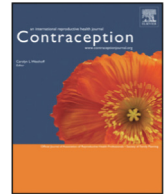




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



## Letter to the Editor

**The no-test abortion is a patient-centered abortion** <sup>☆</sup>

We greatly enjoyed reading the manuscript entitled “No-Test Medication Abortion: A Sample Protocol for Increasing Access During a Pandemic and Beyond” by Raymond and colleagues [1].

In this manuscript, the authors present a protocol developed during this extraordinary time when a novel approach to time-sensitive abortion care is critically needed. In describing a “no-test” protocol based on evidence from clinical trials, information typically derived from ultrasounds and blood tests is replaced with information from the patient, disrupting the standard hierarchy of truths in medicine.

By creating space for an algorithm that uses patients' reported last menstrual period, Rh status, and post-abortion symptoms and home pregnancy tests, we are aligning our practice with our beliefs: we trust the people for whom we provide care. As aptly stated by Dr. Alissa Perrucci, “the patient has the answer [2]” – and it is refreshing to see a policy reflect this notion.

Of course, it is not just this pandemic, but also the legal and structural impediments the authors allude to in their conclusion, presenting barriers to abortion access. Historically, this has included our own family planning community, despite our shared mission to protect and improve such access in our efforts to promote reproductive justice. It may give us pause that the measures to legitimize patient self-knowledge were born out of necessity and urgency, but we commend our colleagues for their ingenuity in what will amount to a practice that has benefits to patients far beyond the lifespan of this pandemic.

This thoughtful and evidence-based proposal presents an important opportunity to facilitate care for patients seeking abortion. Just as important, this protocol supports a critical family planning framework wherein the patient is recognized as holding specialized knowledge and expertise. However, by calling remote abortion care delivery “no-test,” we highlight the losses, rather than the gains of championing and centering knowledge of one's

own body. As we move away from terms such as “elective abortion [3,4]” and “unintended pregnancy [5]”, we celebrate the opportunity to reflect on our language in this scenario. Raymond et al., by necessity, use a label, “no-test,” to describe a new approach to abortion care. This presents an opportunity to create user-forward abortion provision language. In the future, we are excited for these measures to be integrated into routine, patient-centered abortion with a label that simultaneously prioritizes the patients' lived experiences and reflects the evidence-based removal of barriers.

**References**

- [1] Raymond EG, Grossman D, Mark A, et al. No-test medication abortion: a sample protocol for increasing access during a pandemic and beyond. *Contraception* 2020;101(6):361–6.
- [2] Perrucci AC. Decision assessment and counseling in abortion care: philosophy and practice. Maryland, United States: Rowman & Littlefield Publishers; 2012.
- [3] Janiak E, Goldberg AB. Eliminating the phrase “elective abortion”: why language matters. *Contraception* 2016;93(2):89–92.
- [4] Bayefsky MJ, Bartz D, Watson KL. Abortion during the Covid-19 pandemic – ensuring access to an essential health service. *N Engl J Med* 2020.
- [5] Potter JE, Stevenson AJ, Coleman-Minahan K, et al. Challenging unintended pregnancy as an indicator of reproductive autonomy. *Contraception* 2019;100(1):1–4.

Kathryn Fay <sup>a,\*</sup>Jennifer Kaiser <sup>a</sup>David Turok <sup>a</sup>

<sup>a</sup> University of Utah School of Medicine, Department of Obstetrics and Gynecology, 30 North 1900 East, RM 2A200, Salt Lake City, UT 84132, United States

\* Corresponding author.

E-mail address: [Kathryn.fay@hsc.utah.edu](mailto:Kathryn.fay@hsc.utah.edu) (K. Fay).

Received 29 April 2020

Accepted 20 May 2020

<sup>☆</sup> Conflict of interest: No competing interests to declare. <sup>☆</sup> Conflict of interest: No