

Ethical Aspects of Tubal Ligation in the Family Planning and a Model Study

AİLE PLANLAMASINDA TUP BAĞLAMANIN ETİK YÖNLERİ VE BİR MODEL ÇALIŞMA

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Summary

In this article, ethical aspects of tubal ligation is investigated some subjects such as and a model study is pointed out. Moreover, the legal bases of voluntary sterilization, the acts **relavant** to sterilization and sterilization in Turkey are stressed.

Key Words: Tubal ligation, Medical ethics

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Voluntary surgical sterilization (in woman tubal ligation and in vasectomy) is a family planning method which finds world-wide acceptance and gradually spreads around the world. It is one of the most reliable and safest methods for those who do not wish another child and for those who want to terminate their fecundity. However, this method (sterilization) requires great attention and special care because it differs from other family planning methods in continuity and permanency

As known, the medical applications related with fecundity functions such as birth control, tubal baby, sterilization and the like have been solved in terms of law both in many countries around the world and in Turkey. Nonetheless, all those applications bring some legal and ethical problems on the agenda as well (2,3).

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Özet

Bu çalışmada, aile planlamasında tüplerin bağlanması etik yönleri incelenir ve bir model çalışma istatistiklerle incelenir. Ayrıca, **volünter** sterilizasyonun yasal yönleri, **sterilizasyonla** ilgili yönetmelikler ve Türkiye'de sterilizasyon ele alınır.

Anahtar Kelimeler: Tüp bağlama, Tıp etiği

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When it is checked ethically the tubal ligation can be explained as the woman's / couple's decision about fecundity and acting according to that decision around the principle of Individual freedom. To obtain a well-informed approval, the woman / couple should learn the results of the method to be applied and should also know the possible advantages and disadvantages of the procedure.

Unlike any other method of family planning, in sterilization it is significant to make a certain and complete decision (4,5).

In his essay on freedom J.S. Mill argues that "individuals have the independence of acting on the condition that their decision/s and action/s do not intervene other individuals'."

The Principle of Being Useful for the Society

This principle can be examined under two titles; to be useful and not to be harmful. The former provides the individual concerned and the society, as well, with a great benefit when the method itself is concerned. The principle of not being harmful is closely related with the rule of not doing anything harmful. It is evident that the contraception method should not be injuring ; and even though we think

that the tubal ligation might cause some possible regrets in the future because it is not reversible and therefore even though we call the tubal ligation a damaging method, it is highly interesting to find out that being harmful also consists of abolishing the harmful conditions.

The Principle of Justice

This principle requires any woman / couple to benefit from the family planning services when needed. Benefiting from those services is realized equally in terms of both economy and ethics.

Respect for freedom / wholeness should be the first and foremost principle while arguing about an individual matter such as tubal ligation. The benefit will be spread throughout the society if a family planning method which is active, lasting and almost irreversible is applied by following those principles above (6, 7) .

The Legal Bases of Voluntary Sterilization

In the past, it was not always evident whether the Penal Codes that banned injuring a human body deliberately and knowingly (such actions as raping, paralyzing, injuring and the like are called assault and battery by law) had been practised and valid for the proceedings of voluntary sterilization. That uncertainty discourages doctors from performing a voluntary sterilization in the same countries. On the contrary, voluntary surgical sterilization is performed with a family planning aim widely in some other countries.

In the countries where traditional law is wide spread, when a doctor who carried out the contraception method with his good will and on the wish of the person sterilized is given responsibility, he / she will have a valid defence. Many traditional penal codes permit " good will defence. " Via these principles many countries of traditional law consider voluntary surgical sterilization at the same and equal level with other surgeries. It is regarded as a completely legal method when sterilization is performed for the benefit of the patient with his / her own wish and doctor's good will.

In some countries of civil law, consent is accepted as a defense means. In the beginning of this century, the legal doctrine in some countries said that such a consent is against the ethics, general

policies, and the interests of a pronatalist state. Therefore, accepting to be killed will not justify the murder, similarly the consent will not justify the voluntary sterilization. Today, family planning is described as an individual parental behaviour planned with common sense, not an action against the state. Consequently, it can be advocated that the individual will display a free consent for the voluntary sterilization.

According to an almost universal principle of the criminal law an action can be considered as illegal only if it is described or explained so according to a legal judgement. Since there is no such a legal judgement, voluntary surgical sterilization cannot be regarded as a criminal act (8).

The Acts Relevant to Sterilization

Countries can be classified in four groups from the point of legal statute of voluntary sterilization.

1 - Countries where voluntary sterilization, for family planning, is permitted evidently by the special judgements of the law (regulations, Ministry regulations). The same is true for the countries such as Austria, Cuba, Czechoslovakia, Denmark, Norway, Panama, Sweden and Turkey.

2 - Countries where exists no law can be interpreted in the reverse way; therefore sterilization with a personal wish is accepted as legal: England, U.S.A, Canada, India, Bangladesh, Ghana and Pakistan. This group, also, includes some other countries such as China, Philippines, Mexico (9).

3 - Countries which have not clarified the legality of voluntary sterilization. In these countries, even though the person is willing and has his / her own assent the judgements of penal code, which bans " injuring a body knowingly ", have been interpreted as they can be applied to the cases connected with the voluntary sterilization.

4 - Countries where voluntary sterilization for family planning is illegal in terms of regulations, Ministry regulations, or judgements. This category consists of a few countries such as Burma, Chile, Iran, Peru, Saudi Arabia and Somalia.

Sterilization in Turkey

According to the act 2827 on population planning published in the Official Gazette 18059 on May 27, 1983 :

" Sterilization is an intervention that is performed in order to eliminate the fecundity ability of a man or woman without impeding or preventing their sexual needs."

The sterilization surgery is accomplished with the wish of the adult if there is no medical disadvantage. Besides, if the patient as a married woman, her husband's permission is, too, necessary.

According to the article 10, regulation 510, published on December 18, 1983 in the Turkish Official Gazette on the hysterectomy and sterilization, the sterilization in women is performed by a gynecologist. A man is sterilized by a gynecologist, an urologist or by a general surgeon; besides, sterilization in men can be performed by a general practitioner who got his / her Proficiency Certificate from the training centers opened on this subject by the relevant ministry (10)

Counseling in Family Planning-The Rights of the Service Receiver

The goal of family planning counseling is to help people choose the most appropriate family planning method consciously and willingly and use it continually in the most appropriate way.

All the members of a society at their fecund age are to be regarded as a nominee to benefit from any family planning service. In a society, everybody is of a right to get information about family planning for both himself and his family, along with the right to perform a family planning program or not (11).

The family planning programs should provide information, without prejudice, training and counseling and a sufficient variety of methods and thus these programs ought to help people make a conscious choice. The right of making a choice includes withdrawal from the method or changing it as well (12).

Additionally, all the family planning candidates do have the right to discuss their thought and worries in a safe atmosphere. While taking the counseling service and being examined the right of privacy should be protected. The individual to be examined has a right to know the kind of the examination previously. Besides, people should be re-

minded that they have a right to reject the examination.

Moreover, the patient has a right to express his / her feelings and thoughts about the services he / she benefited from (13)

Important Points in Counseling

It should be found out whether the couple knows the other family planning methods beside the permanent ones. If they have incomplete and insufficient knowledge about them, this situation should be corrected.

It must be emphasized that sterilization is a prolonged, permanent and irreversible method and therefore it should be selected accordingly. Thus, it will be, appropriate that people who are doubtful about reversibility of the sterilization surgery should consider another method instead.

Where the sterilization will be performed, the characteristics of the surgery, what the person will feel during the procedure and its cost should be explained to the nominee of family planning in detail.

Despite the fact that they are the safest methods, some complications might appear, in small rates, in tubal ligation and vasectomi ; this also must be told to the patient.

Furthermore, the patient should be informed, emphasizingly, that he / she can postpone the procedure as long as he / she wishes and he / she is free in changing his / her mind before the procedure begins, and that if he / she gives up the method he / she will be helped in choosing another method.

One of the major targets of sterilization counseling is to determine the individuals who are going to have difficulty in adapting to the method or the individuals who are going to regret. In the later " The ones who are at risk " should be watched more attentively and carefully.

The studies show that the regret felt after tubal ligation is connected with such personal characteristics as being young, having no children all in the same sex, having a bad and a weak marriage, and wife or husband's being reluctant about sterilization (14, 15).

Tubal Ligation and a Sample Study

228 women, in 6. Central Health Clinic in Eskişehir, who had been operated on for tubal ligation were given a questionnaire each, consisting of 23 questions.

The connections between distributions of several datum groups and variables are given same tables according to their percentage portions. The level of statistical importance in variable groups which were studied on whether they are related to one another was determined, and for that purpose, the test X^2 was performed.

The ages of the patients operated on varied from 26 to 45.

On examining the educational level of the sterilized patients, people with or even without a primary school education made up the majority (74, 6 %).

The number of children belonging to the patients involved in the study varied from 1 to 7. The majority of the patients (71, 9%) pointed out that the ideal number of children was 2.

The majority of the woman involved in the study (71,9 %) chose tubal ligation even though conception had not taken place before.

The patients who were operated on said that they obtained the first information about the sterilization procedure from a doctor (Table 1).

It is 117 persons who made their decision on tubal ligation with the help of a physician's advice. In the analysis group 187 of the patients (82 %) stated that they had benefited from a sufficient clear and illuminating counseling. 183 of the surgical operations were performed at the health centers which are at second degree officially.

Table 1. How the first information about Tubal Ligation is obtained.

The Origin Of the Information About Tubal Ligation	Number	Percentage %
Friend	37	16,2
Other Health Staff	19	8,3
Doctor (Surgeon)	161	70,6
Others	11	4,8
TOTAL	228	100,0

Table 2. The level of counseling of tubal ligation

Education Level	Have you given a sufficient counseling ? (Sufficiently) Yes No		TOTAL
	Primary School Graduate or not	140	
Secondary & High School Graduate	40	"	47
College or University graduate	7	4	11
TOTAL	187	41	228

$$x^2 = 2,829 \quad SO = 2 \quad P > 0,05$$

Table 3. The number of abortion and directing towards tubal ligation

Number of Abortion	Are there people in your environment who have been directed towards tubal ligations ?		TOTAL
	Yes	No	
1	32	17	49
2	29	8	37
3	11	4	15
	13	3	16
TOTAL	85	32	117

$$x^2 = 2,536 \quad SO = 3 \quad 0,05$$

The focal point of the quality of the service directed towards the volunteers is the communication and counseling built among the people who give the family planning service. The other significant part of the informing procedure is to tell the patient-to-be about the examination and medical procedures and their results. In the study it was searched whether the counseling and the educational level of the women in whom tubal ligation was performed was sufficient. Between them, no difference was found out (Table 2).

None of the three groups of the women made up the sample group had tried to end her pregnancy.

No difference was found out between the number of abortion (trying to terminate pregnancy) and the people who were directed towards tubal ligation by those who attended the abortion.

When tried to find out correlation between the number of children and encouraging tubal ligation, people with 3 children, when others with less children are concerned, said " Yes " less about encouraging individuals around for this surgical procedure (Table 4).

Table 4. The number of children and directing towards and encouraging Tubal Ligation

Number of Children	Directing towards Tubal Ligation		TOTAL
	Yes	No	
1	2	3	5
2	9	78	87
3	8	75	83
4+	11	42	53
TOTAL	30	198	228

$\chi^2 = 10,44$ SO = 3 P < 0,05

Table 5. The education level of the women and their husbands' attitude towards tubal ligation.

Education Level (of women)	The husband's attitude towards tubal ligation		TOTAL
	He supported	He rejected	
Primary School Graduate or not	159	11	170
Secondary & High School Graduate	43	4	47
College or University Graduate	10	1	11
TOTAL	212	16	228

$\chi^2 = 0,334$ P > 0,05

Table 6. Education Level and Regret After Tubal Ligation

Education Level	Post-tubal Ligation Regret		TOTAL
	Yes	No	
Primary School Graduate or not	21	149	170
Secondary & High School Graduate	7	40	47
College or University Graduate	1	10	11
TOTAL	29	199	228

$\chi^2 = 0,349$ SO = 2 P > 0,05

As the education level of the women who have been sterilized with tubal ligation was compared with their husbands' attitudes towards this surgical operation no difference was found.

One of the main targets of sterilization counseling is to determine the individuals who will have difficulty in adapting herself / himself to the method or those who will regret later on. In terms of regret, people who are at " risk " should careful be watched during counseling process. According to the study findings, there is no difference between the educational level of the people and their regret after that surgical process.

Conclusion

For the each of family planning programs counseling service of high quality is of significance. The main point in counseling is to help the individuals make their decisions freely and consciously while selecting a family planning program. The counseling should be in such a way that both it should give the users of family planning method a neutral information and help them make their own choice.

Since the sterilization process is going to terminate the fecundity of the woman, it is important that she does not feel regret because of choosing it. Then, the woman should be encouraged to express her thoughts about what she might feel when she is sterilized.

As in any other medical process, it is clear that illuminated willingness and permission is of importance in providing people with any kind of family planning methods when needed.

In this sample study carried out in Eskişehir, it was concluded that " patients are informed about the procedures by physicians clearly and in an illuminating way, and also when counseling is at a level that is wished and targeted to be, the regret after tubal ligation disappears. Besides, a sufficient counseling is given to people who asks for it.

In many studies which have been carried out, so far, in different times, the importance of counseling procedure is emphasized (16,17).

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