DO PERSONAL EXPERIENCES IN A MALAYSIAN HOSPITAL SUPPORT OR OPPOSE A CHANGE TO MALAYSIAN ABORTION LAW IN ORDER TO REDUCE THE INCIDENCE OF UNSAFE ABORTION?

SOPHIE COE: YR5 MEDICAL UNDERGRADUATE WORD COUNT: 992

ELECTIVE PLACEMENT: WOMEN AND CHILDREN'S HOSPITAL, SABAH, MALAYSIA

Abortion ▪ Unsafe ▪ Malaysia ▪ Legal ▪ Women

ABSTRACT

Whilst abortion is legal under many circumstances in the UK, it remains a much-debated topic in the country of Malaysia. The content of, and lack of clarification surrounding, Malaysian abortion law has created barriers to seeking abortion services in clinical practice. This has resulted in patients acquiring unsafe methods to terminate pregnancies. The report provides a focused reflection on how abortion law in Borneo may have impacted patients presenting to Sabah Women and Children's hospital. It explores whether these differing experiences support or oppose a legal change within the country in order to reduce the incidence of unsafe abortion. The report will evaluate how these patients' experiences may have differed under UK law.

INTRODUCTION

The lack of clarification surrounding abortion law in Malaysia has led to challenges for women accessing services, often leading to the use of unsafe methods [1,2]. Unsafe abortions are defined as those performed by individuals without the necessary medical skills; 99% of abortion deaths worldwide are due to resulting complications[3,4]. This report uses reflection on clinical experiences to theorise the reasoning behind unsafe abortion usage in Malaysia. Additionally, the report aims to consider the discrepancies between UK[5] and Malaysian abortion law[1] (Table 1), reflecting on this to determine whether outcomes may have differed if Malaysian law mirrored the UK.

Laws of Malaysia: Penal Code		UK General Acts: Abortion Act 1967	
Whoever voluntarily causes a woman with child to miscarry shall be punished with imprisonment for a term which may extend to three years or with fine or with both		A person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith:	
Explanation –	A woman who causes herself to miscarry is within the meaning of this section	*Ground A –*	that the pregnancy has not exceeded its twenty-fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family
Exception –	This section does not extend to a medical practitioner who terminates the pregnancy of a woman if such medical practitioner is of the opinion, formed in good faith, that the continuance of the pregnancy would involve risk to the life of the pregnant woman, or injury to the mental or physical health of the pregnant woman, greater than if the pregnancy were terminated.	*Ground B –*	that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman
		Ground C –	that the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated
		Ground D –	that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped

Table 1: Summary of UK[5] and Malaysian[1] abortion law

METHODS

The overarching methodology will be reflection on two patient cases. Exploration of how each situation has impacted me personally, alongside the anticipated impact it may have had on others, will then be undertaken using an adapted version of Brookfield's four lenses reflection model[6]. This model was developed for educators to reflect through different viewpoints; it has been adapted to fit the clinical scenario (Figure 1).

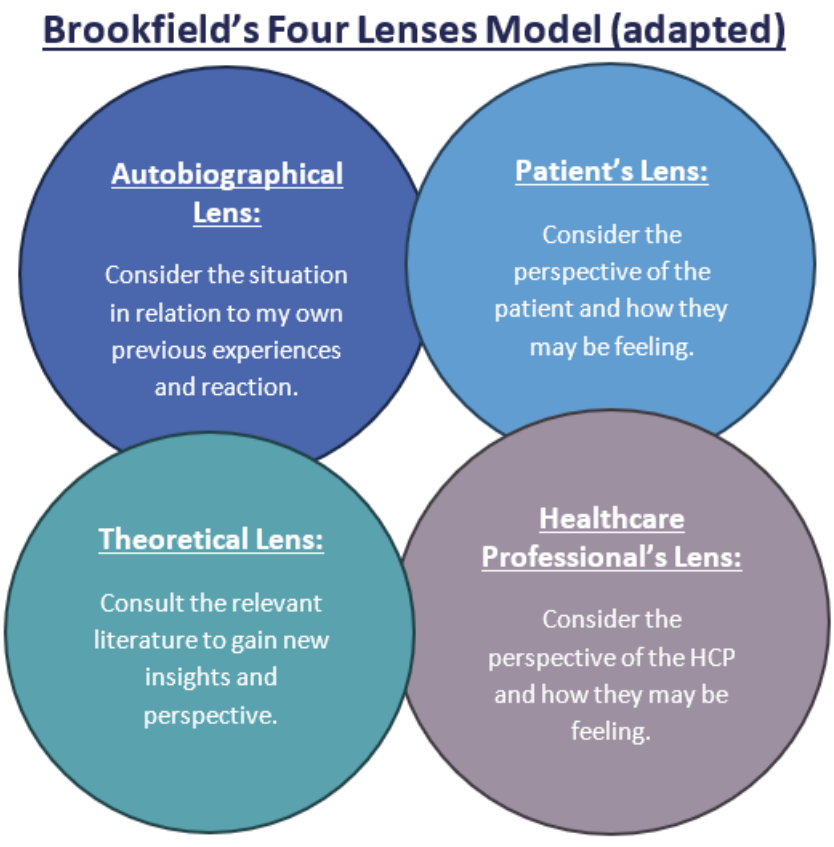

Figure 1: Adaptation of Brookfield's Four Lenses Model of Reflection

Patient Case Card 1: Young Female	
Presenting Complaint	Tonic-clonic seizure, extending past 5mins despite administration of anti-epileptics.
Collateral History from Partner	- **Hx Presenting Complaint**: began seizing after taking a medication (misoprostol) acquired through the black market to terminate pregnancy of 20weeks, unsure of dosage, she has never had a seizure before - **Past Medical Hx**: none - **Family Hx**: none relevant - **Social Hx**: unintended pregnancy as not financially able to support a child, still living with parents who are unaware of the pregnancy, she has no occupation
Impression	Drug-induced seizure; termination of pregnancy
Plan	Due to failure of multiple antiepileptics and continuing seizure, patient was placed under GA and transferred to ICU

Figure 1: Patient Case Card 1

Figure 2 shows the first reflective case; I felt disbelief that the patient chose to resort to this unsafe method as I had never encountered this before. From the Healthcare Professionals (HCPs) perspective there seemed to be a lack of surprise, perhaps suggesting desensitisation to this more commonly seen situation. Research suggests that women seek unsafe abortions outside the healthcare sector through two routes. The first involves attempting and failing to seek legal abortion at a healthcare facility[7]. Although misoprostol is recognised as a safe abortion method, it is not utilised in Malaysia[8]. Concordantly, it could be assumed that the patient chose to acquire it because she was unable to access reliable abortion information and services. This is an identified major issue in abortion accessibility making it a likely barrier here[9, 10].

The second route involves seeking unsafe abortion without first presenting to healthcare services[7]. Personal faith could be contributory when considering why the patient may have chosen this route; faith commonly influences decisions surrounding pregnancy termination[11, 12]. Malaysia is a majority Muslim country; under Islamic law, abortion is generally permitted if performed before 120days[13]. Considering her reported gestation of 140days, this provides a potential reason for why the patient could have sought more discreet termination options.

Due to her stable physical health prior to the misoprostol, the legal grounds for abortion could only fall under 'mental health' (Table 1). As this must be an opinion formed by a medical practitioner – two in the UK – there is plenty of scope for differing views. This reflection has led me to question whether basing a law on the 'opinion' – defined as a view not necessarily based on fact[14] – of one or

two people is a fair way of reaching a definite decision on such a life-changing event. Despite this, it should be acknowledged that the presence of two practitioners in agreeance, as defined in UK law, has more chance of reaching an unbiased outcome.

Upon consideration of these reflective points, it is my belief that the patient would have been less likely to seek unsafe abortion in the UK. However, I would suggest that access to and provision of abortion services is the key issue here; legal change would have limited impact.

Patient Case Card 2: Middle-aged Female	
Presenting Complaint	Reduced consciousness and distress – hitting her abdomen with her fists and mumbling indiscernible words.
Collateral History from Partner	- **Hx Presenting Complaint**: patient had taken a mixture of over-the-counter medications and alcohol a few hours prior to presentation in order to terminate her pregnancy - **Past Medical Hx**: none - **Family Hx**: none relevant - **Social Hx**: second pregnancy, 12month old baby at home with Down Syndrome, patient is still struggling with Postpartum Depression (PPD)
Impression	Attempted and unsuccessful termination of pregnancy
Plan	Refer to psychiatry

Figure 2: Patient Case Card 2

Whilst reflecting upon the second case (Figure 3), I wondered why there seemed to be limited discussion of abortion services with this patient. One of the key barriers to abortion access in Malaysia is the misconception that it remains illegal[2]. This has been found to extend to HCPs[10]. My interpretation of the HCPs perspective during the scenario suggested similarly; abortion was broadly viewed as only permitted in life-threatening circumstances. Additionally, termination has been described as a 'taboo topic' in Malaysia[9]. From my time in the country, I feel that stigmatisation poses more of an issue than in the UK, a contributing factor to its lack of discussion.

The actions of the patient suggest desperation; her perspective likely involved fear and potential embarrassment surrounding her inability to cope. Negative attitudes towards PPD have been found in Malay social networks[15]; this may explain why the patient attempted to abort the pregnancy unsafely rather than seeking help. Additionally, her PPD may relate to Down Syndrome; this is widely considered a difficult adjustment[16]. Abortion on the grounds of a 'seriously handicapped' child is considered in the UK but not in Malaysia (Table 1). There is no evidence as to whether the patient's wishes would have involved termination for her first pregnancy or whether this second pregnancy had any features suggestive of a congenital disorder; however, the experiences of this patient may have been positively impacted under UK law if either of these statements proved true.

The legal grounds for abortion would fall under the clause of mental health. Although both laws imply leniency on psychiatric grounds, the translation of this into clinical practice is again dependent on the opinion and awareness of the responsible medical practitioner. The documented stigmatisation surrounding abortion in Malaysia has potential to influence this towards reduced service provision. Theoretically, there may be less chance of this occurring if there were a change in Malaysian law to incorporate two medical practitioners in the decision. However, it is challenging to predict whether this would make a significant impact when HCP awareness around the law itself is reportedly low[10].

CONCLUSION

Through personal reflection and literary review, I conclude that although the laws differ, it is the attitudes and awareness surrounding them that seem more influential in clinical practice. If legal change were to occur, my personal experiences support the provision of further elaborated abortion grounds, as demonstrated by UK law, to supplement guidance for HCPs in Malaysia. This, in turn, has the potential to lead to a reduction in unsafe abortion incidence. I would suggest that there is scope for more research into HCP training and awareness of abortion law in Malaysia alongside data collection on unsafe abortion complication incidence to assess the magnitude of the issue.

REFERENCES

1 *Laws of Malaysia.* Act 574: Penal Code (2018)

2 Low WY *et al.* (2015). 'Access to Safe Legal Abortion in Malaysia: Women's Insights and Health Sector Response'. *Asia-Pacific Journal of Public Health* 27(1):33-37.

3 Sedgh G *et al.* (2016) 'Insights from an expert group meeting on the definition and measurement of unsafe abortion'. *International Journal of Gynaecology and Obstetrics* 134: 104-106.

4 World Health Organization, UNICEF and United Nations Population Fund and The World Bank (2019) 'Trends in Maternal Mortality: 2000 to 2017' Available from: https://data.unicef.org/topic/maternal-health/maternal-mortality/ [Accessed 14/08/23]

5 The Abortion Act 1967, c.1, Available from: https://www.legislation.gov.uk/ukpga/1967/87/contents [Accessed 01/11/22]

6 Brookfield S (2017) *Becoming a critically reflective teacher*. Chichester: John Wiley & Sons Ltd.

7 Chemlal S and Russo G (2019) 'Why do they take the risk? A systematic review of the qualitative literature on informal sector abortions in settings where abortion is legal'. *BMC Women's Health* 19 (55).

8 World Health Organisation (2022). Global Abortion Policies Database. *Country Profile: Malaysia.* Available from: https://abortion-policies.srhr.org/country/malaysia/ [Accessed 22/08/2023].

9 Tong WT *et al*. (2012) 'Exploring pregnancy termination experiences and needs amongst Malaysian women: A qualitative study'. *BMC Public Health* 12 (1):743.

10 Abdullah R (2009) 'Abortion in Malaysia: legal yet still inaccessible.' *Arrows for change* 15 (2): 8.

11 Osman A (2021) 'Abortion Laws in Muslim Countries: Modern Reconfiguration of Pre-modern Logic'. *Muslim World Journal of Human Rights* 19 (1): 19-52.

12 Clements B (2014) 'Religion and the Sources of Public Opposition to Abortion in Britain: The Role of 'Belonging', 'Behaving' and 'Believing''. *Sociology* 48 (2):211-421.

13 Shapiro, G (2014) 'Abortion law in Muslim-majority countries: an overview of the Islamic discourse with policy implications'. *Health Policy and Planning* 29 (4):483-494.

14 Oxford University Press (2004). *Pocket Oxford Dictionary, Thesaurus, and Wordpower Guide.* Oxford: Oxford University Press Inc.

15 Alsabi *et al.* (2022) 'Improving knowledge, attitudes and beliefs: a cross-sectional study of postpartum depression awareness among social support networks during COVID-19 pandemic in Malaysia'. *BMC Women's Health* 22: 221.

16 Schimmel *et al.* (2020) '"Your baby has Down syndrome": what is the preferable way to inform parents?'. *Journal of Perinatology* 40: 1163-1166.