

## Abortions generate \$95 million a year for Polish doctors as women use illegal private sector

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New analysis published by the UK journal *Reproductive Health Matters* shows that the criminalisation of abortion in Poland has led to the development of a vast illegal private sector with no controls on price, quality of care or accountability. Since abortion became illegal in the late 1980s the number of abortions carried out in hospitals has fallen by 99%. The private trade in abortions is, however, flourishing, with abortion providers advertising openly in newspapers.

Women have been the biggest losers during this push of abortion provision into the clandestine <u>private sector</u>. The least privileged have been hardest hit: in 2009 the cost of a surgical abortion in Poland was greater than the average monthly income of a Polish citizen. Lowincome groups are less able to protest against <u>discrimination</u> due to lack of political influence. Better-off women can pay for abortions generating millions in unregistered, tax-free income for doctors. Some women seek safe, legal abortions abroad in countries such as the UK and Germany.

"In the private sector, illegal abortion must be cautiously arranged and paid for out of pocket," says Agata Chełstowska, the author of the research and a PhD student at the University of Warsaw. "When a woman enters that sphere, her sin turns into gold. Her private worries become somebody else's private gain". The Catholic Church, highly influential in predominantly Catholic Poland, leads the opposition to legal abortion.



Since illegality has monetised abortion, doctors have incentives to keep it clandestine, "Doctors do not want to perform abortions in public hospitals," says Wanda Nowicka, Executive Director of the Federation for Women and Family Planning. "They are ready, however, to take that risk when a woman comes to their private practice. We are talking about a vast, untaxed source of income. That is why the medical profession is not interested in changing the <u>abortion</u> law."

In several high profile cases, <u>women</u> and girls have been denied legal abortions following rape or because of serious health conditions and have been hounded by the media for seeking them. The 2004 case of a young pregnant woman who died after being denied medical treatment is currently under consideration at the European Court of Human Rights.

Other articles in this issue of <u>Reproductive Health</u> *Matters* focus on many aspects of health privatisation worldwide and includes studies from Bangladesh, Turkey, Malawi, India, Madagascar and South Africa.

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