Abortion as a Topic in Medical Education: Meeting the Challenges

Julia Frank MD, Seema Kakar, MD, Gisela Butera, MLIS
The George Washington University, School of Medicine and Health Sciences

Background

In the United States, as of 2014, 44% of medical schools provided no formal pre-clinical instruction on abortion, although the Association of Professors of Gynecology and Obstetrics (APGO) mandates abortion as a core medical education objective.1

Few abortions occur within academic institutions, leaving schools to develop their own curricula within complex the logistical, legal and political boundaries.

Methods

Case-Based: Between 2012-2014, all second year students participated in two required three hour case small group sessions researching and discussing a pregnancy in a 17 year old girl, along with other examples of unplanned or complicated pregnancies.

Ethics: Before the case students attended a framing ethics lecture on legal, ethical and political issues in reproductive health.

Survey: The study obtained IRB approval to collect and analyze three years of students’ responses to a questionnaire about their views on abortion education, supplemented by qualitative analysis of their postings to a moderated online discussion board.

Results: Qualitative

Results: By an overwhelming margin (85 to 15%), students in this study reported that education about abortion and contraception was important and appropriate.

ONLINE DISCUSSION BOARD: Second year students expressed new awareness about abortion laws, desire for medical evidence/ unbiased information, appreciation of physician responsibilities, and support for sex education.

Focus Groups: Students in the focus groups found that their experience discussing abortion and family planning differed by clinical setting. They noted the value of the earlier case based sessions.

Future Directions

Q This study aligns with the ACOG Committee Opinion on Health Care for Underserved Women (2014), which recommends continued “efforts to destigmatize and integrate abortion training into medical education as an integral element of women’s reproductive health care.”2

Q Further studies should consider the extent and methods of pre-clinical and clinical medical education in reproductive ethics. Ongoing political and social changes in the US will influence the attitudes of students and educators.

Conclusion

Q Controversial topics require innovative educational methods. A case based approach allied with an open forum with ground rules permits minority voices to be heard and discussed in a professional manner.

Q Opportunities for practical experience with contraceptive counseling and counseling about abortion, vary by clinical setting reflects the uneven distribution of the range of reproductive health services in the US. This emphasizes the value of a structured pre-clinical curriculum that ensures universal exposure to the topics.

References


Acknowledgements

Susan Gouda, MD, and Maria Jarkiewicz, MD, and Neha Sanyal, BA, performed the qualitative analysis of the postings and the focus group.

Contact

Seema Kakar skakar@mfa.gwu.edu
Julia Frank jfrank@som.umaryland.edu

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC