Abortion as a Topic in Medical Education: Meeting the Challenges

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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]

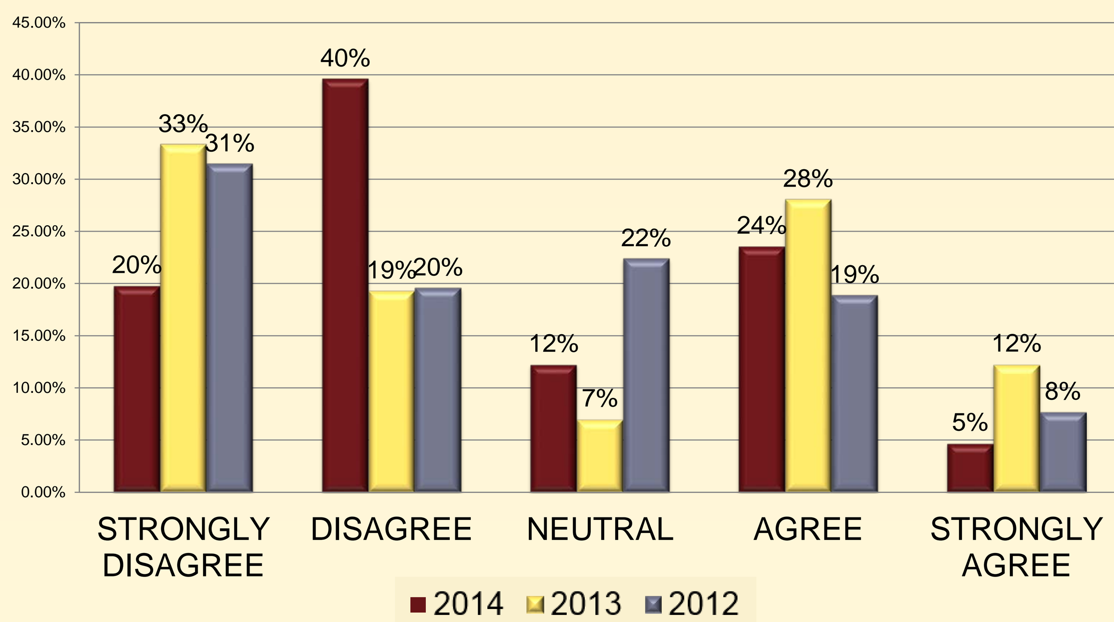
Few abortions occur within academic institutions, leaving schools to develop their own curricula within complex the logistical, legal and political boundaries.

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.

ETHICS LECTURE EXAMPLE QUESTION
(using audience response system)
Is there a difference between discarding an embryo which carries a fatal disease and aborting a fetus for similar reasons?



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 to a moderated online discussion board.

RESPONSES	2014	2013	2012
TOTAL	133	103	140
Agreed to participate	80.5%	52.4%	80.0%
Declined participation	19.5%	47.6%	20.0%

Follow-Up: In two subsequent years, third year students discussed in focus groups the impact of the pre-clinical sessions on their OBGYN clinical experience. Their responses allowed for further qualitative analysis.

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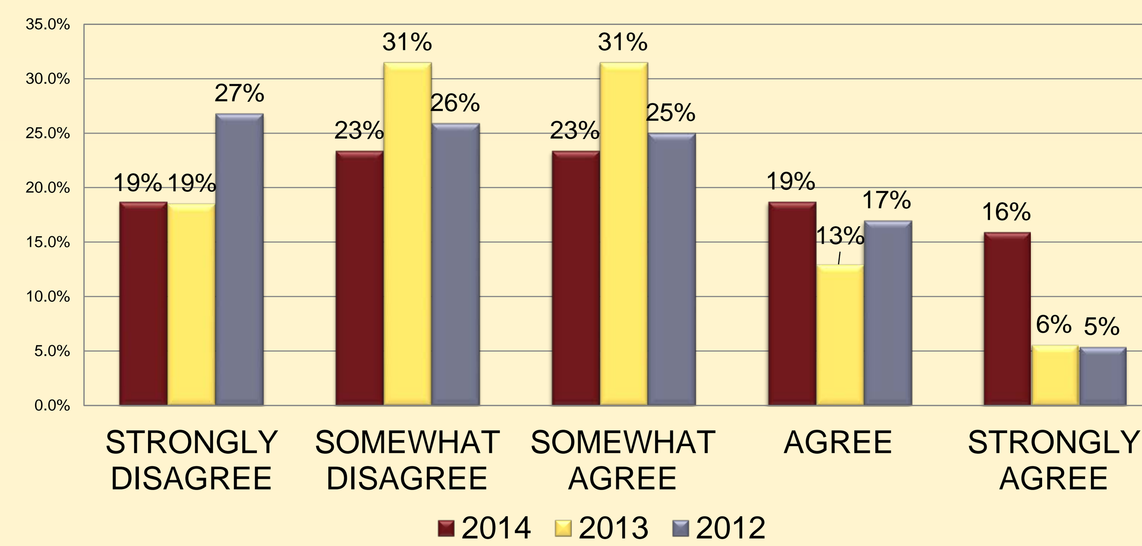
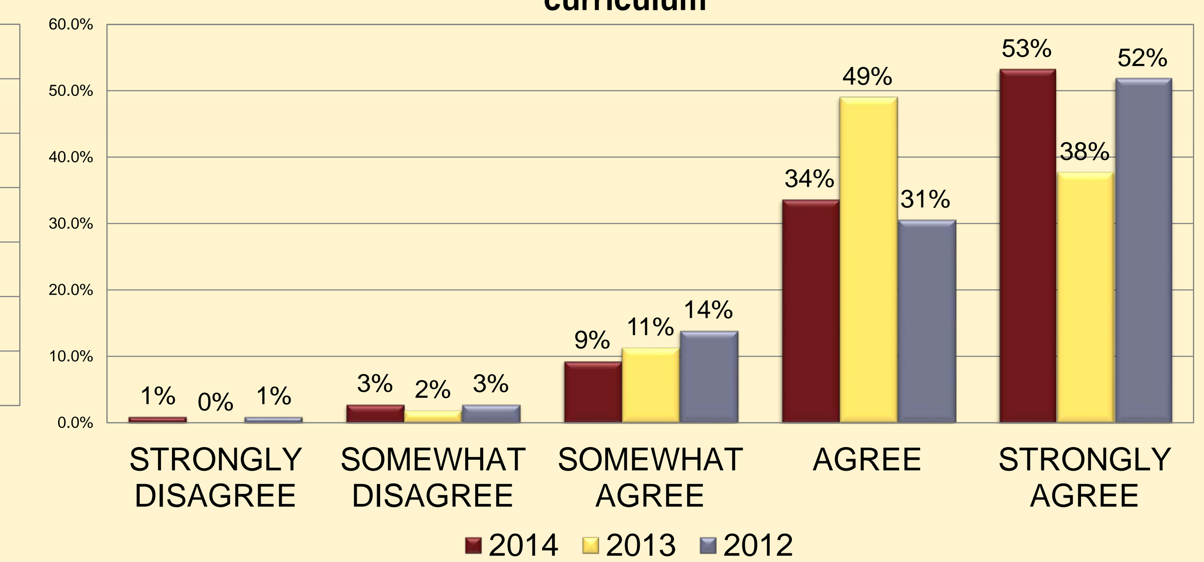
Results: Qualitative

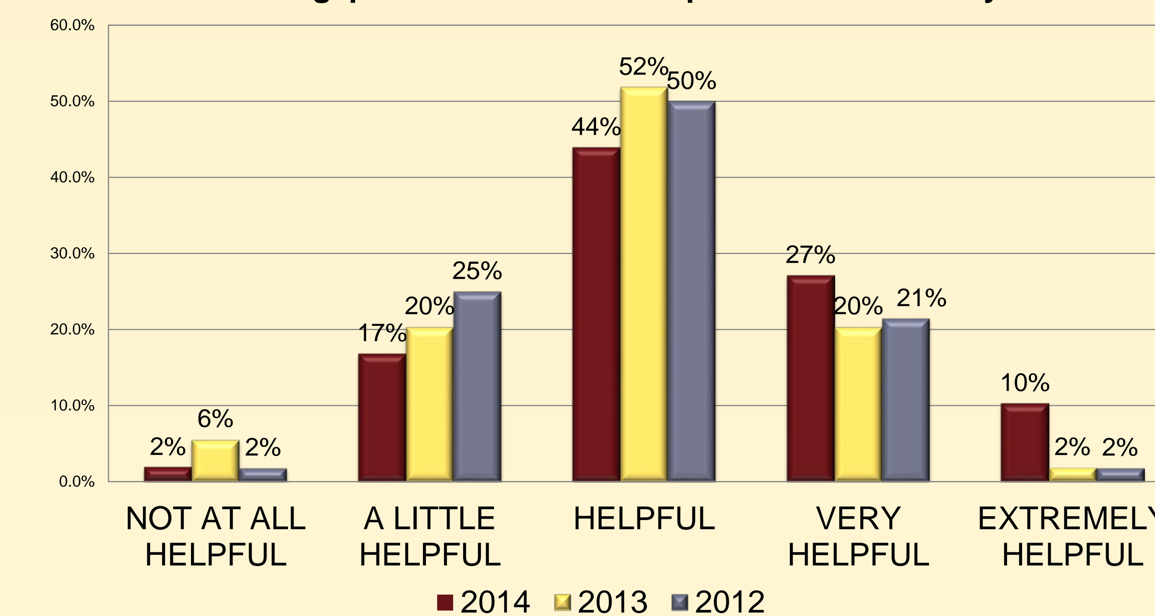
The case discussion impacted my personal opinions on abortion



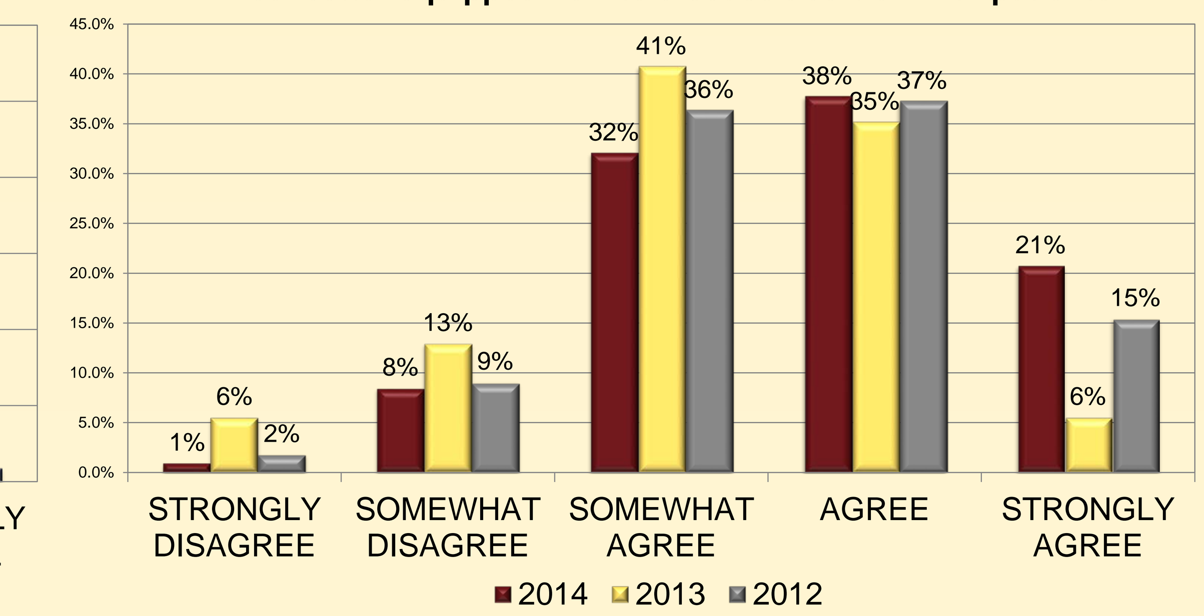
The topic of abortion should be part of the medical curriculum



Counseling patients with different points of view from yours



I feel better equipped now to discuss abortion with patients



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

Results: Qualitative

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.

Coded Themes	Access to Care	Counseling a Patient	Evidence in Literature	Discussion Beneficial	Sex Education	Unbiased Information	Physician's Responsibility

EXAMPLE: Discussion Beneficial

"I realize that we cannot definitely, scientifically say that life begins at conception. However, I don't believe we can definitively say that it does not. In light of that ambiguity, I choose to err on the side of protecting the embryo."

EXAMPLE: Physician's Responsibility

"This is a difficult situation for the physician to be in. The physician has to ignore is/her own personal beliefs and provide unbiased information to the patient."

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.

CODED Themes	Professional Discussion	Clinical Exposure Settings	Academic Exposure	Patient Education Exposure

EXAMPLE: Clinical Exposure: Religious

"…they [MDs] have been open in discussion with their patients and with me about their views and how they can't counsel patients and what they recommend, which I thought has been beneficial…"

EXAMPLE: Clinical Exposure: Non-Religious

"…laying out all the options when they're finding out about an unintended pregnancy – so it was kind of a generic conversation but abortion was one of the pros and cons that were discussed"

Conclusion

- 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.
- 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.

Future Directions

- 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 acritical element of women's reproductive health care.*"[2]
- 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.

References

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