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ritish Columbia's *Access to Abortion Services Act*: A Document Analysis

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Abstract – Nurses are often exposed to a multitude of complex and controversial situations that are influenced by contextual factors, such as a healthcare organization's values or laws created by policy makers. Although these values and laws provide direction into how a nurse should and should not act, there is often no mention of the personal beliefs and biases of the authors who created these values or laws. Consequently, nurses' actions may be unknowingly influenced by the creation of an Act (or bylaw). This document analysis will explore the Access to Abortion Services Act of BC in order to explore contextual factors that have influenced its creation and how it may affect nursing practice and the implications for women who need to access such services. A Human Rights theoretical perspective will be utilized to situate the analysis of the act to discuss the equal access to treatment for healthcare consumers and providers in relation to availability, accessibility, acceptability and quality. Values, inherent power imbalances and how the act addresses the social determinants of health will be discussed. The values and power imbalances present in the act will also be linked to potential effects on health, healthcare and nursing practice.

Keywords: Human rights, Abortion services, Nursing care, Social determinants of health

Introduction

Access to abortion services in British Columbia (BC) is supported through the Access to Abortion Services Act of BC (AASABC) (Queens Printer, 1996). This act empowers women to uphold their right to reproductive health and experience sexual expression while still being able to decide if they do or do not want to reproduce (Rioux, 2010). A Human Rights theoretical perspective will be utilized to situate the analysis of the act to discuss the equal access to treatment for healthcare consumers and providers in relation to availability, accessibility, acceptability and quality. I will discuss the values and inherent power imbalances that are operating in the act. I will also examine how the act addresses the social determinants of health (SDOH). I will analyze how the AASABC's values and powers influence health, healthcare and nursing practice. It goes beyond the scope of this paper to discuss all of the elements of the AASABC, therefore, I will only discuss the most significant values, power imbalances and SDOH.

Theoretical Perspective & Methodological Approach

The human rights theoretical perspective as described by Rioux (2010) was used to situate the document analysis of the AASABC. Although there were other theoretical perspectives which could be applied towards the analysis of the document, Rioux's description explicitly indicated that the right to health cannot be viewed in isolation and that there was a relationship between equal access to health and human rights (2010). This relationship could help to unpack the societal dimensions that influenced and constrained individual behaviours (Rioux, 2010) of healthcare providers and consumers, such as nurses involved in abortion services and women who access such services, respectively. The AASABC was analyzed using a content analysis approach to organize information from the act into key values, elements of power and areas related to the SDOH (Polit & Beck, 2012).

Human Rights Definition

The use of the human rights theoretical perspective to situate the document analysis encompasses an operational definition of human rights. Human rights are legal entitlements of individuals to be protected against actions that interfere with fundamental freedoms and human dignity (Freeman & van Ert, 2004; World Health Organization [WHO], 2002). Human rights are laws that support the cultural, economic, political and social entitlements of all individuals (Rioux, 2010; WHO, 2002). Human rights are universal to all individuals and cannot be waived or taken away. There are various human rights such as the right to health, education, participation and freedom from discrimination (WHO, 2002). Regardless of the specific right, human rights are based on principles of equality for all, acknowledgement of self-worth of each individual, self-determination, inalienability and universal inherence (Rioux, 2010).

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The Access to Abortion Services Act of BC

The AASABC outlines the legal rights and protection that women, doctors and healthcare providers (HCPs) have when accessing or providing abortion services in BC (Queens Printer, 1996). The act criminalizes the occurrence of any anti-abortion behaviour that happens within a certain distance of a designated facility and the homes of doctors or HCPs who perform the procedure (Queens Printer, 1996; Shaw, 2006). Any individual that uses or provides abortion services will be assured that they will be treated with courtesy and respect for their dignity and privacy (Queens Printer, 1996).

Key Values

Human Rights and Equal Access: The value of human rights of women who seek abortion services is supported by the AASABC. Human rights enhance the well-being of individuals (Rioux, 2010) and ensure equal access to healthcare (Kirkham & Browne, 2006). The rights of women to experience self-worth, autonomy, self-determination and equality (Rioux, 2010) are evident through the act's inclusion of a safe environment free from protest, interference, and intimidation (Queens Printer, 1996). Women are legally protected against harassment, coercion, abuse, and stigma from non-participating individuals. The implied universal access that women are given also supports Rioux's description of the right to health; a human right. This right includes availability of a facility, accessibility through non-discrimination and physical access, acceptability through confidentiality and quality through respectful care (Rioux, 2010). The AASABC fulfills these key aspects with access zones (areas of abortion service), explicit entitlement of all people in BC to access healthcare, zero tolerance for graphic recording and treatment with courtesy and respect, respectively (Queens Printer, 1996).

Rights and Freedoms of the Opposition: Although the AASABC values the human rights and equal access of women to abortion services, the value of respecting the human rights and freedoms of opposing parties is also apparent. The Canadian Charter of Rights and Freedoms of 1982 indicates that everyone is entitled to the fundamental freedoms of thought, belief, expression, conscience and religion (Government of Canada, 2014). Although opposing parties may not agree with a woman's decision to access abortion services, the act does state that they can protest, without criminalization, as long as it is 10 metres away from an identified access zone (Queens Printer, 1996). Opposing individuals are given the legal authority to express their beliefs without placing direct interference on the patient or HCPs accessing or providing these services.

Power

The policy makers of the act assert their power through the inclusion and exclusion of key ideals. Iannantuono and Eyles (1997) indicate that power comes from what is and is not mentioned. Although the authors of the act provide a detailed description of criminalizing anti-abortion behaviours, they did not address *all* of the principles of human rights comprehensively. Accessibility and availability are presented in terms of physical access rather than broader ethical and political structures that contribute to the *true accessibility* of abortion services. There is an exclusion of detailed requirements for a facility to be "adequate", economically accessible and available to provide quality information (Queens Printer, 1996). This inclusion and exclusion represent what the authors believe to be "accessible" and ultimately what will be enacted through law. Consequently, power from the authors becomes something that is enacted through its disguise (Boschma, 2014).

Social Determinants of Health

The iteration of the SDOH is meant to provide individuals with a means to live a secure and satisfying life (Raphael, 2010), while considering people within their own contexts (Rodney et al., 2013). Income, social status and education are not addressed in the act (PHAC, 2013). The majority of abortion services are located in urban areas (Shaw, 2006). Rural women that have low incomes often cannot afford the travel expenses required to go to an urban area for an abortion (Shaw, 2006). The exclusion of mandatory financial assistance for women in the AASABC negates the outcomes suggested by Raphael and Rodney et al. In addition, the authors of the act do not address potential discrimination through stigma secondary to a lower social status often seen in lower income households (Kumar, Hessini, & Mitchell, 2009). The lack of importance placed on social status indirectly denies the availability and accessibility of women to education about abortion services (Rioux, 2010). The act does not include the legal requirement for HCPs to provide quality information to women; an imperative requirement to exercise a woman's human right to reproductive health (Rioux, 2010; Shaw, 2006).

Health, Healthcare and Nursing Practice

The values and power present in the act influence health, healthcare and ethical nursing practice. The authors' inclusion of valuing only *physical access* to abortion services and protection from interference (Queens Printer, 1996), limits women from fully enacting their human right to reproductive health (Rioux, 2010). The AASABC does not mandate that services and education be made accessible and available to women from a range of socioeconomic statuses and health literacy levels. This may lead to negative health outcomes of these women (Rioux, 2010). Women who do not have the financial resources of accessing available education around abortion services may

resort to self-abortion procedures or unlicensed professionals conducting the abortion. These procedures often involve unsanitary conditions and result in complications after the procedure, which can affect the overall physical and psychological health of women (Shaw, 2006). This represents a serious social justice issue stemming from the AASABC. In the context of abortion care, these values and power imbalances may foster a healthcare environment that lacks social justice through inadequate health equity (Kirkham & Browne, 2006; Rioux, 2010). Nurses providing care to patients receiving abortion services may be unable to safeguard patients' human rights to equity and fairness (CNA, 2008). These issues illustrated through the discussion of the AASABC also reflect systemic issues for nursing in general. Nurses cannot ensure the promotion of informed decision-making (CNA, 2008) because of the insufficient legal and accessible abortion services to promote good health. In addition, nurses will not meet the holistic needs of women to plan and care for their families (Shaw, 2006), if practicing according to the AASABC.

Conclusion

Superficially, the AASABC provides the legal protection of women to access abortion services (Queens Printer, 1996). However, a closer analysis of the document reveals that the authors inadequately address multiple human rights principles, power imbalances and select social determinants of health to foster a healthcare system based on social justice. If future laws regarding abortion are enacted, it is important for policy makers to deconstruct this complex subject in order to apply it to the entire population of women (Kumar et al., 2009).

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