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SPECIAL ARTICLE

Unsafe Abortion in Thailand: Roles of RTCOG

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"Women are not dying of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving."

(MF Fathalla, 1993, Former President, FIGO)

Thailand has made major strides in reducing fertility; TFR declined from 6.4 to 1.2 children per woman as well as increasing contraceptive prevalence (CPR) from 30% to 75% during the period from 1968 to 2008. However, little progress has been made in expanding access to safe abortion primarily because of the stigma, little or inadequate training of providers and lack of a political will to address this issue. As a result women in Thailand are dying and being maimed needlessly from complications of unsafe abortion.

In Thailand, abortion is legal if performed by a physician for the health of the woman and for a pregnancy resulting from sexual crimes.[1] The abortion law was last amended in 1956 when this clause was inserted, prior to that time, abortion was illegal in all circumstance. The existing law, Article 305, permits termination of pregnancy by a registered practitioner for the "Health" of the mother and for pregnancy arising from sexual crime. "Health" has been interpreted narrowly in the past by Thai physicians and the society to include "physical" aspect only. Access to safe abortion is confined to the privileged sector of Thai society who can afford the cost of private care when liberal interpretation of "health" can be made by the physicians. Ironically, each year around 300,000-400,000 abortions are estimated to occur. Almost all of these are done "underground" with appalling morbidity and mortality. Research carried out by Department of Health in 787 public hospitals reported the morbidity was 40% of total abortion[2] and the case fatality rate was 300:100,000 abortions. This compared to less than 1 death for 100,000 safe abortions in the developed countries,[3] highlights the huge public health consequences of unsafe abortion for women in Thailand. The actual number of clandestine abortions could be enormous but remains unknown.

The discovery of 2,002 aborted fetuses in three temples in Bangkok, Thailand in November 2010 brought forth the reality of abortion in Thai women's lives and their need for safe abortion services. This also spurred the debate in Thai society for safe abortion care to be more readily accessible to promptly address women's needs. In general, abortion issues are ignored by the government and society as a whole.

Recently, a well educated Muslim mother of three children, with a bachelor degree died on April 15, 2012 just four days after she had an abortion induced by a sharp bamboo stick inserted into her uterus by a quack

in a southern province of Narathiwat. She was referred to the Prince of Songkla University and died of multiple organs failure from unsafe abortion with gas gangrene (clostridium perfringens), 14 hours after admission into hospital and multiple heroic surgical procedures. The enormous cost of care of this unsafe abortion tragedy was covered by the NHSO.

The health and economics burdens of unsafe abortion can be seen in Table 1 below. The data are from NHSO for the year 2005-2012.The data only cover the statistics from NHSO only. Data from the Social Security Insurance (SSI) and Civil Servant Medical Benefit Scheme (CSMBS) coverage are not available.

Table 1. Mortality and cost of treatment of complications from unsafe abortion (data from the National Health Security Office).

Number	2005	2006	2007	2008	2009	2010	2011	2012
Abortion	17,275	19,381	30,147	31,297	31,423	30,979	30,951	29,288
Death	25	25	20	28	24	14	4	15
Cost of treatment (M Baht)	102	129	137	148	153	153	154	148

Lack of trained and empathetic service providers both in numbers and in geographical spread further compounds the problem. The number of women in reproductive age in the country is estimated at 17.8 million in 2008 or one-fourth of the total population while there are only about 2,000 OB-GYN registered with the RTCOG (on national average 1 OB-GYN:19,600 women of childbearing age, regional and provincial figures show a greater disparity). Of the total obstetricians and gynecologists countrywide, 65% provide obstetric service around Bangkok metropolitan area (10 million population) while the rest provide services in other 76 provinces covering 55 million people, (RTCOG internal statistics 2006).

The misconception of practitioners (and society at large) that abortion is illegal in all circumstances and the negative personal and religious beliefs combined result in women seeking unsafe abortions late in their pregnancy or from outside the health care service system. The third major issue is the use of abortion technology. The prevailing surgical technique used by Thai abortion providers is still dilatation and sharp curettage (D&C) while mifepristone is not legally available and Misoprostol is used off-label for late termination of pregnancy. The combination of mifepristone and misoprostol drugs for medical abortion is not yet registered by the Thai FDA The use of outdated D&C for termination of pregnancy needs to be changed by education and training of providers for the use of the safer method and internationally accepted vacuum aspiration.

The 2012 guideline of Thai Medical Council specifies MVA as a safe technique for termination of pregnancy (TOP) and other gynecology procedures and all newly graduated physicians must be able to competently perform this procedure before being registered. For this to be implemented, in practice, require dissemination, training and promotion among OB-GYNs, general practitioners and medical students.[4]

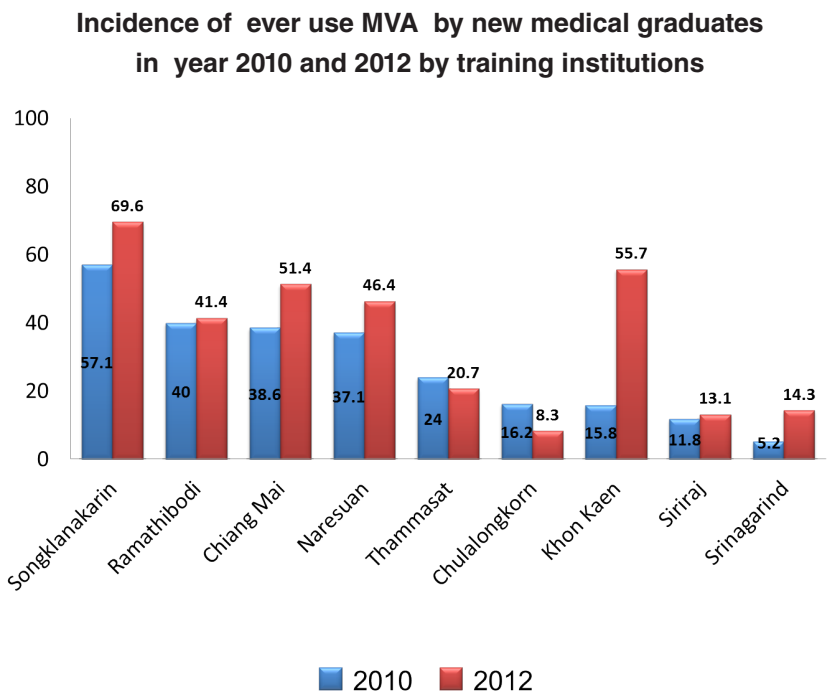

Fig. 1. Experience of MVA using by new medical graduates in Thailand.

Health Manpower;

There are approximately 40,000 active physicians registered by Thai General Medical Council (TMC) and of these 55% are specialists in various fields. The TMC is responsible for registration (and deregistration) of all medical personnel in Thailand. While the Royal College of Obstetricians and Gynaecologists (RTCOG) is legally responsible for all specialist training in OB-GYN. Each year there are 1,600-1,900 new graduates from 17 medical schools. The total number of new graduates is projected to reach 1,900 in 2012. The Consortium of Medical Schools and the TMC supervise the six-year curriculum of all medical schools. These registered practitioners and new graduates will be the health manpower resource making great contribution to improving women's reproductive health in providing comprehensive abortion/post abortion care if they are motivated and well trained. Besides government providers, cooperation received from non-government organizations such as Population and Community Development Association (PDA), Planned Parenthood Association of Thailand (PPAT), are recognized for their provision of family planning and abortion services. However, these non-government organizations lack the capacity to provide countrywide services on a large scale and in all communities. The majority of reproductive health services still depend largely on the government organizations.

Thai Medical Education System:

The Thai medical curriculum consists of a 6-year course. The first two and a half years cover the preclinical subjects, followed by students rotating into specialties starting with community medicine. In OB-GYN, subjects include spontaneous, incomplete abortion care, post partum hemorrhage, maternal health, family planning and contraception gynecologic cancer, medical ethics etc. There is also competency based training for specific clinical procedure in the sixth year. There are already in place in some schools, clinical teaching/tutorial on the D&C procedure and Vacuum Aspiration Technique, though this is opportunistic learning and not systematic teaching. What is needed, is more emphasis on positive attitude toward abortion (accepting it as a health need for women similar to any other health needs) and the use

of vacuum aspiration for safe abortion and post abortion care rather than D&C as well as making the learning more systematic at all levels (from 4th year clinical students to 3 years residency training) at all medical schools.

All newly graduates must undergo 3 years compulsory national health service in the rural areas (in provincial and district hospitals) before returning to further specialty training of their choice. During these three years of rural health service, all of these new graduates will inevitably encounter and must handle competently cases of abortion and family planning.

There is a need to institutionalize and conduct simultaneous conceptual training as well as surgical skill on safe abortion care, value clarification, competent use of MVA and post abortion contraception for the penultimate and final year medical students and OB-GYN residents in all medical schools in Thailand as well as general practitioners who will sustainably serve women of reproductive age effectively and appropriately. Pre-service training provides a long term benefit and in service training providing an immediate short term as well as long term benefit to women's health care service including abortion service.

Access to family planning supply:

Since 2001, the national health budget is channeled through the National Health security Office (NHSO), which is both the "buyer" and the quality controller of health care services for all registered population in Thailand. The government pays a per capita fee for each registered patient (2200 Baht/per capita in 2009, increasing to 2689 Baht in 2012) to all registered health care facilities through provincial health office. Contraceptive products are no longer supplied free of charge as was the case previously. Relatively expensive medicated IUD, implants, has to be bought by the patients themselves. This leads to preference of dispensing of cheaper oral contraceptives. For the young and unmarried access to contraceptives is even more difficult. Contraceptive pills bought over the counter are the only affordable choice for these women. The condom that used to be distributed free of charge are now sold at some cost. The procedure of elective termination of pregnancy is not covered and therefore unpaid by the NHSO, but ironically treating complications of unsafe abortion such as renal failure, hemorrhage, sepsis, perforation of abdominal organs are fully covered and paid for by the NHSO.

Success of Amendment of Medical Regulation for Termination of Pregnancy;

Since 1999, the Women's Health and Reproductive Rights Foundation of Thailand (WHRRF), Department of Health (DOH), the Thai Medical Council (TMC), the Royal Thai College of Obstetricians and Gynecologists (RTCOG) have moved to legalize safe abortion service in the country. The baseline survey was conducted to identify needs, problems associated with unsafe abortion and to bring up these issues to get the attention of the health policy decision-makers and service providers.[2] Several seminars and meetings were conducted to discuss and to seek acceptable solution on provision of safe abortion and post abortion care to the Thai women throughout the country. Many attempts were made to amend the existing abortion law (penal code articles 301-305) to make abortion legal through the parliamentary system; all were unsuccessful ,the last attempt in 1981 failed by a single parliamentary vote.[5]

Meanwhile the trainings on provision of safe abortion were conducted for OB/GYNs in the regional hospitals to increase awareness of the service providers and increase access of women to the abortion service. As the political climate had not been supportive for the amendment of the law, the DOH, TMC, the RTCOG and the WHRRF decided to widen the criteria for termination of pregnancy to cover mental health of the women, which would help women to increase access to safe abortion care. In 2005, after 6 years drafting, the new medical regulation for termination of pregnancy to allow abortion if the woman's mental health is in jeopardy was approved and announced in the Royal Thai government Gazette.[6]

More work still need to be done after the promulgation of the new medical regulation. The negative attitudes of the service providers toward abortion have remained the same. In addition, the

persistent use of dilatation and curettage by sharp instrument instead of gold standard vacuum aspiration by Thai gynecologists and general practitioners for termination of pregnancy and treatment of incomplete abortion and other gynecology diseases had resulted in the tragic, unnecessary and preventable morbidity and mortality of Thai women.

The problems that lay ahead;

1. The negative attitude of the physicians and some policy decision makers toward abortion are still prevalence and must be changed if the access to safe abortion to women who need it is to improve.

2. There are still many public hospitals unwilling to provide a safe abortion service. They should be educated about the amendment of the medical regulation and abortion service, as well as the right of women to access comprehensive abortion care.

3. The MVA kits are unavailable and still not listed on the medical essential supply.

4. Women are still stigmatized and discriminated when it comes to abortion issue, especially those who are young, under-privileged and marginal women.

5. Drugs for medical abortion (mifepristone and misoprostol) are not registered for use in Thailand.

The immediate needs are;

1. Advocacy of the rights of women to access to safe comprehensive abortion service emphasizing that abortion service is "a health need" and no different from any other healthcare service. And like any other "health need", the elective abortion procedure needs to be paid for, by the National Health Security Office,

2. The necessity to train general practitioners at the district hospitals level and private community clinics to enhance existing hospitals networks for sustainability.

3. Expanding access to quality safe abortion service throughout Thailand and making it available, universally accessible and affordable.

4. Supply of MVA to all public hospitals.

5. Registration of medications for Medical Abortion as the national essential drug list.

6. Modification of medical curriculum on safe abortion, surgical and medical abortion

7. Desensitize health care professions and public of abortion issue.

Roles of Royal Thai College of Obstetricians and Gynaecologists

As the guardian of women's health in Thailand by law, RTCOG has duties to mitigate and eradicate unsafe abortion through its legal mandate by providing appropriate, timely information to public and the Thai government on the magnitude and severity of health and socio-economic burdens of unsafe abortion. The College will have to also suggest ways to eradicate this scourge of preventable disease to the Government. Strong advocacy on universal access to safe abortion service, similar to any other women health care, should be instituted by the College.

Through its duty of education and specialist training, as well as maintaining standard of good professional practice, the College will have to modify its training curriculum to cover broad range of related topics that contribute to determinants of unsafe abortion (these topics, though not exclusively, should include socio-economic and health burdens of unsafe abortion, laws, women's rights, professionalism, good clinical practice, barriers to access to safe abortion service. It will also have to change the traditional and outdated practice, amongst practicing gynecologists, from using D&C for evacuation of intrauterine products to the new, safer and gold standard vacuum evacuation(both electric and manual type : EV &MVA).[7]

Frequent litigation arising from complications of outdated D&C (such as fatal hemorrhage from perforation, evisceration of intestines etc.) is indefensible in the eyes of public and in the court of law.

Good professional practice which "makes the care of your patient your first concern"[8] and patient safety should be emphasized.

Registration of drugs used for medical abortion should be expedited.

Research on unanswered questions in many facets of unsafe abortion, like short term and long term impact and consequences of unplanned and unwanted pregnancy, should be encouraged.[9]

The duty of RTCOG will be done when women in Thailand will no longer die or be debilitated from the

scourge of unsafe abortion, enjoying "a fifth freedom" in the words of Sir Dugald Baird "freedom from the tyranny of excessive fertility".[10,11]

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