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 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.

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

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.

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.

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

CODING THEMES

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.”

CODING THEMES

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 counselling 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 an integral element of women’s reproductive health care.”

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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