

Seminar Pendidikan Fatwa 2014
Kementerian Kesihatan Malaysia
JAKIM



PENGGUGURAN : SOSIAL & KESIHATAN

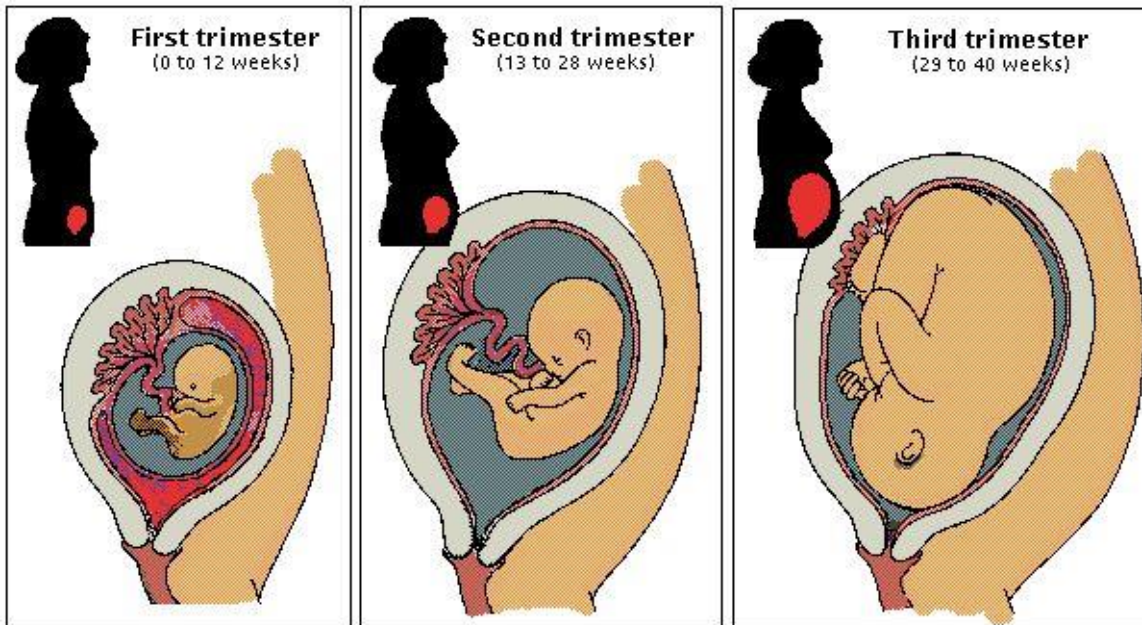
PROF MADYA DR HARLINA HALIZAH SIRAJ

KANDUNGAN

- Definisi : PENGGUGURAN
- Sebab berlaku pengguguran
- Kaedah pengguguran
- Kesan dan impak pengguguran
- Isu berkaitan pengguguran



KEHAMILAN : TRIMESTER



<u>Trimester</u>	<u>Month</u>	<u>Week</u>
 first	one	1-4
	two	5-8
	three	9-13
 second	four	14-17
	five	18-21
	six	22-26
 third	seven	27-30
	eight	31-35
	nine	36-40

Pregnancy Stages



- Start of the first trimester.
- Ovulation and conception
- During week 4 some home pregnancy tests will detect that you have conceived.
- The embryo is just two cells.

Month 1



- Signs of Pregnancy: Extreme fatigue, frequent urination, morning sickness, and hormonal fluctuations.
- The baby's heart is beating.
- The baby's brain is formed.



Month 2



- Embryo officially becomes a fetus.
- Decreased morning sickness.
- Fetus is about the size of a plum.



Month 3



- Start of the second trimester.
- The baby's bones are hardening and will now show up on an x-ray.
- The baby is about 5 inches long and weighs about 5 ounces.



Month 4



- You begin to feel the baby start to kick.
- The baby's hearing starts developing.
- Common discomforts during this month: backaches, indigestion, heartburn, headaches, water retention, dizziness, constipation.



Month 5



- This month marks the halfway mark in your pregnancy.
- At the end of this month the baby is almost fully formed.



Month 6



- Possible occurrences of Braxton Hicks contractions.
- The baby's brain is beginning to process sights and sounds.
- The baby is about 13 inches long.



Month 7



- The baby is fully formed and putting on weight.
- The baby's lungs are almost fully developed.



Month 8



- Common discomforts: Braxton Hicks contractions, pelvic pressure, difficulty sleeping.



Month 9



***`OF ALL THE RIGHTS OF WOMEN,
THE GREATEST IS TO BE A MOTHER'.....***

LIN YU TANG

**Semua Kehamilan
Mestilah
DIRANCANG,
DISENGAJAKAN &
DIKEHENDAKI**



DEFINISI : PENGGUGURAN



- Proses menggugurkan kandungan dengan **sengaja** menggunakan kaedah perubatan atau pembedahan sebelum usia kandungan 20 minggu.
- *Induced abortion : Intentional medical & surgical termination of pregnancy before 20 weeks gestation.*
 - *Elective termination of pregnancy (TOP) – on women's desires*
 - *Therapeutic abortion – to maintain women's health*

Katz, 2007

Comprehensive Gynaecology

PENGGUGURAN (INDUCED ABORTION)

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graph TD; A[PENGGUGURAN<br/>(INDUCED ABORTION)] --> B[PENGGUGURAN ELEKTIF<br/>Elective termination of<br/>pregnancy (TOP)]; A --> C[ALASAN PERUBATAN<br/>(Therapeutic abortion)]; B --> D[Atas kehendak & permintaan<br/>wanita sendiri<br/>(Women's own request &<br/>desire)]; C --> E[• Untuk menjaga kesihatan &<br/>kesejahteraan ibu<br/>(contoh : ibu menghidap penyakit<br/>jantung kronik atau SLE yang teruk)<br/>• Janin cacat teruk<br/>(eg. Anencephaly dll)];
```

PENGGUGURAN ELEKTIF *Elective termination of pregnancy (TOP)*

Atas kehendak & permintaan
wanita sendiri
*(Women's own request &
desire)*

ALASAN PERUBATAN *(Therapeutic abortion)*

- Untuk menjaga kesihatan & kesejahteraan ibu
(contoh : ibu menghidap penyakit jantung kronik atau SLE yang teruk)
- Janin cacat teruk
(eg. Anencephaly dll)

KEHAMILAN TIDAK DIKEHENDAKI (*UNWANTED PREGNANCY*)



A1 Acceptance (Penerimaan)

A2 Adoption (Pengangkatan)

A3 Abortion (Pengguguran)

A4 Abandonment (Pembuangan)



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International Family Planning Perspectives

Volume 24, Number 3, September 1998

Reasons Why Women Have Induced Abortions: Evidence from 27 Countries

By Akinrinola Bankole, Susheela Singh and Taylor Haas

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in 25 countries
...and counting

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SEBAB – SEBAB PENGUGURAN

women give for having an abortion, regional patterns in these reasons and the relationship between such reasons and women's social and demographic characteristics. The data come from a range of sources, including nationally representative surveys, official government statistics, community-based studies and hospital- or clinic-based research.

Results: Worldwide, the most commonly reported reason women cite for having an abortion is to postpone or stop childbearing. The second most common reason—socioeconomic concerns—includes disruption of education or employment; lack of support from the father; desire to provide schooling for existing children; and poverty, unemployment or inability to afford additional

WHY WOMEN HAVE ABORTIONS

Wants to postpone childbearing

Last child is too young

Wants to delay having another child

Wants no (more) children

Experienced contraceptive failure

Already has as many children as wants

Does not want any children

Having a child will disrupt education or job

Feel should establish career before has child

Will affect schooling

Having a child would change life in a way does not want

Cannot afford a child; poor

Cannot afford a child now

Not ready for responsibility

Has relationship problems

Has problems with husband or partner

Husband/partner does not want child

Does not want to be single mother

Cannot identify father; is in casual relationship

Believes should be married before has a child

Is too young; parent(s) or others object to pregnancy

Is too young to have a child

Parents do not want her to have a child

Does not want parents (or others) to know about pregnancy

Maternal/fetal health

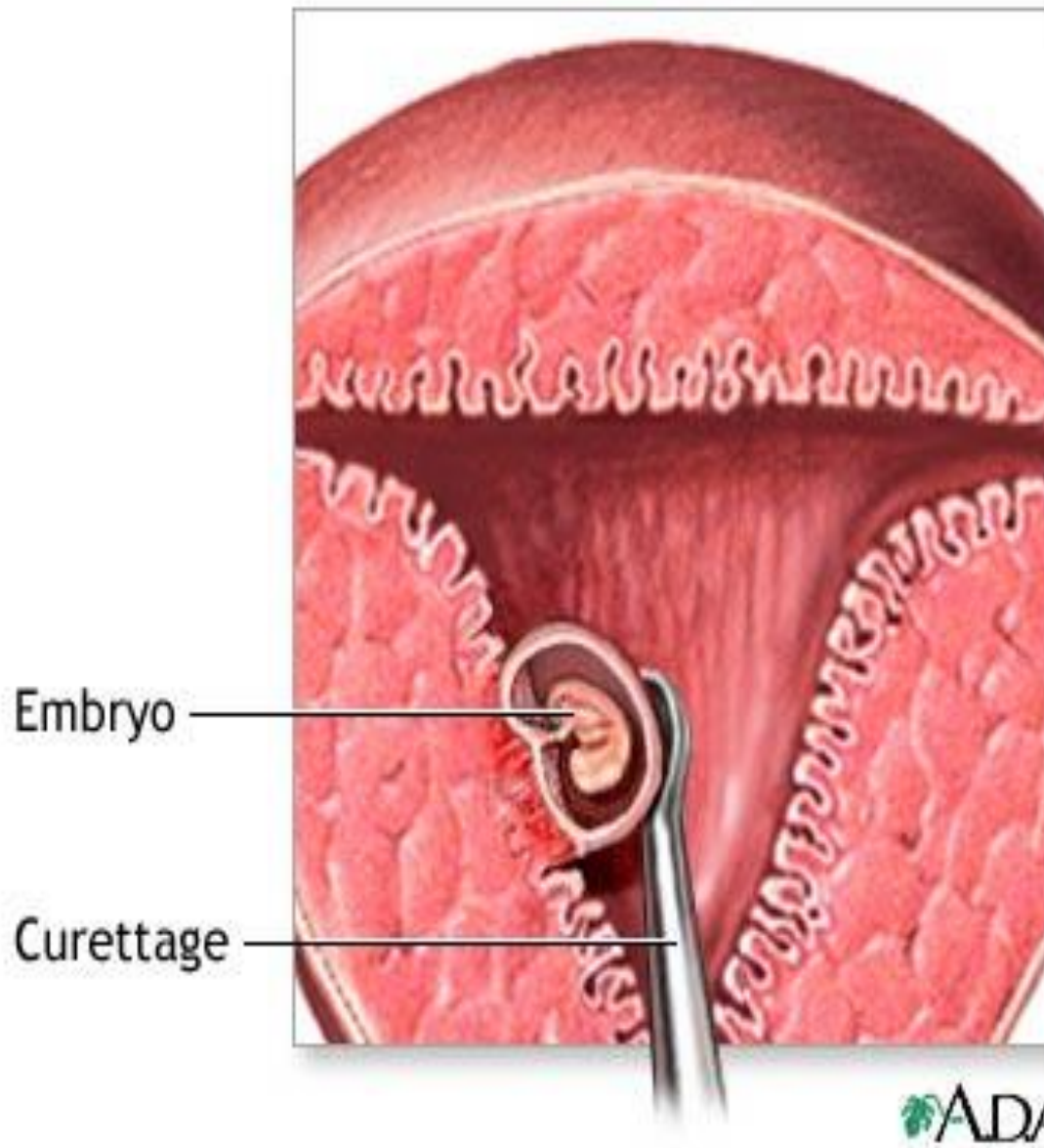
Health reason

Possibility of fetal defect

Other

Was victim of rape or incest

Other / not reported



Reason

WHY WOMEN HAVE ABORTIONS

(N=12)

(N=1,111)

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Does not want to be single mother

Cannot identify father; is in casual relationship

Partner does not want to be a father

**UNMET NEEDS
for FAMILY
PLANNING**

27.0

na

na

67.0

na

na

na

2.0

na

na

9.0

na

6.0

7.0

na

6.0

na

na

na

na

10.0

na

na

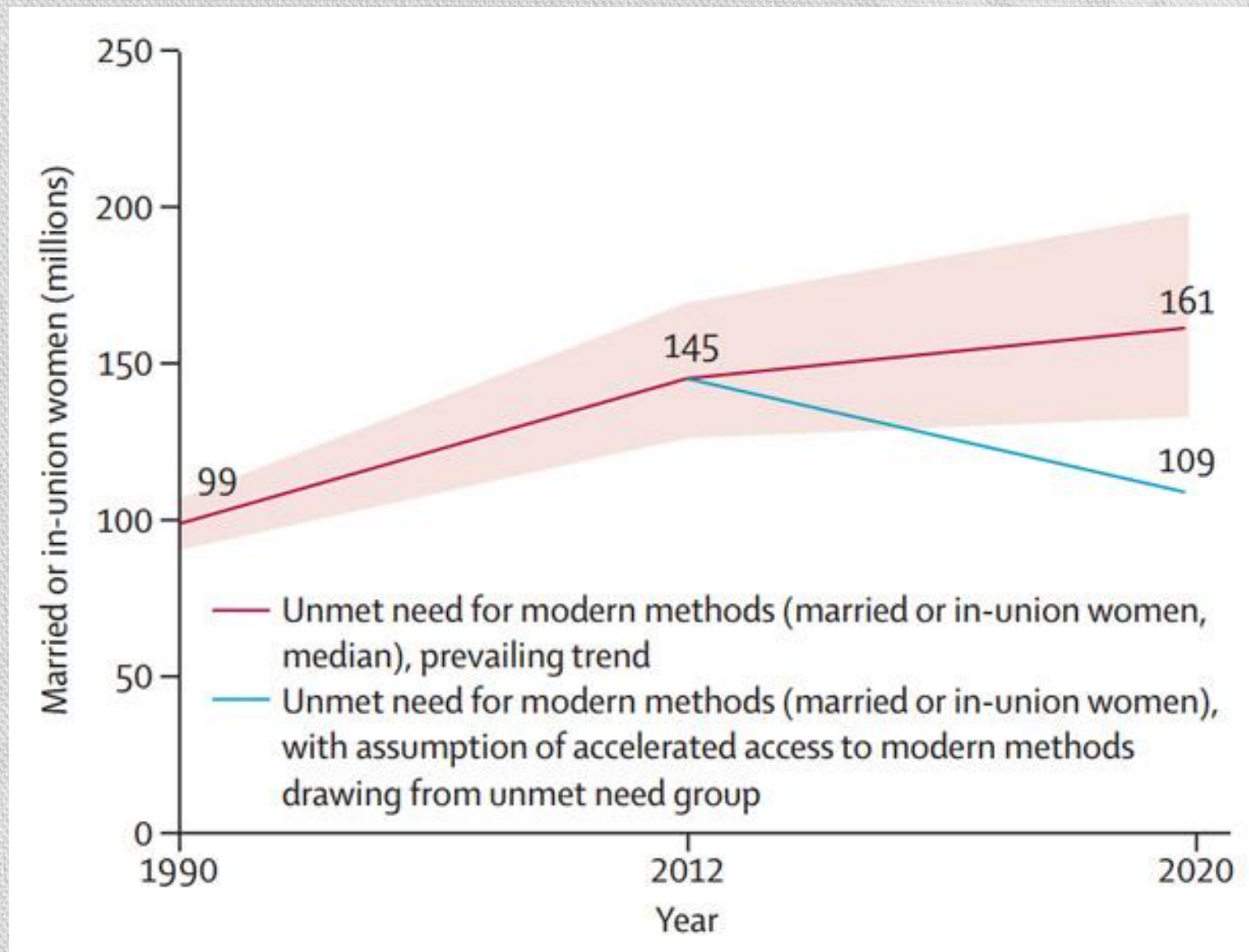
na

Definisi : Keperluan yang Tidak Dipenuhi *Unmet Needs* (WHO)

Wanita dikatakan mempunyai keperluan terhadap perancangan keluarga yang tidak dipenuhi apabila dia :

- subur (boleh hamil)
- aktif seksual (mengadakan hubungan seksual)
- tidak menggunakan sebarang kaedah kontraseptif
- melaporkan yang dia tidak mahu hamil lagi ataupun mahu melewati dahulu kehamilan anak yang akan datang.

UNMET NEEDS FOR MODERN CONTRACEPTIVES



Unmet Need for Family Planning

- *Assalamualaikum Dr.Har,
Mama saya N dan berumur 29 tahun. Saya mempunyai 3
orang anak - yang sulung berumur 2 tahun 11
bulan(lelaki),no.2 perempuan berumur 1 tahun 5 bulan dan
no.3 berumur 8 bulan(lelaki). Kesemua anak itu saya
lahirkan mereka secara ceserean. anak pertama dan kedua
bersalin di hosp.alor star dan anak ke 3 di hkl.bulan Mac
lepas saya didapati pregnant n saya mengambil ubat dari
klinik kat damansara untuk menggugurkannya..*

(through drhar.blogspot.com – received Aug 8th, 2010)

WHY WOMEN HAVE ABORTIONS

Will affect schooling

Having a child would change life in a way does not want

Cannot afford a child; poor

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Maternal/fetal health

Health reason

Possibility of fetal defect

Other

Was victim of rape or incest

Other / not reported

**KEHAMILAN
REMAJA**

Curettage

12.0

na

7.0

na

na

3.0

na

6.0



KEHAMILAN REMAJA



The Star : Sept 22, 2012

Saturday 22 September 2012 PPS641/03/2012 (No. 79401) 10325499 Peningkatan RM1.50, Sabah RM2.00, Sarawak RM1.20

The people's paper
Star

>NATION
MAKING WAVES IN SHANGHAI
Local songstress Shila Amzah bags Asian Wave 2012 award with three songs. >3

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Teen mums on the rise

With teenagers becoming more sexually active, doctors are sounding the alarm over the rising number of pregnancies. Experts are urging concrete measures, including proper sex education and a wide range of sexual reproductive health services for teenagers.
> See Page 8 for reports by IVY SOON and R.S.N. MURALI

Pregnant teens 10-19 years old in 2011 (MOH statistics)

- > **18,652** pregnant teens, **4,222** were unmarried
- > **30%** pregnant teens were unmarried

Pregnant teens 10-19 years old in 2010 (July-Dec)

- > **5,962** pregnant teens, **1,521** were unmarried
- > **26%** pregnant teens were unmarried

At the Tengku Ampuan Rahimah Hospital in Klang

- > Between 2008-2012, about **14%** of pregnancy cases involve girls below 19
- > Of about **12,000** babies delivered yearly, **1,680** babies are born to girls below 19

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KEHAMILAN REMAJA : KRONOLOGI & INTERVENSI



TINGGAL BAYI DALAM BAS

Ditemui terbaring keseorangan dari Taiping ke JB

Oleh Mohd Ramzi Sanny

JOHOR BAHRU: Dia tidak menagih kasih dan simpati.

Namun nasib malang seorang bayi lelaki yang ditinggalkan dalam bas pesiaran selepas menempuhi perjalanan kira-kira 500 kilometer dari Taiping ke bandar raya ini seharusnya dibayar dengan rasa tanggungjawab oleh ibu bapa kandungnya.

Bayi malang berusia kira-kira dua bulan itu dipercayai dibuang pihak tidak bertanggungjawab dalam sebuah bas pesiaran yang menghala ke Johor Bahru pada 26 November lalu.

Bayi yang dikenali sebagai Syazwan itu ditinggalkan dalam keadaan sehelai sepinggang dan dibiarkan terbaring

iki bas yang sama menyedari Syazwan berada di dalam bas berkenaan tanpa ditemani sesiapa.

Jurucakap Jabatan Kebajikan Masyarakat (JKM) daerah berkata, seorang wanita yang menaiki bas berkenaan menemui Syazwan sebelum dia turun di perhentian bas di Bandar Baru Uda, di sini.

"Secara kebetulan wanita itu adalah penumpang terakhir bas itu yang menurunkan penumpang di beberapa destinasi sebelum berakhir di Johor Bahru.

"Sebelum wanita itu turun pada awal pagi 26 November lalu, dia ternampak seorang bayi terbaring keseorangan di tempat duduk dalam bas

nah Aminah (HSA) untuk pemeriksaan," katanya.

Katanya, bayi itu kemudian diserahkan kepada JKM pada 29 November untuk tindakan selanjutnya.

"Ketika ditemui Syazwan hanya sehelai sepinggang dan tiada sebarang dokumen atau nota bersamanya.

"Pemeriksaan kesihatan mendapati bayi itu sihat dan dia kini dilindungi JKM," katanya.

Sementara itu, jurucakap itu berkata, seorang lagi bayi lelaki turut ditinggalkan di

MALANG...Syazwan kini dilindungi JKM Johor Ba

hilangkan diri.

"Dia kemudian diserahkan oleh pihak HSA kepada JKM pada 14 November lalu.

sesiapa yang dapat mer maklumat mengenai ba atau warisnya supaya n hubung dengan JKM d

PEMBUANGAN & PENGABAIAN



PEMBUANGAN BAYI DI MALAYSIA 2004 – 2012 (JUN)

Tahun	Bilangan
2004	78
2005	67
2006	83
2007	76
2008	102
2009	79
2010	91
2011	98
2012 (Jun)	31
Jumlah	705



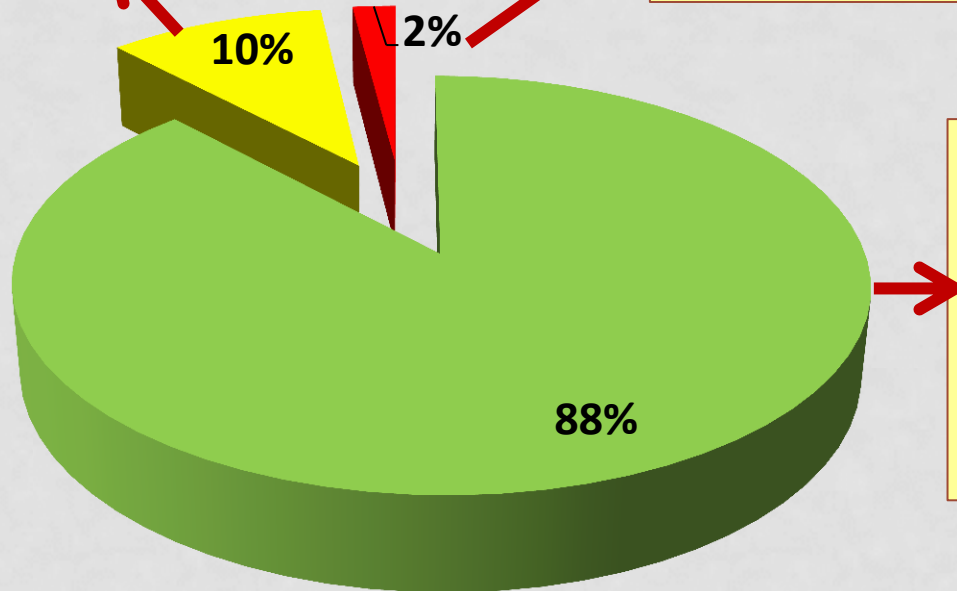
(Sumber : PDRM)

BILA PENGUGURAN DILAKUKAN?

Pertengahan - Trimester 2

13 – 15 minggu : 6%
16 – 20 minggu : 4%

Lewat – selepas 24 minggu
(alasan kesihatan ibu)



Awal - Trimester 1

1 – 8 minggu : 59%
9 – 10 minggu : 19%
11 – 12 minggu : 10%

*Pengguguran awal lebih mudah, selamat dan murah
dari pengguguran lewat.*

KAEDAH PENGGUGURAN : AWAL

- **Pengguguran awal** (Trimester 1 : sehingga 12 minggu) :
 - Kaedah ubatan : Mifepristone (RU486) & Misoprostol
 - Kaedah sedutan vakum (*Vacuum Suction – manual / mechanical*)
 - *Dilatation & curettage* (D&C)



MEDICAL ABORTION

RU486 (MIFEPRISTONE) & MISOPROSTOL

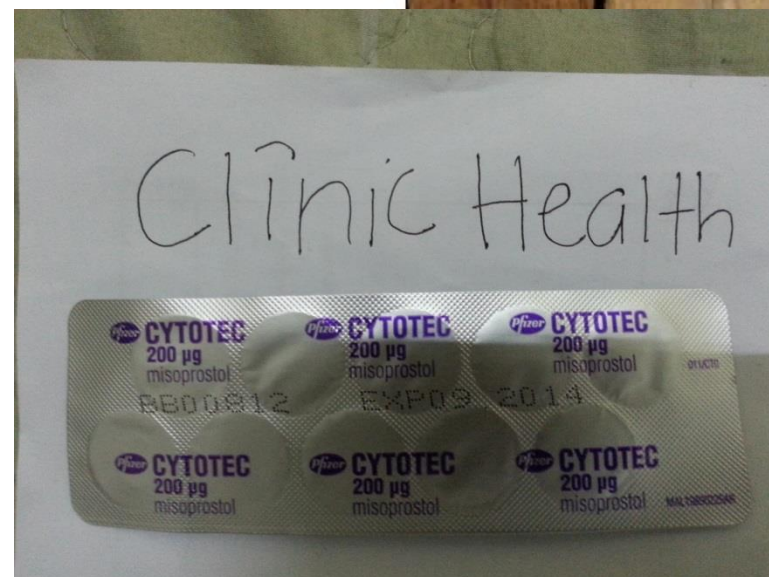
- **RU486, Mifepristone :**
 - Synthetic steroid compound & a progesterone receptor antagonist (antiprogesterin)
 - Medical abortion up to 7 weeks gestation
 - Mechanism of action : Blocking hormone progesterone. The lack of progesterone makes the uterus shed its lining, which causes pregnancy failure.
- **Misoprostol – prostaglandin PGE1 (Cytotec™)**
 - Causes uterine contractions & cervical effacement



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Clinic Health
CYTOTEC PILLS

Offer!



Kami memegang stok ubat sendiri, jadi kepada para pelanggan kami, anda jangan risau dgn masalah delay dgn penghantaran barang anda. Jika berminat, sila hubungi 0176166902

*Ubat Cuci Kandungan

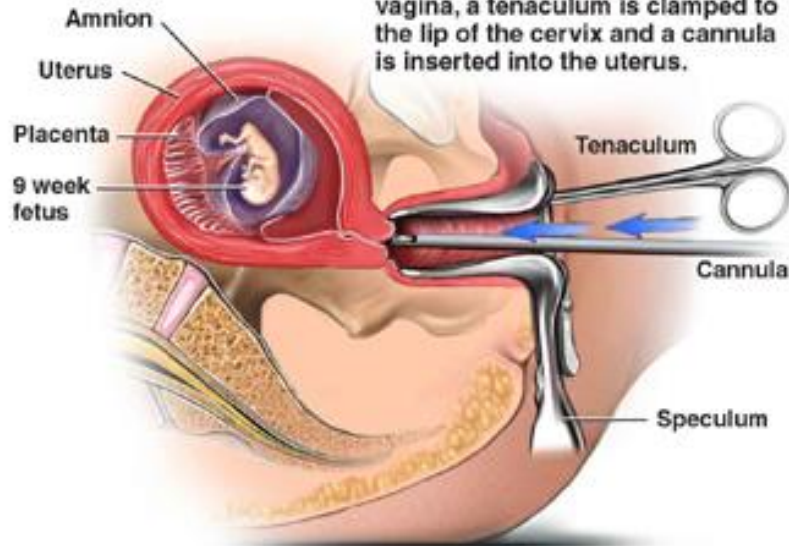
*Pil Cuci @ Pil Gugur

*PIL CUCI@PIL GUGUR MURAH@PIL BENIH

*menjual pil cuci rahim wanita@abortion tablet(misoprostol)

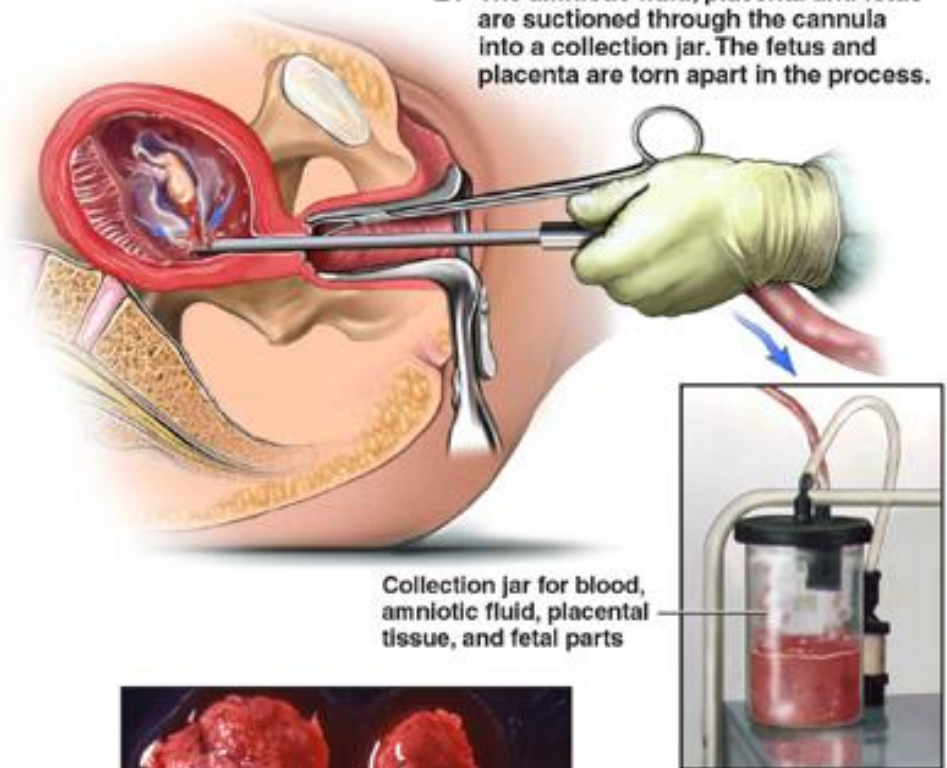
Suction and Curettage Abortion of a 9 Week Old Fetus

- A. A speculum is placed in the vagina, a tenaculum is clamped to the lip of the cervix and a cannula is inserted into the uterus.



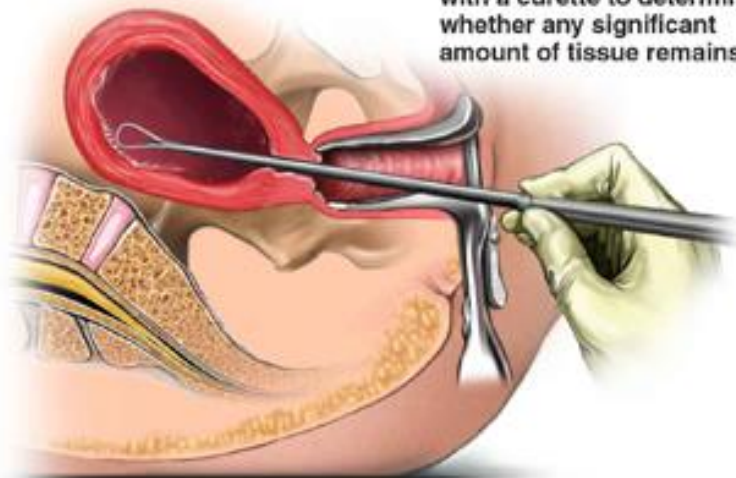
Cut-away view of mother's pelvis

- B. The amniotic fluid, placenta and fetus are suctioned through the cannula into a collection jar. The fetus and placenta are torn apart in the process.



Collection jar for blood, amniotic fluid, placental tissue, and fetal parts

- C. The uterine cavity is scraped with a curette to determine whether any significant amount of tissue remains.

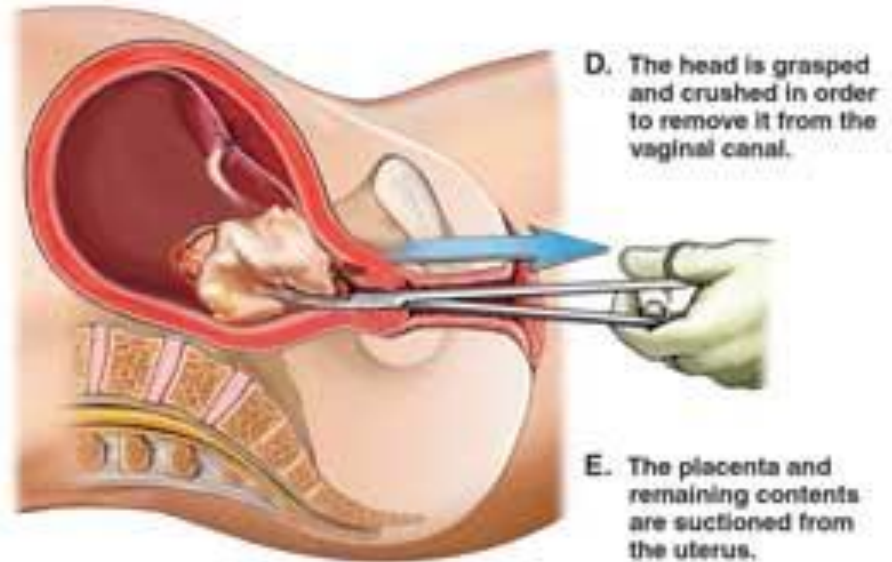
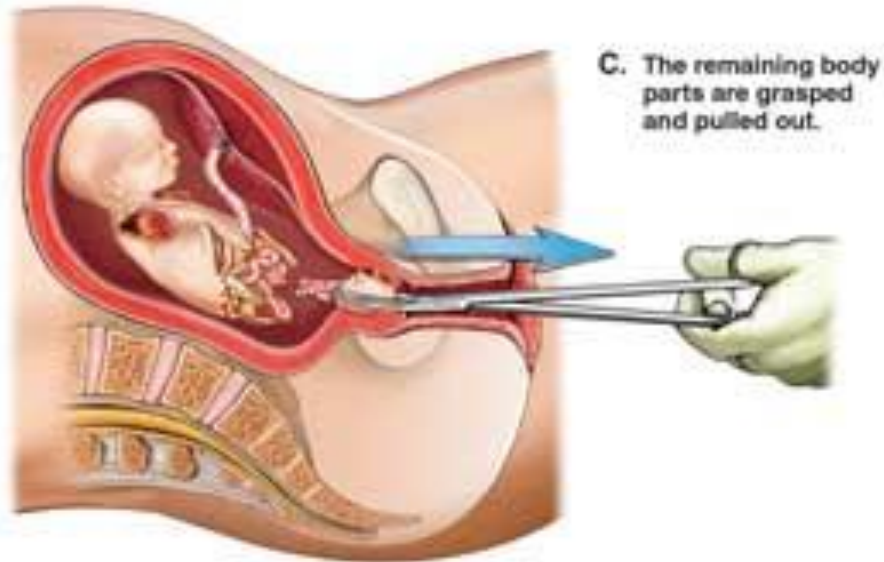
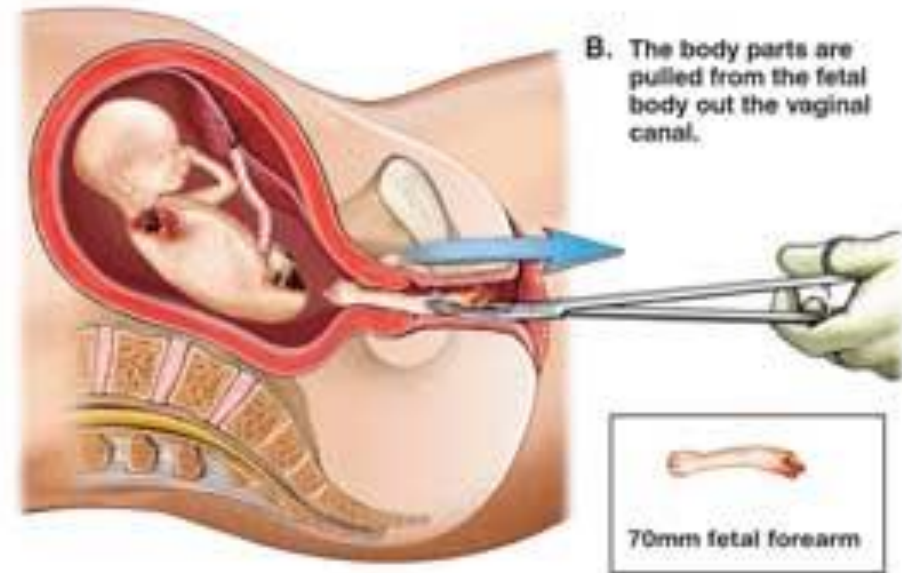
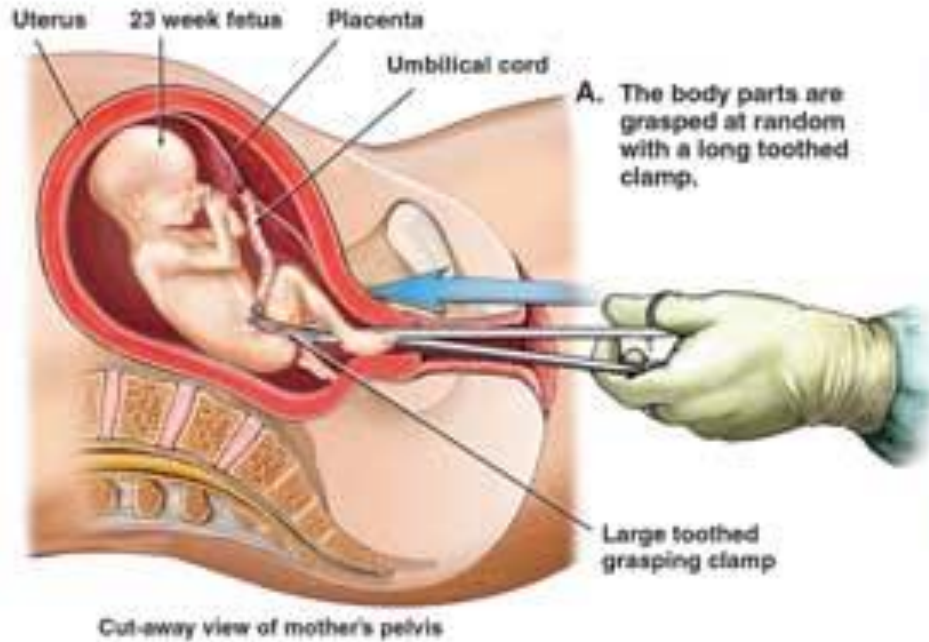


- D. The contents of the collection jar are examined to assure that all fetal parts and an adequate amount of tissue commensurate with estimated gestational age are present.

KAEDAH PENGUGURAN : PERTENGAHAN

- **Pengguguran pertengahan (13 – 24 minggu)**
 - Dilatasi & evakuasi
 - Kombinasi kaedah sedutan vakum, D&C dan penggunaan peralatan surgical seperti forseps
 - Injeksi cecair *saline*

Dilation and Evacuation Abortion (D&E) of a 23 Week Old Fetus



KAEDAH PENGUGURAN

- **Pengguguran lewat** (selepas 24 minggu)
 - Kaedah induksi bersalin – prostaglandin
 - Dilatasi & ekstraksi (*Partial Birth Abortion*)
 - Histerotomi

KAEDAH PENGUGURAN : LEWAT



KESAN PENGUGURAN

- **Fizikal**

- Pendarahan
- Kematian ibu
- Kecelakaan organ reproduksi
- Jangkitan kuman pada organ dalam pelvis
- Ketidaksuburan

- **Psikologi**

- Depresi

HASIL KEHAMILAN YANG TIDAK DIKEHENDAKI - PENGUGURAN

1st Trimester (8 week) Aborted Embryo





masyarakat!

Demikianlah gambaran rikan oleh bidan-bidan kami la bercerita soal penggugur, cara tradisional itu, mungkin pakan apabila 'dikatakan' te dah yang lebih mudah dan ngan hanya sebi pil, kandu tidak diingini itu, dibuang be darah yang mengalir. Namu nya, sejauh manakah peng berkenaan dibenarkan? Ap ada garis panduan tertentu bolehkan penggunaan pil. Dan apakah dengan mu memperoleh pil tersebut tan alasan, tetapi sekadar unta malu?

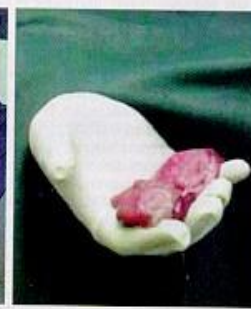
Sesuatu yang pasti, 'ki guguran haram ini terus di Bakhkan wujud dakwaan ber giatan tersebut yang dilakuk klinik swasta khususnya.

PENGGUGURAN BERLELUASA!

PERANGKAAAN pengguguran yang dikeluarkan oleh Kementerian Kesihatan Singapura, (MOH), yang dipetik daripada akhbar *Berita Minggu* Singapura, menunjukkan kes pengguguran di negara berkenaan adalah tinggi. Dilaporkan sebanyak 18.7 peratus daripada 13,753 kes pengguguran kandungan yang dilakukan di Singapura pada 1999 melibatkan wanita Melayu/Islam. Sekali gus ia menunjukkan peningkatan sebanyak 0.5 peratus berbanding tahun 1996 iaitu 18.2 peratus. Sementara tahun 1997, jumlah peratusan wanita Melayu/Islam menggugurkan kandungan adalah sebanyak 18.4 peratus manakala 1998



Jika dibuang sekiranya kerana di sini menunjukkan



Janin diselenggara dengan berhati-hati. - Gambar Ihsan Berita Minggu Singapura



ORAN KHAS, DIC APORAN KHAS, LAPORAN KH

guran yang dilakukan oleh ibu-ibu Melayu/Islam, dilakukan secara sukarela berikutan anak yang dikandung merupakan anak luar nikah. Tahun lalu, MFTA menguruskan 122 janin manakala tahun sebelumnya sebanyak 102 janin.

Sementara itu, menurut sumber dari badan bukan kerajaan (NGO), Singapura, yang enggan dikenali menjelaskan kepada MASSA, walaupun pengguguran di negara tersebut dibenarkan setelah mendapat pengesahan daripada pakar perubatan yang bertauliah, namun bagi kanak-kanak yang berumur di bawah 16 tahun, mereka terlebih dahulu akan dirujuk ke Institut Kesihatan bagi mendapatkan sesi kaunseling. Katanya, pada tahap-tahap tertentu kandungan, pemeriksaan doktor amat penting agar pengguguran yang dilakukan tidak mengancam nyawa ibu.

Bertalian pula di Guyana. Kes pengguguran yang dilaporkan adalah jauh lebih tinggi. Berdasarkan laporan yang dibuat, sebanyak 65,000 kes pengguguran dilakukan pada setiap tahun. Bagaimanapun angka tersebut mungkin lebih tinggi. Dipercayai beribu-ribu lagi pengguguran, selain daripada yang direkodkan berlaku di negara itu khususnya di kawasan-kawasan pedalaman.

Pakar ginekologi terkemuka, Dr. MY

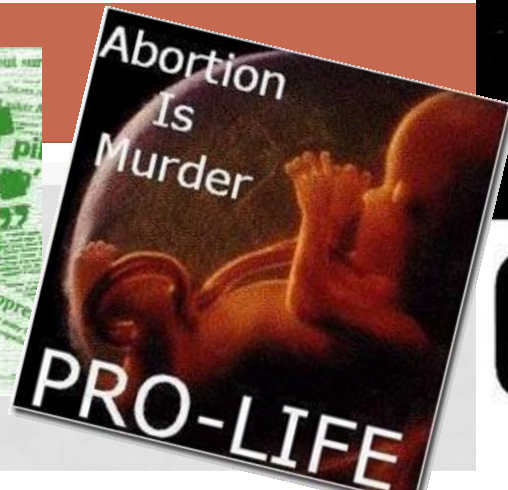


PENGGUGURAN BERLELUASA!

WHEN DOES LIFE BEGIN?



ISU BERKAITAN PENGGUGURAN



FAKTA MENGENAI PENGUGURAN

Wanita USA

- 52% yang menggugurkan kandungan : usia 24 tahun ke bawah
 - 19 % - remaja & 33% - usia 20 – 24 tahun
- 60 % - wanita yang telah mempunyai sekurang-kurang seorang anak
- Dua pertiga - wanita yang belum pernah berkahwin
- Dilakukan oleh semua lapisan masyarakat :
 - 78% – mempunyai anutan agama
 - 88% - tinggal di bandar metropolitan
 - 57 % - hidup di bawah garis kemiskinan
- 54% - wanita yang sedang menggunakan kaedah pencegahan kehamilan (*contraceptives*)
- 50% tidak menggunakan sebarang kaedah kontrasepsi

PENGGUGURAN DI MALAYSIA

- Federation of Reproductive Health, Malaysia :
 - Berlaku di kalangan 38 setiap 1,000 wanita Malaysia berusia 15 and 49
 - Kadar pengguguran : 0.1% (500 setiap 500,000 kelahiran hidup)
- 9 dari 33,759 pengguguran (*induced abortions*) menyebabkan kematian, berdasarkan bilangan kemasukan ke hospital di negara ini (KKM, 2002)

Kertas Asli/Original Article

**A Follow-up Profile of Women Seeking Pregnancy Terminations
in a Clinic in Urban Malaysia: 1998-2005**

(Profil Lanjutan Wanita yang Ingin Menggugurkan Kandungan di Sebuah
Klinik Bandar Malaysia: 1998-2005)

SITI FATHILAH KAMALUDDIN

ABSTRACT

This is a follow-up study to assess the socio demographic profile of a sample of 28,605 women seeking pregnancy terminations at a private clinic in Penang over a seven year period as compared to an earlier study in 1995 of a sample of 23,986 women over a six and a half year period at the same clinic. This study was conducted using computerized patient medical records and paper reports generated from the computer data. The earlier 1995 study showed that the profile of a typical abortion client was a Chinese (60%), housewife (45%) in her late twenties (47%) with a monthly household income of less than RM1,200 (58%), having her first abortion (51%) and who had used contraception before (78%). For the seven year period from 1998-2005, the follow-up profile of a woman seeking an abortion in the same clinic in urban Malaysia was one with a monthly household income of less than RM2,000 (100%) in her late twenties (54%) who had used contraception in the past (85%). It is noted that the percentage of Malay respondents has increased (34%). The percentage of women who had a prior abortion at this clinic or elsewhere has also increased (68%), as compared to the preliminary study. Non-use of contraception remained an issue and traditional methods still outweighed the use of more effective contraceptive methods. In conclusion, fewer housewives and more Malay and Indonesian factory workers contributed to the clinic client profile over these seven years compared to that of the earlier study in 1995.

Keywords: Abortion (induced), reproductive health, women's health

ABSTRAK

DEMOGRAFI PENGUGURAN : UMUR

Umur (tahun)	2000	2005
15 – 19	110 (7%)	136 (7%)
20 – 29	776 (53%)	1094 (56%)
30 – 39	476 (32%)	598 (31%)
40 - 44	116 (8%)	128 (6%)
JUMLAH	1478	1956

Siti Fathillah, 2010

DEMOGRAFI PENGUGURAN : ETNIK

ETNIK	2000	2005
Melayu	536 (35%)	869 (43%)
Cina	439 (29%)	437 (22%)
India	200 (13%)	238 (12%)
Indonesia	292 (19%)	337 (17%)
Bangladesh	22 (1%)	1 (0%)
Lain-lain	43 (3%)	121 (6%)

Siti Fathillah, 2010

BILANGAN KES DENGAN PENGGUGURAN BERULANG (1998-2005)

BILANGAN PENGGUGURAN	Jumlah	Peratus
0	3757	32%
1	4594	39%
2	2120	17%
3	842	7 %
4	324	3 %
5	144	1 %
6 atau lebih	147	1 %
JUMLAH	11928	100 %

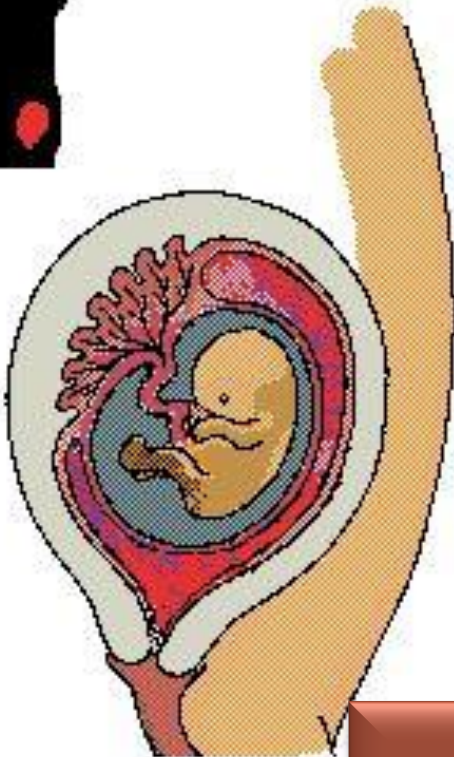
**ISU HAK :
PILIHAN IBU @ HAK JANIN**

PENGGUGURAN : HAK REPRODUKSI WANITA

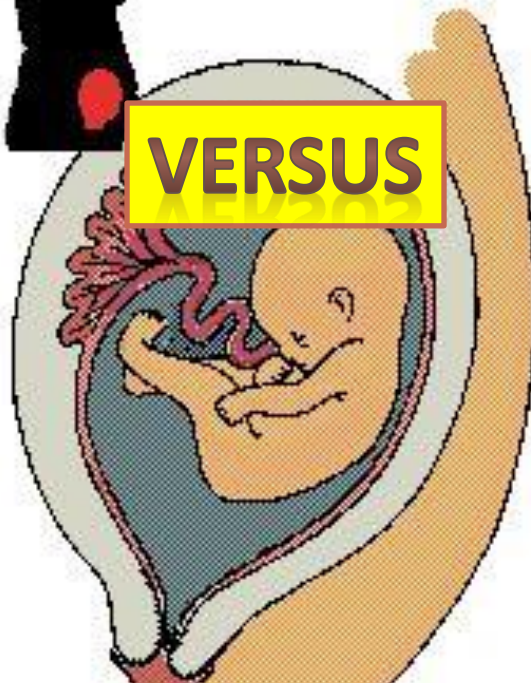
- Recognition of the *basic right* of all couples and individuals to decide freely and responsibly the **number, spacing and timing** of their children and have **information and means** to do so, and the right to attain the highest standard of sexual and reproductive health.
- They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.

HAK IBU

First trimester
(0 to 12 weeks)

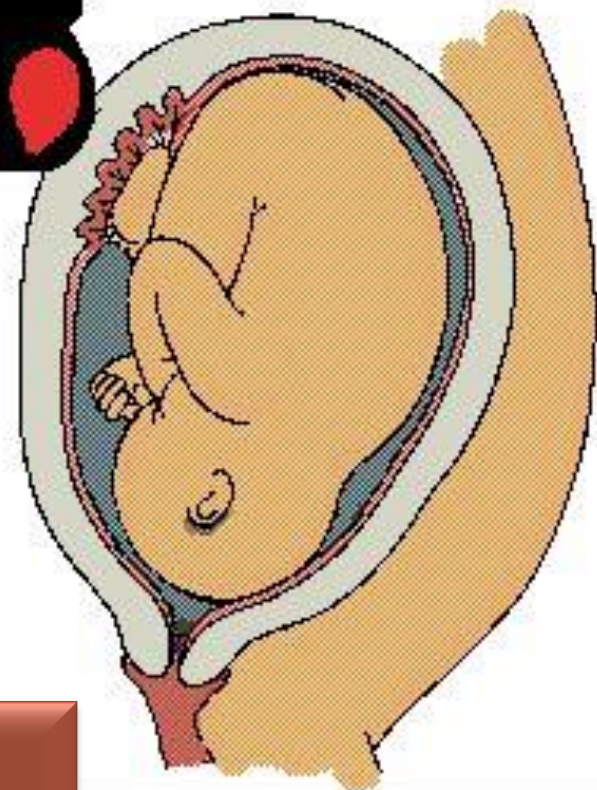


Second trimester
(13 to 28 weeks)



VERSUS

Third trimester
(29 to 40 weeks)



HAK JANIN

ISU PERUNDANGAN BERKAITAN PENGUGURAN

MALAYSIAN LAWS RELATING TO ABORTION

- **Section 312 Penal Code**

‘Whoever voluntarily causes a *woman with child* to miscarry shall be punished with:

- a) imprisonment up to 3 years **or**
- b) fine **or**
- c) both;

and if the woman is *quick with child*, shall be punished with

- a) imprisonment up to 7 years, **and**
- b) fine

MALAYSIAN LAW RELATING TO ABORTION

- **Exception to S312:**

S 312 **does not** apply to

A registered medical practitioner who terminates a woman's pregnancy if he:

- a) forms an opinion in *good faith*, that the continuance of pregnancy would :
 - i. risk the life of the mother, or
 - ii. causes injury to the mental or physical health of the mother

ISU PERKHIDMATAN PENGUGURAN (ABORTION SERVICES)

ETHICAL FRAMEWORK FOR GYNECOLOGIC AND OBSTETRIC CARE



Federation of International Gynecologists & Obstetricians (FIGO)

Committee for the Study of Ethical Aspects of
Human Reproductive and Women's Health

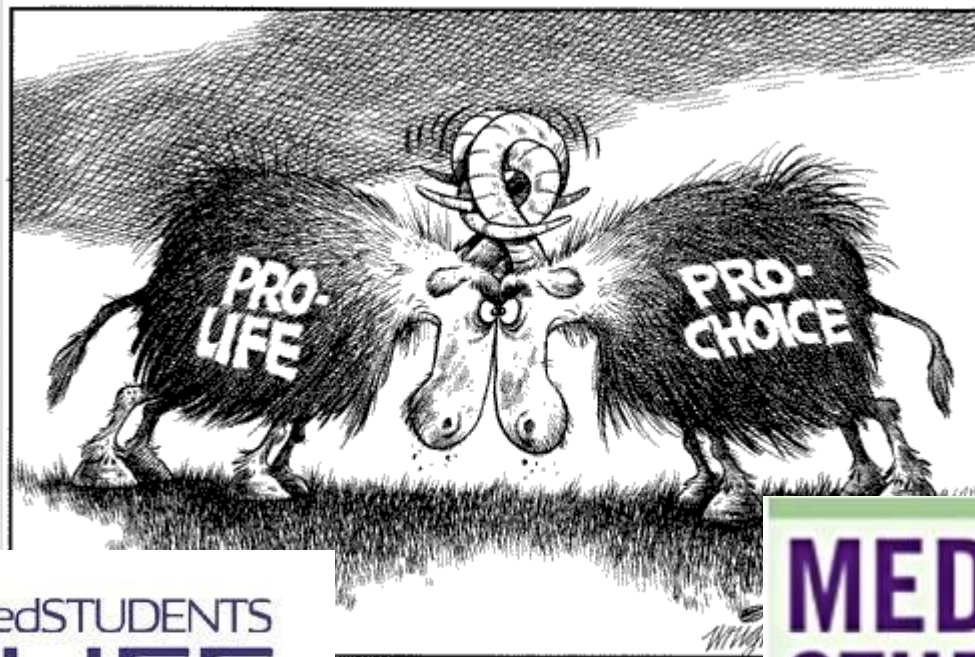
November 2006

ETHICAL FRAMEWORK FOR GYNECOLOGIC AND OBSTETRIC CARE

4. If a physician is either unable or unwilling to provide a desired medical service for non-medical reasons, he or she should make every effort to achieve appropriate referral.



ABORTION PROCEDURES : TRAINING OF MEDICAL STUDENTS



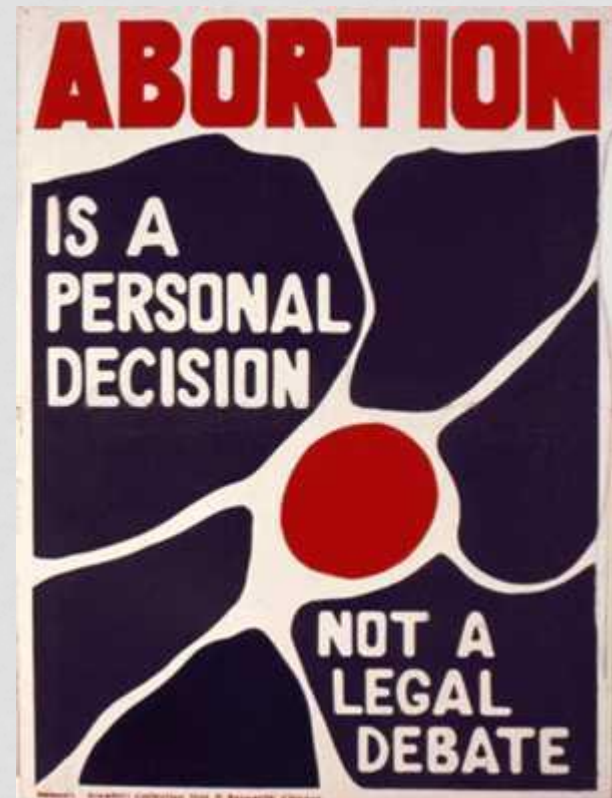
MedSTUDENTS
FOR **LIFE**
OF AMERICA

**MEDICAL
STUDENTS
FOR
CHOICE**

We protect:

- ☒ Rainforest
- ☒ Whales
- ☒ Trees
- ☒ Bald Eagles
- ☐ Unborn Babies

 *Choose Life*



KESIMPULAN

- Isu pengguguran memerlukan perbincangan, pendekatan dan tindakan berasaskan penyelidikan saintifik dan sosial , mengambil kira latarbelakang agama, budaya dan nilai pegangan masyarakat.
- Pengamal perubatan mesti memastikan amalan perubatan tidak bercanggah dengan etika perubatan dan ajaran agama yang dianutinya dan juga pesakitnya.

TERIMA KASIH

**The answer to a
crisis pregnancy
is to eliminate
the crisis,
*not the child.***

—Jeannie W. French
Founder, National Women's
Coalition for Life