortion is “a symptom of social failure,” yet a legal reproductive alternative, and that for it to be limited by the state would impose an unethical and clinically inappropriate restraint on the provider, thus jeopardizing the provider-client relationship.³ The ANA promised to establish a task force to address the problems and policies that contribute to abortion, so that recommendations could be made regarding legislation and regulation of nursing practice.⁴ To date, those recommendations remain forthcoming.

Compared to the ANA, the American College of Nurse Midwives (ACNM) has been more directive. Up until the early 1990s the ACNM had officially opposed performing abortions.⁵ Those statements have been

² S.A. Dobie, R.A. Rosenblatt, A. Glusker, D. Madigan, & G. Hart, “Reproductive Health Services in Rural Washington State: Scope of Practice and Provision of Medical Abortions, 1996-1997,” *American Journal of Public Health* 90/4 (2000): 624-26; S.L. Fielding, S.S. Lee, & E.A. Schaff, “Professional Considerations for Providing Mifepristone-Induced Abortion,” *The Nurse Practitioner* 26/11 (2001): 44-54; A.M. Foster, C. Polis, M.K. Allee, K. Simmonds, M. Zurek, & A. Brown, “Abortion Education in Nurse Practitioner, Physician Assistant and Certified Nurse Mid-wifery Programs: A National Survey,” *Contraception* 73 (2006): 408-14; A.C. Hwang, A. Koyama, D. Taylor, J.T. Henderson, & S. Miller, “Advanced Practice Clinicians’ Interest in Providing Medical Abortion: Results of a California Survey,” *Perspectives on Sexual and Reproductive Health* 37/2 (2005): 92-97; E. Meier, “RU-486 and Implications for Use among Adolescents Seeking an Abortion,” *Pediatric Nursing* 26/1 (2000): 93-95; D. Narrigan, “Early Abortion: Update and Implications for Midwifery Practice,” *Journal of Nurse-Midwifery* 43/6 (1998): 492-501; L. Summers, “The Genesis of the ACNM 1971 Statement on Abortion,” *Journal of Nurse Midwifery* 37/3 (1992): 168-74.

³ American Nurses Association. (1989). “Position Statement: Reproductive Health.” Available at <http://www.nursingworld.org/readroom/position/social/screpr.htm>, accessed 27 May 2007.

⁴ Ibid.

⁵ See Narrigan (1998) and Summers (1992).

rescinded⁶ and the door has opened for nurse-midwives to provide abortions once state legal restrictions are lifted, and being lifted they are. For example, in 2003 the Reproductive Health Privacy Act of California granted advance practice nurses legal permission to perform nonsurgical abortions.⁷ In 2004 similar permission was granted to advanced practice nurses in Washington state.⁸ Physician assistants have been performing abortions since 1973,⁹ and highly organized efforts by such groups as The Abortion Access Project with the support of powerful organizations such as the American Public Health Association,¹⁰ the American College of Obstetricians and Gynecologists, Physicians for Reproductive Choice and Health,¹¹ Planned Parenthood Federation of America,¹² and the National Abortion Federation have resulted in 15 states that, as of 2006, allow non-physician providers to perform abortions.

⁶ American College of Nurse-Midwives, *Code of Ethics with Explanatory Statements* (2005). Available from <http://www.midwife.org/siteFiles/education/CodeOfEthicswithExplanatoryStatements2005.pdf>, accessed 9 Dec. 2006.

⁷ Hwang (2005).

⁸ NARAL ProChoice America Foundation, "Mifepristone: The Impact of Abortion Politics on Women's Health and Scientific Research" (2006). Available at <http://www.prochoiceamerica.org/assets/files/Abortion-RU486-Mife-Politics.pdf>, accessed 10 Dec. 2006.

⁹ Abortion Access Project, *Spring Newsletter* (2006). Available at <http://www.abortionaccess.org/Spring%20Online.pdf>, accessed 29 May 2007.

¹⁰ American Public Health Association. "Advocating for Nurse Practitioners, Nurse Mid-wives, and Physician Assistants as Abortion Providers." Policy Statement 9917, 31-32 (1999). As of June 6, 2007 archived and available only to APHA members. Previously available from <http://www.apha.org/legislative/policy/policypdf1.pdf>, accessed 27 Nov. 2006.

¹¹ 14. Physicians for Reproductive Choice and Health, "On abortion training for advanced practice clinicians," (n.d.). Available from <http://prch.org/advocacy/policy/position.shtml#clinicians>, accessed 27 Nov. 2006.

¹² H. Merriam, "Training Abortion Providers. H. Merriam (Planned Parenthood Federation of America,2006). Available at <http://www.plannedparenthood.org/news-articles-press/politics-policy-issues/abortion-access/abortion-providers-6167.htm>, accessed 28 Nov. 2006.

Should APNs perform abortions? I will argue that they should not. Abortion is not consistent with the tradition and values of the nursing profession and is not legitimate nursing practice. In this paper, I will not argue the proper legality of abortion. Rather, the point of discussion is whether nurses should be the ones performing abortion. I will provide a brief background about abortion in the United States and a description of advanced practice nursing. After listing the main arguments in favor of APNs performing abortions, I will briefly address each one.

ABORTION IN THE UNITED STATES

Abortion is legally defined as “the termination of pregnancy by various means, including medical surgery, before the fetus is able to sustain independent life.”¹³ The medical definition closely resembles the legal one in which abortion being defined as “the termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus.”¹⁴ Pregnant is not a legal term. Used in common parlance, it is a medical term meaning “containing a developing embryo, fetus, or unborn offspring in the body.”¹⁵

Until the middle of the nineteenth century, abortion was reportedly common prior to quickening.¹⁶ Not officially legal, it was practiced by homeopaths, lay midwives, and purveyors of home remedies and of other commercial preparations for inducing abortions. To protect society from harm at the hands of unregulated practitioners, the American Medical Association (AMA) led the way for the legal prohibition of both pre- and

¹³ *People's Law Dictionary* (Fine Communications. 2006). Available at <http://dictionary.law.com/>, accessed 27 Nov. 2006.

¹⁴ *Medline Plus Medical Dictionary* (Bethesda MD: U.S. National Library of Medicine, 2003). Available at <http://www.nlm.nih.gov/medlineplus/plusdictionary.html>, accessed 26 Nov. 2006.

¹⁵ *Ibid.*

¹⁶ B.A. Rich, *Strange Bedfellows: How Medical Jurisprudence Has Influenced Medical Ethics and Medical Practice* (New York: Kluwer Academic, 2001).

post-quickening abortions, except when deemed necessary by a physician to preserve the life of the mother.¹⁷

In the 1973 ruling in the case of *Roe v. Wade*, the U.S. Supreme Court legalized abortion.¹⁸ In a plurality opinion Justice Blackmun wrote, “A physician, in consultation with the patient, is free to determine, without regulation by the State, that in his medical judgment, the patient’s pregnancy should be terminated... [and that] judgment may be effectuated by an abortion free of interference by the State.” The Court further ruled that:

With respect to the State’s important and legitimate interest in the health of the mother, the compelling point, in the light of present medical knowledge, is at approximately the end of the first trimester.... It follows that, from and after this point, a State may regulate the abortion procedure to the extent that the regulation reasonably relates to the preservation and protection of maternal health.... With respect to the State’s important and legitimate interest in potential life, the ‘compelling’ point is at viability.”¹⁹

Between 1973 and 2002, more than 42 million legal abortions have been performed in the United States.²⁰ In September 2000, the U.S. Food and Drug Administration approved the drug, mifepristone, previously known as RU-486, as a medical alternative to surgical abortion.²¹

ADVANCED PRACTICE NURSING IN THE UNITED STATES

APNs are registered nurses who may also be nurse practitioners or nurse-midwives. Prepared at the graduate level, nurse practitioners emphasize prevention of illness and maintenance of health, diagnose, treat, and

¹⁷ Ibid.

¹⁸ *Roe v. Wade*, 410 U.S. 959 U.S. 1973. Available at <http://www.lexisnexis.com/lawschool/>, accessed 26 Nov. 2006.

¹⁹ Ibid.

²⁰ “Facts on Induced Abortion in the United States” (Guttmacher Institute, 2006). Available at http://www.guttmacher.org/pubs/fb_induced_abortion.html, accessed 27 Nov. 2006.

²¹ Ibid.

manage many common acute and chronic health problems, interpret laboratory results and X-rays, prescribe and manage medications and other therapies, and provide health teaching and supportive counseling.²² The role of the nurse practitioner was originally developed to meet the primary care needs of medically underserved populations. Silver and Ford, a physician and nurse team, are credited with pioneering the nurse practitioner movement initiated through a program at the University of Colorado in 1965.²³ That same year Duke University began a certification program for physician assistants.²⁴ Since the initiation of nurse practitioner practice, studies have consistently shown that the quality of primary care delivered by nurse practitioners is equivalent to physician care.²⁵

The entrance of nonphysician clinicians into the primary care workforce has created tension for some within the medical community because physicians have historically held a virtual monopoly as the main providers of primary care patient services.²⁶ However, others in the medical community contend that since, "primary health care can be and is being delivered by nurses and physician assistants as well as physicians

²² "What Is a Nurse Practitioner?" (American College of Nurse Practitioners, 2007). Available at <http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3479>, accessed 22 May 2007.

²³ H.K. Silver & L. Ford, "Physicians' Assistant: The Pediatric Nurse Practitioner at Colorado," *American Journal of Nursing* 67/7 (1967): 1443-44.

²⁴ K.G. Andreoli & E.A. Stead, "Physicians' Assistants: Training Physician Assistants at Duke," *American Journal of Nursing* 67/7 (1967): 1442-43.

²⁵ S.A. Brown, D.E. Grimes, "A Meta-analysis of Nurse Practitioners and Nurse Midwives in Primary Care," *Nursing Research* 44/6 (1995): 332-39; S. Horrocks, E. Anderson, & C. Salisbury, "Systematic Review of Whether Nurse Practitioners Working in Primary Care Can Provide Equivalent Care to Doctors," *British Medical Journal* 324/7341 (2002): 819-23; M.O. Munding, R.L. Kane, E.R. Lenz, A.M. Totten, W. Tsai, P.D. Cleary, et al., "Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians: A Randomized Trial," *JAMA* 283/1 (2000): 59-68.

²⁶ R.A. Cooper, P. Laud, & C.L. Dietrich, "Current and Projected Workforce of Nonphysician Clinicians," *JAMA* 280/9 (1998): 788-94.

...there is no need to get tied up in conflicts of power and hierarchy.”²⁷ Nurse practitioners’ advancement in the job marketplace has been realized by demonstrating equivalence of practice processes and outcomes with those of physicians.²⁸ However, the nurse practitioner role was not envisioned to be one of physician substitute, but rather one of collaboration and collegiality with physicians in the care of the patient.²⁹ The ACNM defines the practice of midwifery as “the independent management of women’s health care, focusing particularly on common primary care issues, family planning and gynecologic needs of women, pregnancy, childbirth, the postpartum period and the care of the newborn.”³⁰ As science and technology advance, nurse-midwives will be required to possess knowledge and skills beyond the basic level of practice.³¹ The ACNM requires that additional skills, such as instrumenting the uterus,³² first assisting in surgery, the use of vacuum extractors, and performing

²⁷ E.J. Cassell, *Doctoring: The Nature of Primary Care Medicine* (New York NY: Oxford Univ. Press, 1997).

²⁸ K. Fiandt, C.A. Laux, N.L. Sarver, & R.J. Sayer, “Finding the Nurse in Nurse Practitioner Practice: A Pilot Study of Rural Family Nurse Practitioner Practice,” *Clinical Excellence for Nurse Practitioners* 5/6 (2002): 13-21; M.O. Munding, “Twenty-first Century Primary Care: New Partnerships between Nurses and Doctors,” *Academic Medicine* 77/8 (2002): 759-60.

²⁹ R.L. Phillips, D.C. Harper, M. Wakefield, L.A. Green, & G.E. Fryer, “Can Nurse Practitioners and Physicians Beat Parochialism into Plowshares?” *Health Affairs* 21/5 (2002): 133-42.

³⁰ “Position Statement: Definition of Midwifery Practice.” (American College of Nurse-Midwives, 2004). Available at: http://www.midwife.org/siteFiles/position/Def_of_Mid_Prac_CNMCM_05.pdf, accessed 8 Dec. 2006.

³¹ “Core Competencies for Basic Midwifery Practice.” (American College of Nurse-Midwives, 2005). Available at <http://www.midwife.org/display.cfm?id=484>, accessed 8 Dec. 2006.

³² American Public Health Association (1999), cited above.

circumcision, be incorporated in accordance with standards of practice and relevant statutes and regulations that might constrain such practice.³³

ARGUMENTS IN FAVOR OF APNS PERFORMING ABORTIONS

The main argument in favor of APNs performing abortions is that APNs are capable of doing them. Surgical abortion is a relatively simple medical procedure.³⁴ APNs already have the legal authority to prescribe medications. In addition, APNs and physician assistants with specialized training, as established in practice protocols, can and do provide all components of medical abortion (pregnancy testing, counseling, estimating gestational age by exam and ultrasound, medical screening, administering medications, post-abortion follow-up care, performing uterine reaspiration for incomplete abortion) as well as performing the added components of a first trimester surgical abortion (administering paracervical blocks, dilating the cervix, and instrumenting the uterus).³⁵

A number of states already allow some level of nonphysician participation in abortion. For example, Kansas, New Hampshire, Oregon, Vermont, and West Virginia do not have physician-only requirements for the provision of abortion. Hawaii and Rhode Island's physician only restrictions apply only to surgical abortion. In Montana, the state supreme court has permanently stopped enforcement of a physician-only law against physician assistants who have been trained to perform abortions. The New York Department of Health allows physician assistants to perform abortions when they have been duly trained.³⁶

Although not all reports are published and most concern physician assistants, the APHA recognizes the ability of "mid-level" clinicians to provide first trimester surgical abortions with complication rates parallel

³³ "Position Statement. Expansion of Midwifery Practice and Skills Beyond Basic Core Competencies." (American College of Nurse-Midwives, 1997). Available at http://www.midwife.org/siteFiles/position/Expansion_of_Mid_Prac_05.pdf, accessed 9 Dec. 2006.

³⁴ See Rich (2001), cited above.

³⁵ American Public Health Association (1999), cited above.

³⁶ See Fielding et al. (2001), cited above.

to those of physicians.³⁷ Furthermore, the history of these clinicians providing first trimester surgical abortion in collaborative settings are said to be sufficient reason to advocate for APNs and physician assistants as safe and capable abortion providers.³⁸

A second argument in favor of APNs performing abortions is that, since APNs are capable of performing them, APNs should not be deprived of the opportunity to do so.³⁹ Such deprivation would represent an unjust infringement on the professional practice of APNs who, with the proper training, have the capability of performing abortions. Although to date no legal case has been raised, it could be argued that there is a restraint of trade in terms of unfair restraints on competitive business activity (between physicians and APNs) and possible violation of antitrust laws intended to restrict monopolistic business practices or restrain interstate commerce. An awareness of this possibility is evident in the ACNM Public Policy and Agenda calling for the preservation of antitrust laws.⁴⁰ A third argument in favor of APNs performing abortions might be found in *Planned Parenthood of Southeastern Pennsylvania v. Casey*.⁴¹ This ruling upheld the right of a woman to choose to have an abortion before viability and to obtain one without undue interference from the State.⁴² The Guttmacher

³⁷ American Public Health Association (1999), cited above.

³⁸ American Public Health Association (1999), cited above. See also L.C. Andrist, M.W. Beal, J. Cappiello, J. Engstrom, R. Koeniger-Donohue, F.E. Likis, et al., "Letters to the Editor," *The Journal for Nurse Practitioners* 2/9 (2006): 568-69; C. Dorsen, "Letters to the Editor," *The Journal for Nurse Practitioners* 2/9 (2006): 568-69.

³⁹ M.B. Watson, "Should APNs Perform Abortion Services? Support for Performing Abortion Services," *The Journal for Nurse Practitioners* 2/6 (2006): 388-89.

⁴⁰ "ACNM Public Policy Agenda 2005-2006" (American College of Nurse-Midwives, 2005). Available at: <http://www.midwife.org/legislative.cfm?id=184>, accessed 9 Dec. 2006.

⁴¹ *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 510 U.S. 1309 (U.S. 1994). Available from <http://www.lexisnexis.com/lawschool/>, accessed 26 Nov. 2006.

⁴² Menikoff, cited above.

Institute reports that, between 1996 and 2000, the number of abortion providers in the U.S. declined by 11%.⁴³ Since 1973, the percentage of U.S. counties without abortion providers has remained high (around 80%), and about one third of women live in a county without one.⁴⁴ Assuming these data represent a lack of physicians willing to provide abortions and an unmet demand by women for abortion, any restrictions on an alternative provider who is capable and competent to provide such services could create an undue burden for a woman in the exercise of her legal right. This is especially true for abortions performed prior to viability in which the State has almost no interest, as has been declared in the *Roe v. Wade* case and reaffirmed in subsequent rulings.

Some argue that it is the ethical responsibility of APNs to uphold a patient's right to abortions and thus, APNs should perform them. The contention is that, "As long as abortion remains a legal right of women in this country, it is our responsibility as a profession to uphold our patients' right to access this service."⁴⁵ APNs are professionals entrusted with addressing the health needs of others. Having been granted specific responsibilities and rights toward fulfilling this role, as described in documents such as the ANA Code of Ethics for Nurses⁴¹ and the ACNM Code of Ethics with Explanatory Statements,⁴⁶ APNs are to respect basic human rights and the dignity of all persons. The ethical principle of autonomy is said to require APNs to uphold the patient's legal right to abortion. Similarly, the ethical principle of justice is said to require APNs to work toward equity in the treatment of women, which includes protecting their legal right to abortion.

Not to allow APNs to perform abortions would be to "impose" one's beliefs on another's personal and professional life. Those APNs who find abortion contrary to their personal beliefs should simply refrain from performing them.⁴⁷ However, to prevent others from performing abortions

⁴³ Guttmacher Institute (2001), cited above.

⁴⁴ Guttmacher Institute (2001), cited above.

⁴⁵ Andrist (2006), cited above.

⁴⁶ American College of Midwives (2005), cited above.

⁴⁷ Andrist (2006) and Dorsen (2006), cited above.

would be an unjust imposition of one's personal values upon another person and, if restricted by law, an entire profession.⁴⁸

It has been claimed that, "the evidence is irrefutable that legal abortion promotes the health and well-being of women and their families."⁴⁹ Nursing dedicates itself to the promotion of health. Because abortion promotes the health and well-being of women and their families, nursing should perform abortions.

AN EXAMINATION OF THESE ARGUMENTS

There is no disagreement that, with proper training, APNs are capable of performing abortions. Data about the ability of trained "mid-level clinicians" to provide first trimester surgical abortions demonstrate their ability to perform these procedures with complication rates equal to that of physicians.⁵⁰ However, it is a fallacy of logic to conclude that solely from a premise of fact (because nurses can perform abortions), a value judgment follows (therefore nurses should perform abortions). Can is not the same as should.

The argument concerning restraint of trade is not pertinent. The only professionals with whom APNs would be competing in the business of providing abortions are physicians who themselves experience restrictions in the provision of abortion in terms of professional liability coverage and insurance reimbursement for medication abortion.⁵¹ Moreover, a profession declining to offer services is different from a profession being prevented from offering them. Assuming the data from the Guttmacher Report cited earlier are true,⁵² apparently many physicians do not desire the business of abortion. Thus, the competition simply is not there.

⁴⁸ Andrist (2006), cited above.

⁴⁹ Andrist (2006), cited above.

⁵⁰ American Public Health Association (1999), cited above.

⁵¹ L.W. Prine & R. Lesnewski, "Medication Abortion and Family Physicians' Scope of Practice," *Journal of the American Board of Family Practice* 18/4 (2005): 304-06.

⁵² Guttmacher Institute (2001), cited above.

It is argued that the lack of physician providers of abortion places an undue burden on women seeking them, and that prohibiting APNs from performing abortions would add to this burden. Because *Planned Parenthood of Southeastern Pennsylvania v. Casey*⁵³ held that a state regulation must not place a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus,²⁰ states should grant legal permission for APNs to perform abortions. However, a burden that may have been created by a lack of physicians does not require APNs to relieve that burden. Legal abortion is considered a medical procedure, and thus, it falls to medicine to provide it, if it chooses. Although nursing does at times perform delegated medical acts, nursing, as an autonomous profession separate from and independent of medicine, has the option either to accept the offer of a delegated medical act or reject it, just as it has the option to embrace legal permission to engage in activity outside its traditional professional boundaries or not.

Although it is true that APNs now do some of the things traditionally done only by physicians, abortion has never been the tradition in medicine. Recall that in response to the concern about the harm of abortion to society at the hands of unregulated practitioners, the AMA did not seek to legitimize or ensure the safety of the practice by taking it on themselves. Rather, the AMA fought to assure legal prohibition to a procedure that should fall under the practice of no one. The medical profession's opposition to participating in abortion dates back to Ancient Greece and the classical Hippocratic Oath, in which the physician swore: "I will not give to a woman an abortive remedy."⁵⁴ Perhaps a reason why many physicians refrain from performing abortions is because it is contrary to

⁵³ *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 510 U.S. 1309 (U.S. 1994). Available from <http://www.lexisnexis.com/lawschool/>, accessed 26 Nov. 2006.

⁵⁴ "Hippocratic Oath" in *Ancient Medicine: Selected Papers of Ludwig Edelstein*, ed. O. Temkin & C.L. Temkin in *Biomedical Ethics*, 6th ed., ed. T. A. Mappes & D. DeGrazia (Boston MA: McGraw Hill, 1967), pp. 70-71. THIS NOTE NEEDS WORK – IT SEEMS TO REFER TO TWO DIFFERENT BOOKS.

the tradition of medicine that one ought not kill their patients, a tradition that nursing shares, as evidenced by the ANA Code of Ethics.⁵⁵

It is argued that it is the ethical responsibility of nursing to uphold a woman's right to abortion, and thus, APNs should perform them. However, there is a difference between APNs upholding the right to abortion and performing the abortion themselves. Upholding a right does not equate with personally performing the action another chooses in the exercise of their right. A right can be upheld simply by not interfering. For example, one can uphold the right to religious freedom by not standing in the way of people going to church, but that does not mean that to uphold this right one must join people in attending the church of their choice.

To claim that it is the ethical responsibility of APNs to perform abortions is to fail to consider the Codes of Ethics by the ANA and the ACNM in their entirety, which acknowledge every nurse's right to practice in a way that does not compromise the nurse's integrity. According to the ANA, "Nurses have a duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise."⁵⁶ Similarly, the ACNM states, in terms of the "principle of respect for diversity, [that this] should not however, require midwives to diminish their personal or professional integrity by participating in care that sharply conflicts with their own personal values."¹⁰

It might be argued that while individual APNs may decline to perform abortions because it would compromise their integrity, this does not preclude the nursing profession from condoning the practice for those APNs who would like to perform them. Still, just as individuals must decide if particular actions are congruent with their values in such a way that it maintains their integrity, so too must organizations. Is performing abortions consistent with the values of the profession of nursing and, therefore, would not such acts compromise the integrity of the profession? An answer to this question requires an examination of what nursing professes to be.

⁵⁵ American Nurses Association. (2001). *Code of Ethics for Nurses with Interpretive Statements*. Author.

⁵⁶ Ibid.

Because no single dominant philosophy prevails in nursing and no single nursing theory has been agreed upon,⁵⁷ nursing ethical codes are revised and reworded regularly⁵⁸ and nurses, by and large, no longer take an oath or pledge upon graduation, the values underlying the profession must be surmised from its tradition. As a reflection of that tradition and in an effort to establish a framework for nursing education, the American Association of Colleges of Nursing purports that altruism, autonomy, human dignity, social justice, and integrity are the values that represent the foundation of nursing practice.⁵⁹ Mindful of these foundational values, the ANA defines nursing as “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.”⁶⁰ This definition suggests that, at its foundation, nursing values the inherent dignity and worth of humans as individuals and in relationship with others. It suggests that nursing unselfishly cares for and about patients as nurses strive to advocate for, protect, and promote health and well-being in a way that is just and fosters human flourishing. The claim that there is “irrefutable” evidence that legal abortion promotes the health and well-being of women and their families³⁷ (and thus, would support the values of the profession) is simply not accurate. There is vigorous debate in the scientific literature about the short and long term effects of abortion on women.⁶¹ It may be accurate to say that legalized abortion has reduced

⁵⁷ M. McEwen & E.M. Wills, *Theoretical Basis for Nursing*, 2nd ed. (Philadelphia: Lippincott Williams & Wilkins, 2007).

⁵⁸ D.C. Viens, “A History of the Code of Ethics for Nurses 1900-1985,” *Kansas Nurse* 64/6 (1989): 5-7.

⁵⁹ American Association of Colleges of Nursing. (1998). “The essentials of baccalaureate education for professional nursing practice.” Author.

⁶⁰ “ANA’s Definition of Nursing,” (American Nurses Association, 2006), available from <http://www.nursingworld.org/nursecareer/> (accessed 9 Dec. 2006).

⁶¹ See J. R. Cogle, D.C. Reardon, & P.K. Coleman, “Generalized Anxiety following Unintended Pregnancies Resolved through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth,” *Journal of Anxiety Disorders* 19/1 (2005): 137-42; D.C. Reardon, P.K. Coleman, & J.R. Cogle,

maternal mortality,⁶² but to say that it has proved to be a strategy that promotes the health of women and their families is disputable. In fact, recent studies demonstrate negative effects on women's health and well-being after abortion, such as anxiety, depression, and substance abuse,⁶³ not to mention the obvious lethal effect on the unborn member of the family.

Concerning pregnancy, the tradition in nursing has always been and continues to be one of care and concern at the same time for both the mother and the unborn child. This is demonstrated by nursing's focus on preconception counseling and the avoidance of exposure to substances and circumstances that might harm both the fetus, as she develops within the womb, and the mother as she carries her. The soundness of this tradition is clear as breakthroughs in technology make it possible, from the very beginning of human existence, to recognize the unborn as a unique and irreplaceable human life that can be observed, examined, and sometimes treated.⁶⁴ Health professionals are responsible to promote the well-being of the unborn as patient along with and in proportion to the well-being of the mother as patient.⁶⁵ Decisions of the court do not change this nursing

"Substance Use Associated with Unintended Pregnancy Outcomes in the National Longitudinal Survey of Youth," *American Journal of Drug and Alcohol Abuse* 30/2 (2005): 369-83; J. Brind, "Induced Abortion as an Independent Risk Factor for Cancer: A Critical Review of Recent Studies Based on Prospective Data," *Journal of American Physicians and Surgeons* 10/4 (2005): 105-10.

⁶² Guttmacher Institute (2006), cited above.

⁶³ See Cogle et al. (2005); Reardon et al. (2004); D. C. Reardon, J.R. Cogle, V.M. Rue, M.W. Shuping, P.K. Coleman, & P.G. Ney, "Psychiatric Admissions of Low-Income Women following Abortion and Childbirth," *Canadian Medical Association Journal* 168/10 (2003): 1253-56; and B.J. Joachim, "The A Word," *Journal of American College Health* 48/1 (1999): 47-48.

⁶⁴ S. S. Mattingly, "The Maternal-Fetal Dyad: Exploring the Two-Patient Obstetric Model," *Hastings Center Report* 22/1 (1992): 13-18.

⁶⁵ See C. A. Tauer, (1992). "Lives at Stake: How to Respond to a Woman's Refusal of Caesarean Surgery When She Risks Losing Her Child or Her Life," *Health Progress* 73/7 (1992): 18-27; F.A. Chervenak & L.B. McCullough, "The Fetus as Patient: Implications for Directive versus Nondirective Counseling for Fetal Benefit," *Fetal Diagnosis & Therapy* 6 (1991): 93-100.

tradition. The ruling of the courts that the non-viable fetus is not a concern of the State does not mean the fetus is not a concern of nursing. The fetus is the nurse's patient too, and nurses should not kill their patients. The ANA Code of Ethics prohibits nurses from acting, "with the sole intent of ending a patient's life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations."⁴¹ For APNs to perform abortions would require them to turn their backs on the tradition, values, and standards of the profession, not to mention require changing the ANA Code of Ethics in a fundamental way.

IMPLICATIONS AND CONCLUSION

What happens if APNs do not perform abortions? The ruling in *Roe v. Wade* clearly refers to abortion as medical practice, but is it? If it were, why would so few physicians want to provide abortions? Why would physicians be willing to relinquish this area of practice while continuing to fight over other areas (for example, the battle that nurse anesthetists continue to fight with anesthesiologists over clinical turf⁶⁶)?

Perhaps performing abortions is not sufficiently profitable for physicians, not worth the time and effort, and thus, is better left to providers of "mid-level" status? Although nursing has historically been seen as subservient to medicine and dependent on medicine to direct much of its practice,⁴⁴ that perception has changed. A core value of nursing is not only promoting the autonomy of the patient, but also the autonomy of the profession.

Because of the strong and sometimes hostile opposition to abortion, perhaps physicians who perform them fear for their safety? If that were true, rewarding physicians more generously and providing better security in places where abortions are performed might solve the problem. Should safety for nurses be less than for physicians?

Is it the negative stigma and the label, "abortionists?" If that were the case, why would APNs want to invite such a negative image? For years nurses have enjoyed the honor of being rated in American public opinion

⁶⁶ A. J. Caitlin & M. McAuliffe, "Proliferation of Nonphysician Providers as Reported in the *Journal of the American Medical Association*," *Image: The Journal of Nursing Scholarship* 31/2 (1999): 175-77.

polls as the most trusted professionals, while physicians have always ranked lower.⁶⁷ Perhaps it could be that medicine, despite the changes in their Code of Ethics⁶⁸ and Hippocratic Oath⁶⁹ to allow such procedures, does not really consider abortion legitimate practice either?

Whatever the reason, none of them require nurses to turn their backs on their tradition and compromise the integrity of their profession. If there were a dearth of physicians willing to participate in euthanasia (if permitted by law) or in the execution of prisoners (where permitted by law), should APNs fill in the gap, even though these activities are contrary to the values and traditions of nursing and the ANA Code of Ethics? Is that what nursing is about—filling in the gaps regardless of the nature of the gap? Doing the dirty work others find distasteful? Is that the need nurses fill? Or do nurses strive to fill the genuine needs of their patients, born and waiting to be born, deserving the care and concern of a profession secure in its values and traditions and genuinely dedicated to promoting the health and well-being of every patient and, in so doing, preserving the integrity of the profession. I agree with the ANA that abortion represents a tremendous social failure, but I could not disagree more strenuously that becoming abortion providers is the ethical and appropriate nursing response. Becoming part of a failure is not the solution to a failure.

The National Abortion Federation calls for APNs to be part of the abortion solution.⁷⁰ APNs should be part of the solution, but not in the way the National Abortion Federation would have it. Rather, APNs should work together with our physician colleagues and others to protect and promote the inherent dignity of women and children that they might flourish. This is not done by abandoning them to abortion, but by

⁶⁷ The Gallup Organization (2007). "Honesty/Ethics in Professions." Retrieved March 23, 2007 from <http://www.gallupoll.com/content/default.aspx?ci=1654>.

⁶⁸ *Code of Medical Ethics: Current Opinions with Annotations*. Council on Ethical and Judicial Affairs, American Medical Association, 2000. Author.

⁶⁹ R. D. Orr, N. Pang, E.D. Pellegrino, & M. Siegler, "Use of the Hippocratic Oath: A Review of Twentieth Century Practices and a Content Analysis of Oaths Administered in Medical Schools in the US and Canada in 1993," *Journal of Clinical Ethics* 8/4 (1997): 377-88.

⁷⁰ See the study by Rachel Atkins cited in n1 above.

recognizing both mother and child in their vulnerability, truly caring for and about them in their inherent dignity, working to provide support and resources, such that no one would be deluded into thinking that killing our unborn patients could possibly be the solution to anything. Women and children deserve better than abortion.⁷¹ That is the nursing tradition.

⁷¹ Feminists for Life of America. (2004). Retrieved June 5, 2007 from <http://www.feministsforlife.org/index.htm>