

## Guidelines on Termination of Pregnancy in relation to Congenital Anomalies

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### 1 PREAMBLE

The purpose of this Guideline is to recommend to doctors who manage pregnant women the principles of ethical practice in addressing the issue of termination of pregnancy in relation to congenital anomalies.

The Guideline is not intended to be a clinical guideline on management of congenital anomalies. As such, it is recognized that each case must be dealt with on its own merits. Honest and empathetic discussion is the cornerstone of good doctor-patient relationship, especially in “borderline” cases where the choice of whether or not to keep a pregnancy is debatable. A balance has to be struck between professional judgement and respect for the patient’s decision.

The term “patient” in the following paragraphs may be interpreted as the pregnant woman herself together with her spouse and/or family, as appropriate.

### 2 THE ETHICAL PRINCIPLES

- 2.1 When congenital anomaly is diagnosed, the doctor should
- explain to the patient the nature and severity of the anomaly;
  - discuss the treatment options available for the management of the anomaly;
  - explain the implication(s) of the anomaly on the child and on the family; and
  - refer the patient for expert opinion if the doctor is uncertain about the congenital anomaly and/or its implication(s), treatability etc.

- 2.2 The purpose of counselling is to help the patient understand her options regarding the pregnancy.
- 2.3 In cases with severe anomaly, termination of pregnancy may be offered as an option when there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormality as to be seriously handicapped.
- 2.4 If the patient chooses to carry on with the pregnancy, she should be offered further support and counselling, as appropriate, to prepare her for the birth of a potentially handicapped child.
- 2.5 In general, termination of pregnancy should only be *offered* as one of the options, and the doctor should not *encourage or discourage* the patient to terminate the pregnancy.
- 2.6 In the absence of severe anomaly, doctors are reminded that it may not be appropriate for the doctor to initiate discussion about termination of pregnancy in the first instance. If the patient herself raises the issue of abortion, she should be counselled as appropriate.
- 2.7 If the doctor, based on his/her professional opinion, disagrees with the patient on her decision regarding termination of pregnancy, the patient should be reminded that she may seek a second opinion.
- 2.8 If the doctor has a conscientious objection to termination of pregnancy, this should be made known to the patient, who should be reminded that she may seek another opinion.

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This guideline was produced by the Hong Kong College of Obstetricians and Gynaecologists as an educational aid and reference for obstetricians and gynaecologists practicing in Hong Kong. The guideline does not define a standard of care, nor is it intended to dictate an exclusive course of management. It is acknowledged that clinical management may vary and must always be responsive to the need of individual patients, resources, and limitations unique to the institution or type of practice.