

Reproductive Health And Reproductive Technology

1998 (Revised 2005)

Introduction

The ability to regulate and control fertility should be regarded as a principal component of the physical and mental health and social well-being of all women of child-bearing age. Family planning can contribute to the survival and health of mothers and children.

The Australian Medical Association supports the right of every woman to make her own decisions about reproduction and about her use of available and appropriate reproductive technology. Whenever feasible, her partner should be encouraged to discuss these issues.

The access of all people to reproductive medicine should be free from undue political, commercial, cultural or religious interference.

A patient who seeks, or has undertaken any form of family planning, including a termination of pregnancy, should not be marginalised or stigmatised.

The AMA considers clinical research into reproductive medicine should be freely conducted within the prevailing social, medical and legal framework.

Reproductive Health

The AMA believes that:

1. All people should be aware of, and have access to, family planning information and services, including contraception and sterilisation.
2. All health professionals have an important educational role in informing their patients about up-to-date family planning options, their reliability and their possible adverse effects, including information about sexually transmitted diseases.
3. It is not the role of the medical profession to determine the attitudes of any community concerning family planning options.
4. Where adolescents are able to make autonomous decisions regarding their medical treatment, and wish that treatment to remain confidential, then doctors must respect and maintain that confidentiality. Doctors should refer to the AMA Code of Ethics when dilemmas arise. When appropriate, adolescents should be encouraged to make these decisions in collaboration with adult family members.
5. A patient may wish to discuss questions concerning sex and sexuality. Doctors should possess the knowledge which will enable them to give patients the information sought, including possible health risks.
6. When a personal moral judgement or religious belief prevents doctors from recommending some form of therapy, they should so inform their patients. They should also inform patients that such therapy may be available elsewhere.
7. All medical schools should include reproductive health as a component of their core curriculum.

Contraception

1. Contraception can prevent psychological distress and premature deaths of women from the consequences of unwanted pregnancies, particularly for women with a history of certain psychiatric and medical conditions.
2. Any treatment affecting an individual's reproductive capacity also has potential implications for that person's partner. A patient should be encouraged to discuss such procedures with their partner. Ideally, the doctor should subsequently offer the patient and their partner the opportunity to attend for a joint consultation.
3. The provision of contraceptive services for people with intellectual disabilities, but who are capable of consenting, should facilitate as much patient autonomy as possible.
4. Emergency hormonal contraception should be an option available for all women through registered medical practitioners. Women and men should be made aware of this option.
5. The AMA supports further research into methods of contraception. The AMA recommends that contraceptive methods proven overseas to be safe and effective be made available in Australia.
6. The freedom of doctors to engage in ethical clinical research in contraception must be protected from the influence of any third party.
7. Sterilisation should be considered an irreversible form of contraception, and adequate information about the procedure and its implications must be provided.
8. Where the woman is unable to give legally valid consent, then the current law requires Court approval of sterilisation.

Termination of Pregnancy

1. The AMA respects the rights of doctors to hold differing views regarding termination of pregnancy.
2. Where the law permits termination of pregnancy, the procedure and the associated anaesthesia should, as with any other medical intervention, be performed by appropriately trained medical practitioners, in premises approved by a recognised health standards authority.
3. Where the law permits termination of pregnancy, non-surgical forms of termination (such as RU486/mifepristone) should be made available as an alternative to surgical abortion in cases where they are medically deemed to be the safest and most appropriate option based on the appropriate clinical assessment.
4. It is the doctor's responsibility to provide patients with information regarding the potential health risks and psychological consequences which can arise from continuation of and termination of pregnancy.

Assisted Reproduction Technology (ART)

1. The AMA acknowledges the value and place of established ethical techniques in reproductive technology in the management of infertility.
2. It is the doctor's responsibility to provide sufficient information including the purpose, methods, risks, stresses, inconveniences, applicable laws and potential disappointments to those patients contemplating undertaking ART. Patients should be informed of the psychological and social supports available, and referred for assistance when appropriate.

3. The freezing, storing and donation of gametes and embryos raise particular legal and ethical problems. Any patients considering surrogacy and assisted reproductive technology should understand the legal and social implications of gamete and embryo donation.

Surrogacy

1. The AMA recognises that doctors may, if such arrangements are legal in their State or Territory, be called upon to assist in surrogacy arrangements.
2. It is the doctor's responsibility to provide patients with information regarding the potential health risks and psychological consequences which can arise from surrogacy arrangements.
3. Once such a pregnancy has commenced, the doctor's ethical and medical obligations to the surrogate mother and child are the same as those owed to any pregnant woman and her future child.
4. In order for the child, the family, and their medical advisers to be medically informed throughout the child's life, the child should have a right of access to non-identifying information relating to the health and genetic background of the gamete donor.

Sexually Transmitted Diseases

See AMA Position Statement "*Blood-Borne and Sexually Transmitted Viral Infections*"

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