Case Study

Woman as a gynecological patient

Abstract

Health is a state of complete physical, mental and social well-being, and not just freedom from disease or disability is definition of the World Health Organization means that the quality of health care must not only individuals but also society as a whole. When considering the issues of health, there is no dilemma for medical professionals because every man, regardless of gender or skin color, who seeks professional medical assistance approaches the same way or practices according to the profession's rules to help him with his competences. This is one of the fundamental principles of medical ethics that is respected by medical professionals anywhere in the world. Thus, the quality of health and health care is achieved not only in the environment where medical help is required, but society as a whole. But there is one branch of medicine where the situation is little different. It is gynecology.
ensuring of arbitrary interpretation of its responsibility, and the patient becomes aware of the limits of service that gets the contract. Notwithstanding the necessity of restructuring in health care, the most painful part of the financial reduction, especially in the Croatian health care, that the administrative procedures reduces the time devoted to patient doctor. You can professionally and morally be a good doctor and have an innate sense of communication with patients, i.e. be charismatic doctor, but if the patient does not dedicate enough time, you become anonymous authority, creating uncertainty and mistrust of the patient. This course has a detrimental effect on the very doctor because gets the feeling that forced becomes superficial and insensitive [6].

It should be noted that each patient or the patient has certain rights under the Law of Protection of Patients’ Rights in accordance with which it is obliged to act all medical staff [7]. This law, in fact, talk about the possibilities that the disposal of each patient, related to its decision on the method and progress of treatment. For the implementation of a patient’s desire to keep in mind the cultural differences. The biggest problem that can occur, and it relates to cultural specificities, refers to the impossibility of discussing death, i.e., talk about death in certain cultures taboo, and this issue is avoided. And although cultural differences may be highly expressed in some patients, to avoid over-generalization. The case of each patient should be considered separately [8]. Doctor (and other medical staff) who approach the patient with respect, which has an open approach, which respects cultural diversity, should have no problem in approaching advanced planning patient, when appropriate and in a form that is appropriate in a particular case.

Contraception

In the world exist several models of contraception, and their application depends, above all, on the choice of women. The ideal contraceptive would be 100% effective, free of all side effects, completely reversible, and independent of sexual intercourse [9]. It would also be inexpensive and easily available without the need for medical or nursing involvement. No such contraceptive yet exists and all the currently available methods involve some degree of compromise. For some couples, the prevention of a pregnancy may not be the most important consideration and they may therefore be content to use a less effective contraceptive that has the advantage of fewer side effects. It should also be remembered that some forms of contraception may not be acceptable because of cultural or religious beliefs.

Reproductive health

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes [10]. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

The female reproductive system

A woman’s contribution to reproduction begins with her eggs (ova), which are contained within her ovaries, two small organs on either side of the lower pelvis [11]. A woman’s ovaries are formed while she is still a fetus, during her mother’s first trimester of pregnancy. The ovaries of a six-month-old fetus already contain millions of potential eggs, known as germ cells. Some of these germ cells will eventually develop into eggs; others will dissolve and be absorbed back into the body. A baby girl has 2 to 4 million germ cells in her ovaries; a girl at puberty has fewer than half a million. A woman who never becomes pregnant and has regular periods until she reaches menopause will have produced 300 to 400 eggs over her lifetime. The rest of the germ cells will be reabsorbed into her body.

The desire for parenthood

While a number of couples use different methods to limit their fertility and prevent new life, on the other hand a number of them – and it is constantly growing – has only one desire: to acquire own child [12]. To accomplish this desire them no price is too high. Own desires, social pressures, as well as scientific-technical optimism and promises of reproductive medicine encourage them to constantly new attempts. The results do not remotely monitor all efforts, suffering and expenses incurred. Some of today’s conventional medical methods are, morally speaking, problematic and contrary to human dignity.

The acceptance of the technical capabilities may at first glance mean relief and re-gaining control over the problem of infertility and their own bodies, and thus of life plans. In reality, such a decision is an admission of its own helplessness; control over the body entrusted to experts. For the person it means subjecting extensive tests, the control of hormones, the daily blood tests, ultrasound scans, hospital stays for taking eggs or expressed words of one directly affected person, “... the constant hopes and fears and infinitely many disappointments”. This regime shall be subject to the overall life of the person concerned, and often the spouse. So much investment of time to solve the problem of infertility is lack of time for other areas of life, profession and social relations, even among the married and cohabiting partners.

Medically Assisted Insemination

Medically assisted insemination means biomedical procedures to heal proven infertility of one or both partners and the application of modern, scientifically proven biomedical achievements enables connection of male and female gametes to achieve pregnancy and childbirth [13]. Methods of medically assisted insemination is now treated 70 – 80 % of all causes

of infertility. Apply only when all other methods of infertility treatment proved unsuccessful.

The right to medically assisted insemination are of legal age and legal capacity of women and men who are married or in common-law and that due to the age and general health condition capable of parenting a child [14]. The right to medically assisted insemination has adult, legally capable woman who does not live in marriage, common-law or same-sex unions, whose previous fertility treatment proves unsuccessful or hopeless, and that is due to the age and general health condition capable of parenting a child. The right to medically assisted insemination and the person who has the decision on deprivation of legal capacity is not restricted to making statements concerning personal status. The right to medically assisted insemination at the expense of the Croatian Institute for Health Insurance has a wife normally until they reach 42 years of age. The doctor who performed the procedure medically assisted reproduction, for particularly justified for health reasons may allow the right to medically assisted insemination and a woman older than 42 years of age.

Abortion

In many jurisdictions, abortion has been, or continues to be, prohibited unless legal exceptions apply [15]. A notable exception to this approach can be found in the United States, where women have a constitutional right to privacy that encompasses the right to terminate a pregnancy (at least until viability, when the state's interest becomes compelling). However, in many jurisdictions where no such right is recognized, lawful abortion has historically been tethered to assessments of the danger posed by the pregnancy to the life or health of the woman. Although this “maternal health” exception has been interpreted as broad enough to encompass abortion for serious fetal abnormalities, some jurisdictions have created a distinct exception to permit abortion to avoid the risk of “serious handicap.” The impetus for such an exception has resulted from the tremendous recent advances in prenatal diagnosis. Although such advances have enabled these abortions to take place earlier in pregnancy, they have also enabled doctors to detect serious conditions only diagnosable later in pregnancy. Because these abortions sometimes occur after viability, arguments about “serious handicap” as a regulatory concept tend to converge upon arguments about the status of the fetus as birth approaches.

Legally induced abortion represents a medical service that, for example, in the Republic of Croatia provides in health institutions within the national public health system, and in private medical institutions which provide their services on the market of medical services [16]. Whether there is a medical institution of the state system or a private institution, the cost of a medical procedure abortions are not covered by health insurance, but they should be paid from personal funds. This fact clearly shows that this is a medical service that was provided to women for financial compensation and therefore falls within the scope of legislation regulating relations in the market.

Woman as a patient

The patient is a person who need of medical assistance [17].

With this definition does not require additional explanation, but it should be told that every person has the right to health care and the prospect of achieving the highest possible level of health in accordance with the provisions of the health law’s. Here is a particular emphasis on the principle of availability of healthcare, which say that medical professionals should be treated equally to all patients who need medical assistance.

Patient in fear of his health, concerned about the outcomes of his illness, is often afraid to ask any questions to a doctor, even though he wants to know everything. Everyone in the illness is expected to communicate the truth in an appropriate manner and offer the possibility of another opinion before making the decision and giving his consent for some medical operation or medical procedure.

In order to be able to decide and actively participate in making a decision and to give consent or to refuse a procedure, the female patient must be fully informed of her health status. The doctor must inform her in an understandable way about the available options for the necessary examinations, about the possible ways of treatment as well as about a possible outcome. The doctor must inform her with all the benefits of the offered opportunities and with all the risks of the examination and the procedure, and with all the possible difficulties if the patient give up of the proposed examinations and interventions.

Conclusion

Contraception, the desire for parenthood, medically assisted insemination, abortion are just some of the important issues in the area of gynecology that women are reluctant to talk about because they are extremely personal issues that sometimes overwhelm their intimacy. Health, but also reproductive health, are important issues not only for women but for society as a whole. Because of this, they have become the subject of studying a series of scientific disciplines that are, each in their own way, related to medicine and gynecology. These are law, sociology, philosophy, ethics and others. A woman as a gynecological patient on these issues should be discussed first and foremost with her gynecologist because she will receive a professional health advice on further treatment for the preservation of her reproductive health. Modern medicine has made a huge contribution to addressing these issues because today’s most modern scientific cognitions is in using. When considering the social and humanistic aspects of this issues, it is also important to emphasize the existence of a religious component that has a significant influence on society. The attitudes of the church are not negligible, but should be said to be unequal, which means that different confessions also have different views on these issues.

References


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