FIGO Human Rights and Women's Health Case 10 Discussion

Multiple traumas – sexual assault and substandard care

This case highlights the right to enjoy the benefits of scientific progress and its applications, particularly when such advances may be integral to the fulfillments of other rights, such as the right to health. Scientific and technological advancement has brought new reproductive health methods such as medical abortion and more effective contraceptive methods. However, a variety of factors can inhibit women's ability to benefit from this progress, limiting their ability to access new methods that may be safer or more suitable for their needs and desires. As the medical and scientific communities make progress in new technologies related to reproductive health, states must seek to facilitate women's enjoyment of those advances (Center for Reproductive Rights, UNFPA 2010).

Learning objectives

For physicians to competently apply this principle to daily practice they must be able to:

- Access and critically evaluate new information from a variety of sources.
- Inform patients of new evidence-based practices to maintain and restore their health.
- Collaborate with patients to integrate optimal medical therapies with their health beliefs and community resources.

Note that although the case highlights the right to enjoy the benefits of scientific progress, it also addresses a variety of other ethical, human rights, and policy issues. Similarly, although the medical issues of the case focus on complications of sexual assault, the standards of practice are applicable to many medical situations.

Case study

R.S., a 22-year-old woman, is admitted to the emergency department at 13:00 for evaluation of assault. She reports taking the bus home after a long day of work at the supermarket and then attending evening classes at the local community college. About three blocks from the bus stop, a man with a knife in his hand appeared from the shadows of a vacant parking lot. He pushed her into the bushes, raped her, and ran off. She gathered her clothing and ran the remaining five blocks home, where her mother was anxiously awaiting her arrival. Her mother drove her to the local hospital emergency department and now sits in the waiting room during the examination.

A nurse cleans multiple abrasions on R.S.'s thighs and knees and takes blood samples for HIV testing. The doctor sutures and bandages a small wound on her forehead, then performs a pelvic examination; he sends swabs to be cultured for sexually transmitted infections (STIs) and collects a few blades of grass for forensic documentation.

When she is discharged, R.S. asks for emergency contraception and voices concerns about STIs, including HIV. She is given an injection of penicillin and told

that she must wait for the HIV results before the doctor will consider prescribing antiretroviral drugs. The doctor explains, "These drugs are much too expensive to be used for anyone who does not already have HIV infection. You must wait until your test results are available. Furthermore, I will *not* prescribe emergency contraception. I have never performed an abortion and I do not intend to begin with you!"

Exhausted and distressed, R.S. leaves the hospital with her mother.

Questions for discussion

1. What are the medical issues in this case?

a. What are the health risks and standards of care for a woman who suffers sexual violence from an unknown aggressor?

Health risks include physical trauma to the genital organs and other parts of the body, immediate and long-term psychological trauma, sexually transmitted infections including HIV, pregnancy, and possible social sigma and isolation. In the emergency department, the priority is to minimize as much as possible the most significant threats to her future health.

Care for a woman who has suffered sexual violence starts with history taking and examination in an empathic manner with full privacy and confidentiality. A chaperone should be available, but the victim should be asked if she wishes one to be present.

Accurate recording of the findings, including completion of the medical affidavit form, is important. Vaginal secretions should be submitted for sperm and (if available) DNA analysis. Injuries sustained in the assault should be cleaned and dressed after the forensic tests and recording have been done unless the injuries are life threatening.

Laboratory tests for hemoglobin level, syphilis, gonorrhea, chlamydia, hepatitis B and C virus, and HIV should be conducted. A rapid test for HIV is now the standard because postexposure prophylaxis must be started as early as possible, within the first 72 hours.

Prophylactic regimens include the use of emergency contraceptives, administration of broad-spectrum antibiotics, and the initiation of antiretroviral drugs in women who are HIV negative.

b. What therapies are available to reduce the risks of pregnancy, STIs, including HIV? What is the mechanism of action of each of these therapies?

Postexposure prophylactic regimens are available for the most significant consequences arising from sexual assault, i.e., pregnancy and sexually transmitted infections, including HIV. To reduce the risk of pregnancy, emergency contraceptive regimens are used. The easiest to prescribe is the single dose of the progestin

levonorgestrel (1.5 mg), taken orally. It works by preventing ovulation. Another regimen involves taking two tablets of any combined oral contraceptive tablet twice, 12 hours apart. These drugs should be taken within 72 hours of unprotected intercourse, the earlier the better. Any emergency unit that accepts victims of sexual assault should hold in their pharmacy these inexpensive drugs.

Broad-spectrum tablets prevent sexually transmitted infections caused by bacteria such as treponemal, gonococcal, and chlamydial organisms.

The antiretroviral drug regimens used as HIV prophylaxis interrupt the multiplication of the virus if they are started early (within the first 72 hours). Reliable rapid tests for HIV, which give results within 15 minutes, are now widely available and any emergency department, even in developing countries, has access to them. This means that a victim of sexual assault can start the regimen at the same consultation and does not need to return for the results. Most regimens include a prepacked combination of three drugs, which simplifies the prescription.

c. What are the consequences of denying access to these therapies?

The consequences of denying access are first the risk of pregnancy, and second the risk of acquiring STIs including HIV. If these complications occur, the patient will suffer from the added physical and psychological morbidity associated with the diseases resulting from the rape and the financial burden associated with treatment for these problems.

2. Using the Integrated Human Rights and Health Checklist, identify the human rights that were infringed in this case.

Numerous human rights are implicated when a doctor refuses to provide a patient with emergency contraception to prevent unwanted pregnancy and drugs to prevent STIs including HIV transmission. These rights include the right to enjoy the benefits of scientific progress and its applications, the right to health, the right to autonomy and decision-making, the right to decide on the number and spacing of children and to have access to the means to exercise this right, and the right to nondiscrimination based on health status and sex.

The right to enjoy the benefits of scientific progress and its applications is guaranteed in the International Covenant on Economic, Social and Cultural Rights. While this right is applicable to health care settings, it has not yet been fully applied in the context of reproductive health care. Nevertheless, this right could be invoked in this situation.

3. How did the practices of this emergency department support or infringe upon the patient's right to benefit from scientific progress to prevent sequelae of sexual assault?

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The effectiveness of emergency contraception, administration of antibiotics to prevent STIs, and use of the rapid HIV test followed by retroviral therapy is well established in the literature. Most poignantly, the physician who associated abortion with prevention of implantation is ignorant of reproductive physiology and is practicing outside the norms of evidence-based medicine.

4. What changes in policies and practices of this department would improve care and protection of the rights of patients who are being examined for sexual assault?

All health care providers in the emergency department should have training in managing sexual assault. Evidence-based literature appropriate for patients and staff should be available for reference at the time of such visits. Some health care centers employ special teams of forensic specialists and health care providers who arrive on call to care for patients who have experienced assaults. This improves follow-up for patients and enhances collection of evidence for subsequent prosecution of the offender.

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