

Who Pays the Piper?

FUNDING FOR CONTRACEPTION AND ABORTION

By Christian Fiala, MD, PhD

AS HUMAN BEINGS WE ARE far from perfect. This means that accidents happen. Since accidents are unpleasant experiences, we try to avoid them. For example, to prevent traffic accidents, we make driving licenses obligatory, impose speed limits, limit alcohol use by drivers and make sure people respect these and other rules through regular enforcement. These are all helpful strategies to reduce accidents. But some accidents will still happen, so we need medical backup, everything from first aid, emergency call centers and ambulances, to specialized trauma units in hospitals. Our modern societies have established these prevention and medical backup services for all the contingencies of life. The approach of prevention and care has become standard—an important cultural achievement.

But there is one exception: accidents as a result of sexual activity. If an unintended pregnancy occurs and the woman decides to have an abortion, she is suddenly left alone. “It’s her own fault,” was a common reaction some decades ago. But we still act that way even though most people don’t dare say it out loud nowadays. Because of the implicit social expectation that women should carry their pregnancies to term and the

ongoing stigma against abortion, women are still forced to explain themselves and accept insensitive or insulting behavior from others around them, including unprofessional treatment from some healthcare professionals.

We have made considerable progress over the last century, during which time women have gained much more autonomy over their bodies, including their reproductive health. This shift from paternalism to self-determination was a significant factor in the unprecedented improvement in women’s health and quality of life. But society as a whole has also profited from increased women’s autonomy: the high standard of living that so many of us enjoy today is the result of the female population’s ability to actively participate in society without their lives and health being threatened by illegal and unsafe procedures, or repeated unwanted childbearing.



IMAGE: CHRISTIAN FIALA

Coverage of costs for contraception and abortion in various European countries

Country	Contraception	Abortion costs
France	most	most
Albania, Belgium, Germany, Italy, Netherlands, Spain, Sweden, Turkey, Uzbekistan	some	most
UK	some	some
Finland, Switzerland	none	most
Bosnia and Herzegovina	most	none
Austria, Cyprus, Czech Rep., Hungary, Israel, Latvia, Russian Federation, Slovakia	none	none

DR. CHRISTIAN FIALA is the medical director of the Gynmed Clinic in Vienna, www.gynmed.at. He is an OB/GYN who earned a PhD at the Karolinska Institute, Division of Woman Child Health, in Stockholm. Dr. Fiala founded the Museum of Contraception and Abortion in Vienna, www.muvs.org.

However, the ancient double standard prevails in reproductive health. Women are still burdened with all the consequences if they go against societal expectations and decide they don't want to get pregnant or stay pregnant. For example, women often have to pay out of pocket for basic preventive measures and for the medical treatment of unwanted pregnancy.

We seem to have forgotten why the so-called developed countries got to where they are today. One of the main reasons is our social consensus that it is in the interest of the whole of society to help individuals prevent accidents and to care for them if an accident does occur, regardless of the reason or the person's social status or income. This concept of helping individuals instead of letting them fend for themselves is well-established in many countries. Most European countries have extended this social compassion to reproductive health and coverage for the costs of contraception and abortion with social security, at least in part (see table).

However, this is not the case in a number of countries. Even in those places where reproductive health is covered, abortion coverage is under constant threat.

The reluctance to apply evidence-based medicine to reproductive health reflects a preference for traditional or religious beliefs over historical experience and facts, because it's difficult to understand from a rational point of view. The health and social benefits of covering contraception and abortion are clear—it saves women's lives, improves their health and that of their families and allows them more chances to fully participate in society.

Unfortunately, the debate over abortion coverage does not take place in the realm of evidence-based medicine. Instead, the conflict is part of the centuries-old fight between those in power and individual citizens who want to decide for themselves. Political leaders have sometimes sought to increase their population for military or nationalistic purposes,

especially in wartime and during dictatorships. To reach this goal, some imposed and continue to impose restrictions on contraception and abortion.

The debate about covering costs for contraception and abortion has little to do with facts or reducing the number of abortions. It is about personal beliefs and forcing others to conform to one's own belief system. It is a remnant of the ancient struggle between those holding power and the individual's desire for self-determination. It is a struggle between two competing social ideas: the milita-

ristic concept of power and the new democratic view based on individual responsibility and autonomy. To establish the latter, we need to extend our social consensus on free healthcare for all to include easy access to free contraception and abortion services. These are not luxuries or elective services—they are the very basis for achieving a high standard both for women's health and for society's well-being. ■

Acknowledgement: The author thanks Joyce Arthur for contributing to this report.

Abortion Cost and Coverage: A Cross-European Comparison

By Christian Fiala, MD, PhD

Despite the great attention society pays to abortion practices, little is known about the economic aspects of abortion. The medical, psychological, political and legal facets of abortion are frequently and thoroughly examined within an international context, but there remains a lack of comparative data on the actual costs of abortions. To arrive at an understanding of abortion costs in Europe, a 2005 study conducted by Christian Fiala, Sophie Hengl and Chantal Birman collected reproductive health coverage and national health plan refund policies across the continent.

This information was gathered through questionnaires sent to abortion providers, gynecologists, hospitals, family planning centers and healthcare organizations, asking about contraception and abortion coverage through public assistance; the out-of-pocket cost for women; and access to different methods of abortion. The cost of abortions in each country was interpreted relative to the per capita indicator of the Gross Domestic Product (GDP)—that is, to the country's economy overall.

The data revealed that abortion costs vary considerably throughout Europe, ranging from free to €517. The line between reimbursement strategies can be drawn roughly between East and West. Most countries in Western Europe provide a full or almost-full refund to the majority of women who have an abortion. In contrast, most women in Eastern Europe, as well as in Austria, bear the cost of abortion alone. And there are still a few countries where, due to pressure from the Catholic hierarchy, legal abortion is either nonexistent or impossible to access: Ireland, Malta and Poland.

Though abortion is legal in most countries across Europe, the affordability and accessibility of the procedure vary sharply from place to place. The varying economic conditions related to abortion seem to reflect an "evidence-free zone," meaning that policy and practice are often decided by ideological considerations rather than a concern about women's well-being. Engagement on two fronts is needed if we really care about the health of women: the application of evidence-based medicine in abortion care, as well as joint international efforts to further improve the healthcare systems that deliver such care. A commitment to women's reproductive health across the board would level out many of the differences we currently see in abortion policies across Europe.