

# Secondary Logo

# Journal Logo

[Advanced Search](#)

## Four Residents' Narratives on Abortion Training

### A Residency Climate of Reflection, Support, and Mutual Respect

Henneberg, Christine, MD, MS

Obstetrics & Gynecology: December 2015 - Volume 126 - Issue 6 - p 1308

doi: 10.1097/AOG.0000000000001172

Departments: Letters

#### **Author Information** **Authors** **Article Metrics** **Metrics**

Contra Costa Family Medicine Residency Program, Martinez, California

**Financial Disclosure** The author did not report any potential conflicts of interest.

This letter has been signed by 90 residents and fellows affiliated with Medical Students for Choice (MSFC). For a complete list of signatures, see Appendix 1 online at <http://links.lww.com/AOG/A725>.

© 2015 by The American College of Obstetricians and Gynecologists. Published by Wolters Kluwer Health, Inc. All rights reserved.

**Lesley B. Conrad, MD**  
Department of Obstetrics and  
Gynecology, Division of Gynecologic  
Oncology, University of Texas  
Southwestern Medical Center,  
Dallas, Texas

## REFERENCES

1. Conrad LB, Groome L, Black D. Management of persistent postpartum hemorrhage caused by inner myometrial lacerations. *Obstet Gynecol* 2015;126:266-9.
2. Hayashi M, Mori Y, Nogami K, Takagi Y, Yaoi M, Ohkura T. A hypothesis to explain the occurrence of inner myometrial laceration causing massive postpartum hemorrhage. *Acta Obstet Gynecol Scand* 2000;79:99-106.

## Four Residents' Narratives on Abortion Training: A Residency Climate of Reflection, Support, and Mutual Respect

We read Janet Singer's article with a mix of gratitude and frustration.<sup>1</sup> We were dismayed by how this commentary misrepresents the experiences and voices of obstetrics and gynecology residents across the country. Of the four narratives, three are written by men, although men make up less than 25% of obstetrics and gynecology residents nationally and at Brown University.<sup>2</sup> Two of the four narratives are written by residents who opted out of abortion training, despite the fact that, at Brown (as at most residency programs), "a large majority" of residents participate in abortion training. Even more troubling: of the two narratives from residents who have chosen to receive abortion training, one says he or she will not be providing abortions after residency and the other remains noncommittal, stating only that his or her decisions about future practice will be shaped by "broader societal issues."

In a commentary that purports to represent a "diversity" of experiences and opinions among obstetrics and gynecology residents, not a single resident declares himself or herself committed to providing abortions after residency. Where are the voices of the steadfast, dedicated abortion providers? Why were they not asked to contribute to this commentary?

We wholeheartedly agree with the authors that residency programs should provide a formal support system for discussing abortion and the deep personal responses it can evoke in providers. We also applaud their use of personal narrative—a powerful and underutilized format in the medical literature—to frame a rich discussion. However, even in an environment where "reasonable providers can disagree fundamentally and still work effectively with one another," it seems that the voices of the staunch and steadfast abortion providers still make too many people uncomfortable. How will physicians help to shape the national dialogue if we do not engage with its full spectrum of voices?

**Financial Disclosure:** The author did not report any potential conflicts of interest.

This letter has been signed by 90 residents and fellows affiliated with Medical Students for Choice (MSFC). For a complete list of signatures, see Appendix 1 online at <http://links.lww.com/AOG/A785>.

**Christine Hoffenberg, MD, MS**  
Contra Costa Family Medicine  
Residency Program, Martinez,  
California

## REFERENCES

1. Singer J, Fiascone S, Huber WJ III, Hunter TC, Sperling J. Four residents' narratives on abortion training: a residency climate of reflection, support, and mutual respect. *Obstet Gynecol* 2015;126:56-60.
2. Association of American Medical Colleges. Report on Residents 2015. Available at: <https://www.aamc.org/data/421300/residentsreport.html>. Retrieved August 6, 2015.

## In Reply:

One of the most powerful aspects of personal stories is that the meaning of each story is different for every reader. It was our goal in sharing narratives to show some of the infinite ways that obstetrician-gynecologists-in-training make the choice of whether to receive abortion training or not.<sup>1</sup> Additionally, we wanted to share how they experience abortion—whether as providers dealing with the complexity of the fetus residing in a woman, or as nonproviders who feel guilt for not providing all that their patients need. Although we tried to present a range of views, the four resident-writers were never intended to be representative

of obstetrician-gynecologists at Brown or the country. Our piece is a commentary, not a representative sample or study of any kind. We clearly stated that most Brown residents are pro-choice and receive abortion training. The residents were chosen because they had explored the issue of abortion deeply and shared their stories with me while doing their reproductive health rotation. The third narrative is of a "steadfast, dedicated abortion provider" who has chosen not to do a family planning fellowship but absolutely intends to provide abortions. The writers were diverse in terms of religion, race, and geographic origin, and it just happened that the class at the time of writing had a disproportionate number of men. I felt they were voices that had not been present in the literature; but again, we wanted to explore the subject deeply, not broadly.

The familiar polarized discourse on abortion speaks to those on one side or the other and not to the many who grapple with feelings that straddle both sides. I am staunchly pro-choice, but I have learned much from my pro-life colleagues. Although we disagree strongly, we support and respect each other. I hope that our narratives will spark rich discussion that differs from the usual black-and-white thinking on this issue. And I hope others will share their stories and contribute to a fuller spectrum of views being included in the discussion and in the literature.

**Financial Disclosure:** The author did not report any potential conflicts of interest.

**Janet Singer, CNM**  
Women and Infants Hospital,  
Providence, Rhode Island

## REFERENCE

1. Singer J, Fiascone S, Huber WJ III, Hunter TC, Sperling J. Four residents' narratives on abortion training: a residency climate of reflection, support, and mutual respect. *Obstet Gynecol* 2015;126:56-60.

## Four Residents' Narratives on Abortion Training: A Residency Climate of Reflection, Support, and Mutual Respect

We were excited to read the commentary by Singer et al<sup>1</sup> describing the





## Never Miss an Issue

Get new journal Tables of Contents sent right to your email inbox



## Browse Journal Content

- Most Popular
- Current Issue
- Past Issues
- For Authors
- About the Journal
- Register on the website
- Subscribe
- Get eTOC Alerts

## For Journal Authors

- Submit an article
- How to publish with us

## Customer Service

- Activate your journal subscription [Activate Journal Subscription](#)
- Help Browse the help center
- Contact us at:

EMAIL:

TEL: (USA):

TEL: (Int'l):

[customerservice@lww.com](mailto:customerservice@lww.com)

800-638-3030 (within USA)

301-223-2300 (international)

- 
- 
- 

[Privacy Policy \(Updated May 9, 2018\)](#) - [Legal Disclaimer](#) - [Terms of Use](#) - [Open Access Policy](#) - [Contact Us](#) - [Feedback](#) - [Sitemap](#) - [RSS Feeds](#) - [LWW Journals](#)

Copyright © 2019 by The American College of Obstetricians and Gynecologists