

THE EFFECT OF WOMEN'S RIGHT TO KNOW LAW ON ABORTION PROVIDERS IN NORTH CAROLINA

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Abortion laws are becoming increasingly common in the US. Targeted regulation of abortion providers (TRAP laws) which seek to specifically impose regulations on the providers of abortion are proliferating. In their most extreme forms, these laws can lead to clinic closures as providers find themselves unable to comply with the laws. When providers ARE able to continue service, they must find ways to comply with these laws and still provide safe, ethical, and compassionate abortion care.

We performed a qualitative study of abortion providers in North Carolina to investigate their experience in providing abortion under the Women's Right to Know Act (WRTK). WRTK imposed a 24 hour waiting period prior to obtaining an abortion and state-mandated counseling with specific requirements to discuss abortion and pregnancy risks and alternatives, referenced the father of the baby and alluded to state support being available if the pregnancy was continued. The law initially mandated an ultrasound and description of the fetus, but this was enjoined and never enforced. Our investigation focused on understanding the impact of the law for providers, how they adapted to provide care, and how it affected their relationship with patients.

We interviewed a total of 31 providers, including physicians, nurses, counselors and clinic administrators. We analyzed the interviews using a grounded theory approach, and identified the dominant themes the providers described. We found that providers objected to the law, but felt compelled to comply. They voiced objections based on theoretical and political grounds, and for the reason that the laws were burdensome for providers and patients without actually improving care. Providers thought the law did negatively affect patients by delaying care, but did not actually affect decision-making. Many providers made extensive adaptations to clinical practice to meet the law requirements, generally increasing their burden in order to decrease the effect on the patients. The law affected patient-physician relationships, and providers used strategies to distance themselves from the law's requirements in the eyes of the patient.

Our study was the first to rigorously investigate and describe the impact of restrictive laws on providers. We demonstrate that even the less extreme versions of TRAP laws (those that do not lead to outright clinic closures) do have a significant impact for abortion providers and affect their ability to provide quality care to abortion patients. These laws are generally seen as less burdensome for patients, but this is largely the case because providers place the burden on themselves to find ways to continue service with minimal patient impact. The laws do intrude on the patient-physician relationship.

Data gathered in this study will be used for further exploration of the impact of restrictive abortion laws. Future work will include an in-depth examination of the ethical implications of these laws. We will also use our data to consider the frameworks providers employ when considering the impact of restrictive laws on patients.