Let's keep our eye on the ball

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Telemedicine support from qualified health professionals is an effective and safe method for assessing, prescribing, and providing follow up for medical abortion care.[1 2] Fix and colleagues[3] have contributed to the evidence base for telemedicine abortion with a qualitative investigation of patient experiences obtaining a medical abortion using an at-home telemedicine service in Australia (***see page 172***). Their study highlights important new evidence on patient acceptability for the provision of medical abortion at home. These data are particularly timely in the context of the current SARS-CoV-2 pandemic.

The pandemic response has dramatically altered the delivery of healthcare in high-income nations. With the imperative to provide physically distanced healthcare where feasible, it is critical to understand the impact of novel virtual service delivery models. Beyond the effect of these models on clinical safety and effectiveness, we also must prioritise patient experience, acceptability, and well-being, and to attend to any unintended positive and negative effects of this dramatic shift. Ensuring we preserve *highly acceptable* provision of abortion care is vital to ensure sexual and reproductive health, population health, and health equity.

Fix and colleagues present a rigorous investigation on the acceptability of telemedicine services providing medical abortion at home. Their analysis identified that patients selected at-home abortion by telemedicine due to a desire for privacy, convenience, and the ability to remain at home, particularly where they were unable to access childcare for older children or had work commitments. Most were satisfied with the home delivery of abortion medications and felt comfortable during their telemedicine visits. However, some participants also identified key factors that compromised their access to care and satisfaction with the experience. This included delays in care because physicians refused to provide a referral or lacked knowledge of abortion options, and perceptions that staff at their physician's office judged their beliefs and intentions about abortion. A minority of participants had 'negative experiences' with the medical abortion, not the telemedicine service, and a few identified the need for more clarity about potential side effects, like pain.

These results add substance to the scant current qualitative evidence on telemedicine abortion. Recent reviews on the topic have reported patient acceptability of clinic-to-clinic telemedicine services for abortion,[1] and early indicators that direct-to-patient services are acceptable too.[2]

Beyond the current need for physical distancing, telemedicine provision of abortion can help to mitigate access barriers that persisted pre-pandemic. As defined by the WHO: "*Every woman has the recognized human right to decide freely and responsibly without coercion and violence the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. Access to legal and safe abortion is essential for the realization of these rights*."[4] Around the world, telemedicine abortion options have the potential now to address historic abortion access barriers including stigma and harassment, provider availability, and patient ability to reach a trained, willing, and available provider.

In the UK, patients seeking abortion care had been required to physically attend an approved facility since 1967.[5] This stance was dramatically reversed in March 2020, when rapid government approvals[6] responded to extensive and clear evidence of safety, and calls from leading healthcare provider organisations,[7] by permitting abortion provision at home. Conversely, in the United States, restrictions on the place, timing, and provider for abortion care have largely increased in the context of SARS-CoV-2,

and in some states have eliminated legal access for most patients.[8] In Canada and Australia, urban–rural geographic healthcare distribution challenges have long impaired equitable access to abortion. Prior to the pandemic response, these barriers were being addressed through improvements to regulatory,[9] guideline,[10] and legal restrictions[11] that facilitate both telemedicine provision and overall equitable access to abortion care.

This leads us to consider critical questions for the current pandemic response. Let's keep our eye on the ball, and prioritise both the right to safety and to positive patient experience. Past studies of telemedicine abortion have been conducted primarily with populations that had access to either in-person or telemedicine options for abortion. What are the experiences of people who have no option but to access abortion from home? What are the costs or cost savings to patients? Who is excluded from access to telemedicine abortion? What are patients' information needs around abortion care at home, particularly with regard to attributes like pain? How safe and private is the experience of at-home abortion during a pandemic, particularly among patients experiencing family and partner violence?

In response to the pandemic, new telemedicine services are scaling up around the world to ensure timely access to safe sexual and reproductive healthcare including abortion care. Healthcare providers now and into the future will rely on concurrent rigorous evaluation of patient experiences, such as demonstrated by Fix *et al*,*3* to ensure that *safe care* is *acceptable care*. Only then can we support our populations to realise the highest standards of sexual and reproductive health and equity.

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