How Residents Studying Obstetrics and Gynecology View Abortion Training at Its Best

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The decision on the part of obstetrics and gynecology residents to opt in or out of abortion training is, for many, a complex one. In 1996, the Accreditation Council for Graduate Medical Education Obstetrics and Gynecology Programs required that “access to experience with induced abortion must be part of residency education;” and in 2014 the American College of Obstetricians and Gynecologists recommended that “all obstetrics and gynecology residency programs provide training in comprehensive women’s reproductive health care, including opt-out abortion training.” Supposedly, abortion training is routinely integrated into residency studies, with trainees able to opt out if they have religious or moral objections. But in reality, this training is not always regularly provided.

Although the public debate surrounding abortion is highly polarized, many residents, like other individual Americans, hold a complex mixture of pro-choice and pro-life beliefs. My colleagues and I have published narratives explaining the complex views of four residents in a 32-resident training program in the Northeast. These stories reveal that some struggle with the real-life experience of providing abortions, while others feel angst over lacking the skills to terminate a life-threatening pregnancy. These residents value close relationships with coworkers whose views fall on all sides of this issue – and they find that a residency program that encourages open conversation about abortion issues can foster better mutual understanding of a range of viewpoints.

Residents Have Varied Perspectives and Experiences about Abortion

Decisions by residents to opt in or out of abortion training are, for many, complex choices after
much soul-searching. In our residency program, a large majority of the 32 residents participate in abortion training. During a six-week rotation, all residents complete a didactic curriculum on the management of contraception, abortion, and miscarriages. In addition, those who so choose perform abortions at a local clinic and in our hospital. Among residents who opt out of abortion training, most observe them at the clinic. Despite polarized public rhetoric about abortion, residents often discover that the boundaries between pro-choice and pro-life beliefs are not so neatly divided. Residents train with – and develop tremendous respect for – colleagues who do not share their views.

• A resident who decided not to offer abortion services in their practice but still participated in abortion care during residency found the training to be a uniquely humanizing experience: “I anticipated experiencing existential guilt afterward; however, to this day I feel proud that our team was able to respect the mother’s dignity and autonomy as she made a courageous decision.”

• The opportunity to engage in open and honest conversation with co-residents and physicians – where the decision to provide abortions was treated in a nuanced, nonjudgmental, and non-polarizing way – helped a resident who was on the fence decide to participate in available trainings: “One particular conversation with a senior resident was instrumental in my decision to participate in the abortion training. She explained that, for her, abortion is not ‘black and white’; it is not a ‘feel-good’ procedure, but it changes the course of a patient’s life. It was so helpful to know that my apprehension was normal. That affirmation, along with my desire to gain gynecologic experience, gave me the confidence to pursue abortion training.”

• For a resident who was unambiguously supportive of pro-choice policies, actual training and open conversation functioned in much the same way that they did for residents who leaned toward pro-life positions. Participating in training accompanied by honest conversations took the focus off their own moral choices and returned it to the patients they were treating. As one explained, “I was able to see the big picture: the women were incredibly appreciative, the
clinicians were caring and sensitive, and we were providing a needed service. I would love to live in a world where no abortions are needed. Countless parents are stretched too thin socially, financially, or personally to take care of another child. Although I might not always understand an individual woman’s choices, if she feels that she cannot be a parent for whatever reason, I will support her in that decision. I see little role for my personal values in the shared decision-making process.”

• For a Born Again Christian resident, working together with residents holding different beliefs was the key to taking a compassionate view of women seeking abortions, allowing them to provide those women with quality care while respecting their own religious views. In one case, this resident was able to care for a patient who decided to end a nonviable pregnancy: “I knew the information I had given her had guided her toward this decision, and I was uneasy with the fact that, because of my personal beliefs, I could not start her induction. Thankfully I was able to ask for help from supportive co-residents, who placed the misoprostol. Apart from this physical act, it was not difficult for me to care for the patient and support her through her induction... She reminded me why I became an ob-gyn: to care, help, diagnose, treat, and support. I can continue to do all that without being the one to place misoprostol or to perform the dilation and evacuation.”

Open Discussion among Residents Can Lead to Better Care

By all accounts, residency is a period of intense professional and personal development. Although residents train to practice the most up-to-date medical techniques, many feel challenged by emotionally and socially-charged medical issues such as abortion. Instead, residents find guidance and solace from faith and family and in learning from each other and from senior clinicians. Discussing personal and typically private aspects of abortion in an open training environment is tremendously valued by trainees. Residents who narrated their experiences clearly expressed how important it is for everyone to explore and acknowledge the difficult moral issues surrounding abortion care. This approach, emphasizing mutual support and honest conversations among residents, not only facilitates professional development, but also benefits patients. All residency
programs can follow this constructive roadmap.