

Doctor of the Month, February 2021 Dr. Laura Gil, Colombia



Dr. Laura Gil is an OBGYN, abortion provider and co-founder of the Grupo Médico por el Derecho a Decidir-Colombia. She has been active in abortion training and in disseminating the concept of the health exception after abortion was partially decriminalized in Colombia in 2006. She serves as an advisor for FLASOG's Sexual and Reproductive Rights Committee and is part of the FIGO Safe Abortion Committee.

Dr. Gil has been a speaker at “La Mesa por la Vida y la Salud de las Mujeres ” (the Women’s Life and Health Coalition), focusing on topics such as the standards and concepts of Voluntary Interruption of Pregnancy (VIP) in Colombia, with an emphasis on health-related causes. She has also provided support for specific VIP request cases that have been instrumental in the pursuit of defending women’s health rights. She received her medical training from the National University of Colombia and completed training in sexual and

reproductive health research in developing countries at the Geneva Foundation for Medical Education and Research in association with the World Health Organization.

What does it mean to you to be a physician advocate?

Being a physician advocate gives me the opportunity to extend my impact beyond my individual practice. I love my work as an OBGYN and its ability to make an individual impact in the lives of my patients but at some point, I realized that I needed to do more. Being a physician-advocate allows me to extrapolate the passion I have as an OBGYN to help make changes on a systemic level.

Why sexual and reproductive health?

I’ve been fascinated with reproduction and the power of women’s bodies since I was a little girl. This fascination inspired me to be an OBGYN, and I focused my medical school education on women’s health and was empowered by the information I learned about my own body and health in the process. I advocate for sexual and reproductive health to bridge this gap in access to information and quality, evidence-based care and strive to make reproductive health care empowering for all women.

What is a current advocacy campaign you'd like to highlight?

GDC-Colombia is currently focusing our efforts on an initiative to remove abortion from the penal code, entirely. Abortion is health care, not a crime. The fact that it is still within our penal code reflects an inequity toward women and an abuse of power by the State.

We have brought a lawsuit to the Constitutional Court arguing that women have a right to access healthcare, which includes abortion. We are hopeful because we know that we have presented strong legal, ethical, and moral arguments about how the criminalization of abortion violates women's rights and affects doctors' ability to provide safe and adequate care.

The court has agreed to hear our case and we are waiting for their ruling which should come down in April. Regardless of the outcome, our work does not end here. Even if the court decriminalizes abortion, we must continue to work to end all barriers that women face when trying to access the service.

If the Court rules to decriminalize abortion, it would be a victory for women's rights in Colombia and momentous for advocates in other countries who are fighting for similar causes.

What does it mean to be a part of GDC?

Being a part of GDC allows us to have international recognition and be a part of a network of doctors throughout the world. This network allows us to learn from and be a reference point for other countries in our advocacy efforts.

I was connected to other doctors through a GDC-led training that brought together like-minded doctors in-country. Before this training, I had not thought of advocacy and its significance. GDC opened my eyes to that reality. Additionally, GDC offers assistance both in the form of program support and funding.

What challenges has COVID-19 created for accessing SRHR in your country? Successes / innovations?

COVID-19 highlighted the fact that women's rights, contraception, and abortion are the last thing that people think of during crises. They think of it as a luxury and something that you can have when things are "normal" but once you enter a crisis—i.e. COVID-19, ZIKA, forced migration, etc.—the last thing people think of is that women need reproductive healthcare.

Even though the Ministry of Health has stated that abortion qualifies as an essential health service, women are still being turned away. This is a failure of the health system, and the COVID-19 pandemic has exacerbated the barriers that women already faced in accessing abortion. For example, while accessing legal abortion in Bogotá may be somewhat simple, it is nearly impossible to access this service in a small town or countryside. Women from these areas usually travel if they have the means, but with COVID-19, travel has been eliminated, making it impossible to access abortion. This is not only the case for abortion, but for contraception and other reproductive health care.



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Despite the barriers that COVID-19 has created, there have also been successes. For instance, the implementation of telemedicine—which was so controversial before the pandemic—has become somewhat commonplace. Telemedicine has been successful in narrowing the gap in accessing reproductive healthcare services for women who live outside major cities. Additionally, modalities of telemedicine that include nurses or mid-level practitioners that provide care under the guidance of a remote doctor have been successful during this time.

Overall, telemedicine and the pandemic have given us the opportunity to show the world that abortion is not complicated, it is a safe and simple medical procedure that can even be managed at home with proper information.

What is something that you would tell a fellow clinician that is thinking about becoming an advocate?

Don't be afraid to speak out. All of us have an activist inside of us, but when your cause is stigmatized, it makes it difficult to speak out due to feared consequences. But knowing that I am standing up for what I believe and centering my arguments in science, ethics, and my own spirituality allows me to keep advocating even when I face resistance. So, I would say don't be afraid of what others are going to think, because the reason is within you. There is a bigger side of this: how much you will accomplish, how many women will benefit, how many colleagues will benefit, and the policies you have the potential to change. That is bigger than any fear you may have.