



NO DIAMOND, NO PROBLEM
Everyone (But Me)
Hates My
Nontraditional
Engagement Ring

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I Am an ObGyn Resident Who Entered My Field Specifically to Perform Safe Abortion Services -- These Are My Reasons Why

I love providing abortion care to women, and I am proud to do so. I am also far from alone.

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As an ObGyn resident who chose this specialty specifically to provide safe abortion services, I was excited to read July's publication, "[Four Residents' Narratives on Abortion Training](#)," in the esteemed journal *Obstetrics & Gynecology*. Indeed abortion is a topic in our specialty, and in our society, that generates nuanced discussion, thought, and debate. Understanding the feelings and motivations of those receiving (or not receiving) abortion training is critical to assuring the ObGyn workforce is adequately prepared to meet the reproductive needs of our patients.

In reading this commentary, I appreciated the desire to illuminate the range of emotions ObGyn residents experience throughout their abortion training. However, the authors failed to include what I would consider to be the important resident voices on this topic: those who were called into this profession to provide abortions, and are not afraid, embarrassed, or ashamed to say so.

While my narrative is not representative of all of my colleagues who share my strong and steadfast views on abortion (training), it is not a narrative that lives in isolation among the ObGyn resident community either. In an effort to strengthen the validity of "Four Residents'" commentary, and contribute to a truly nuanced and diverse body of resident narratives on abortion training, I offer a fifth narrative. I share this perspective with a similar pursuit as the original authors: to provide women (pregnant or not) with the best healthcare (and opportunities) possible.

I love providing abortion care to women, and I am proud to do so. I am also far from alone. Upon publication of “Four Residents’ Narratives on Abortion Training,” a professional listserv I belong to blew up with passionate reactions. Residents from across the country were surprised and confused by the omission of any resident perspective that voiced confidence and pride in their decision to provide abortion services. To us, abortion training was something we advocated for in medical school, and actively sought out in our residency training programs. To us, abortion training was exciting, because it meant we were developing the skills necessary to provide women with safe reproductive healthcare. To many of us, the decision to receive training in abortion wasn’t “agonizing” at all as a recent corresponding piece in [Yahoo! Health](#) described. Rather, providing our first MVA was a “feel good procedure,” because we had successfully performed an intervention that changed a woman’s life for the better!

Residents and medical students in vast numbers are committed to abortion training, not out of obligation, but out of desire. One organization alone, [Medical Students for Choice](#), educates thousands of students across the country each year about abortion, with the demand continuing to grow. Their alumni go on to apply to residency training programs specifically because of the abortion training their program offers. I myself moved from Ohio to Massachusetts for residency specifically to ensure my abortion training would be comprehensive and sufficient. My experiences on the residency interview trail and throughout medical school were that medical students and residents were not fearful to discuss their ambitions to provide abortion services, but proud to one day offer and advocate for a service they believe in, and that is well within their scope of practice.

These residents and medical students are my friends and they’re the future of accessible abortion in this country. Their voices are heard in their hospitals, sometimes quietly, but their passion and dedication is stronger than any other cohort in medicine. We are organized, and we will provide. And we will share our stories too.

Who wants to be an abortion provider?

I do. And I don’t have a nose-ring or a tattoo. I’m a 5’ blonde from Ohio and my last boyfriend was a pastor. In fact my Midwest, Christian upbringing is largely responsible for my belief that providing abortion services is one of the most meaningful ways I feel I can contribute to making the world a more fair and equal place for women.

Growing up I did not believe gender inequality existed any longer in the United States. I was the youngest of four girls, a varsity athlete, top of my class academically, and had parents that were the most supportive in helping me attain professional and personal success. I grew up thinking I could be the President if I wanted to be. My father taught me to play the trombone and enrolled me in science and engineering camps not because he wished he had a son, but because my gender made no difference in me exploring my interests.

I was feminine for sure, caring for my hair and nails pristinely by the age of 12, but my ambition and desire for success were never curtailed by my gender. By the age of 16, I was on the pill, “just in case,” and when I did become sexually active my ambition or opportunities for success were never curtailed because of my sex.

What I mean is: I never experienced unplanned pregnancy because I was fortunate enough to have parents who understood the normalcy of teenage sexuality, and provided me education and opportunities to prevent undesired pregnancy and disease. I could have sex, just like a man could, and go on with my life, with minimal fear of life-changing consequences (i.e. unwanted pregnancy).

I realize this is a privilege in our society and that is unjust. All women who desire contraception should have it; it's necessary for women to be able to achieve their goals. Not because women are sluts, but because women are humans, and humans do have sex.

It wasn't until I went to college, when I began paying attention to national politics that I began to understand that gender inequality was still very much at the forefront of our national debate. I began to see this play out through sexual politics. I watched mostly male legislators say medically inaccurate or horribly offensive things about the female body as they attempted to pass laws making my ability to access healthcare more difficult. I realized that my sex and gender could hugely impact my ability to access the healthcare I needed to make sure I could finish college and go to medical school.

Rampant efforts to defund Planned Parenthood seemed illogical, yet have been going on ad nauseam for the better part of the Obama administration. Why indeed, as Nicholas Kristof stated in his recent NYT article, [“Our Sexed Crazy Congress,”](#) are Conservative Republicans, indignant about abortion, trying to destroy a government program that helps prevent 345,000 abortions a year?

As a political science/women's studies major it seemed obvious their efforts to defund Planned Parenthood were efforts to remove women from the public sphere. It seemed obvious that the debate over access to reproductive health care was really a debate about reproduction, and sexuality, and traditional gender roles. It is obvious that women need their health, and need control over their reproduction and their bodies in order to compete along the career trajectory with men.

Therefore, taking away women's access to reproductive health services and birth control seemed like a covert, or rather overt effort to remove the work-force competition, and place women back in the home. It is true that traditional gender roles are very much in flux right now. [With women currently out-earning men in bachelors and advanced degrees,](#) their role in leadership and the public sphere is rapidly shifting too. Women should have every opportunity to explore their potential in the public sphere, and they will never be able to do that if they cannot exert agency and autonomy over their bodies. Republicans know this. Misogynists know this too.

We do not live in a world where men and women are equal. Economic and political power in the United States are still held in a supermajority by men and until women reach the top of industry, including economic and government industry, the policies in this nation will not equally reflect the needs and interest of women – including our reproductive needs. Family planning and abortion will always be a part of the narrative of women, and especially now in 2015 as women are trying to close the gender gap for good we need continued access to these services. It wasn't until I read Sheryl Sandberg's *Lean In* that I realized her call to women to lean into industry all

the way would not be possible without widespread access to family planning and abortion services.

I provide abortions, and actively take every opportunity to advance my abortion skills, because without abortion and family planning, women will never live in an equal world, let alone rule the world.

I provide abortions because I think it is fair to women who did not have the education, tools, or resources to prevent pregnancy. I think it is fair because our government does a poor job providing the public health resources necessary to prevent unplanned pregnancy. I think it is fair to provide women with safe termination when their life is in jeopardy. I think it's fair for women to be able to pursue their education and careers at the pace and timeline they desire. I think it is fair to families and communities to build when they are ready.

And most importantly, I think it is fair to children, that they are born into a world where they are wanted, and loved, and cared for, and have the resources they need to thrive. I think abortion is a social good and a tremendous way in which physicians can contribute to a more socially just world.

In the narratives provided in “Four residents...” not one offered a nuanced perspective on abortion as it relates to society, or women's role in society, or poverty, or child abuse, or the myriad other ways in which abortion impacts the world around us. Physicians' feelings matter, but as professionals we should evaluate those feelings in the larger context of the world around us, and the impact we're having on the world. When we speak of “doing no harm” in the context of abortion, omission and passivity are not harmless but harmful to the very woman – the patient - you are dismissing.

One day, I think I'll be pregnant. I hope that pregnancy is healthy, and I'm able to carry it to term. But if for some reason I can't, I hope that my doctor will put my life and health first. That is what I would want, and that is what I will provide to my patients. That means I hope my doctor is trained to terminate pregnancies. I hope they get that training in medical school, residency, fellowship, and beyond. I also hope they feel good about it, because it is a good thing. Saving women's lives, and enabling women to have both the public and private life she desires is a very good thing.



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Original article found online at: <http://www.xojane.com/issues/obgyn-resident-safe-abortion-services>