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Violence in Venezuela

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Elizabeth Prochaska looks at ground-breaking laws protecting the rights of women

South America is notorious for its astronomical rates of caesarean sections. It is less well-known for pioneering human rights laws. But obstetrics and human rights have collided in a remarkable new law passed in Venezuela in 2010 criminalising 'obstetric violence'. It is described in an editorial published in the International Journal of Gynecology and Obstetrics by Dr Rogelio Pérez D'Gregorio, a Venezuelan obstetrician. Obstetric violence is defined in the 'Organic Law on the Right of Women to a Life Free of Violence' as

'...the appropriation of the body and reproductive processes of women by health personnel, which is expressed as dehumanized treatment, an abuse of medication, and to convert the natural processes into pathological ones, bringing with it loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting the quality of life of women.'

It then lists specific obstetric acts that constitute obstetric violence, including forcing the woman to give birth in a supine position and using acceleration techniques and performing caesarean sections without obtaining 'voluntary, expressed and informed consent' of the woman. Healthcare professionals found guilty of obstretric violence are liable to a fine and will be referred to their disciplinary body.

Dr D'Gregorio does not say if anyone has yet been prosecuted for obstetric violence, but regardless of whether the new law is being widely applied, it is a very powerful social statement that endorses birthing women's autonomy. It is rare that unwanted interventions in childbirth are characterised as violent (as opposed to traumatic or merely unpleasant), but that is, of course, how many women experience them and it is very encouraging to see the term enter the legal lexicon. Crucially, the Venezuelan definition of obstetric violence recognises that the choices women make in a medicalised system may not be freely and properly informed. They may be made under the influence of veiled threats about the safety of their child, or in response to a limited range of options presented by a doctor with a vested interest in a particular outcome. As the Venezuelan law suggests, an expansive understanding of the concept of consent needs to be adopted to address these concerns.

Dr D'Gregorio accepts that the law is appropriate in Venezuela where natural childbirth is a rarity and there is an acute problem with caesareans performed without consent. Would such a law be useful in the UK? Certainly the lack of civil litigation challenging unnecessary caesareans suggests that a culture shift needs to take place in how the law (and lawyers) perceive women's rights in childbirth, but it must be

hoped that change here can be achieved without criminalising medical professionals.

Elizabeth Prochaska

