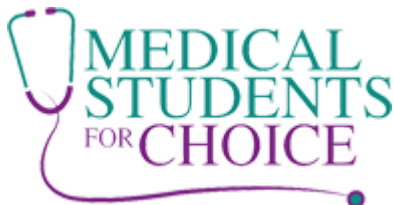


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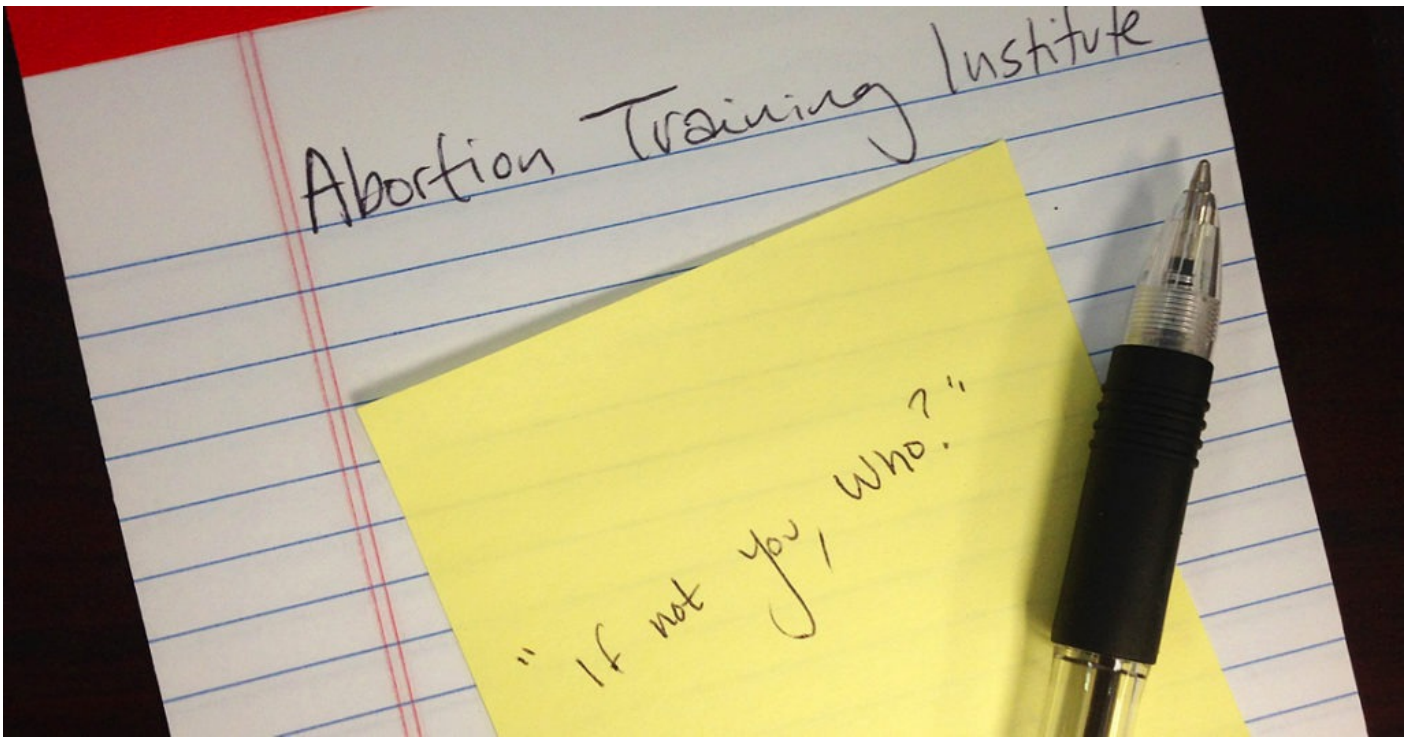
Aug 31, 2015

Abortion: The Choice Is Not About Me

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Jordana Gilman is a second year medical student at SUNY Upstate Medical University. She recently attended MSFC's Abortion Training Institute, which is an intensive educational opportunity for medical students to learn about abortion from family planning experts.

I assert my pro-choice beliefs in public. As a result, I often get questions. As a future doctor and as an advocate I want to provide honest and accurate answers to people who come to me for information. I know that if I'm unable to answer their questions other sources will step in and spread the myths and inaccuracies. If I can't explain that abortion doesn't cause infertility, breast cancer, or depression, who will?

I first learned about abortion at an early age. In fact, learning about it first sparked my interest in medicine. Even when I was little, I thought that all women should have access to abortion. It wasn't fair that some women were given the option to end a pregnancy they didn't want and others were prevented by laws and costs from doing the same. Over time, my sense of "not fair!" evolved into a recognition of the systemic injustice of limiting women's reproductive rights.

But even with my early exposure and solid commitment to reproductive health, I had never learned the details. While I had a vague understanding, I had almost no concept of what an abortion procedure actually entailed. I wanted to be comfortable explaining it to my friends and peers when I did get those questions. So, when I heard about MSFC's Abortion Training Institute, I applied.

The Abortion Training Institute kicked off with back-to-back lectures outlining the basics of abortion. I joined two dozen other medical students in getting the 2-day crash course on all things family planning. Like all the lecturers that weekend, the first speaker was an abortion provider and used her expertise and experience to teach us. First, she walked us through both first and second trimester procedures. We discussed the pros and cons of medication versus aspiration. We explored the details in depth, down to how many cc's of lidocaine to place on the cervix and at which locations. We wove through the ins and outs of the evidence-based protocols. And we groaned over how the evidence often goes against FDA recommendations. I was getting the facts I came for.

We even had a lecture on how to examine post-procedure products of conception, which is a crucial part of abortion and post-miscarriage treatment. Abortions, like many medical procedures, can be...well...gross and the pictures we viewed were graphic.

While I sat, looking at pictures of products of conception, I felt respected. Most medical schools don't cover even the basics of abortion and fewer still will go into this level of depth. The providers teaching us were not trying to protect us from the gritty details. In fact, by being real with us they were encouraging us to become providers ourselves. They didn't pretend that providing abortions is easy or try to sugarcoat the details of the medical procedure. Instead, as medical students and potential future providers, we were trusted to know and focus on the value of the service. Even while facing uncomfortably graphic images, we firmly held the truth that abortion is part of good medical care.

Abortion is about helping women, but help is getting harder and harder to find. Nationwide, a dwindling number of doctors struggle to fill a gaping hole of need. So many young doctors are deterred from providing abortions by stigma, lack of training and a discomfort with the procedure. Between facts about abortion protocols, our teachers encouraged us to consider helping to fill that gaping hole by choosing to provide.

Looking around the room, I started doing the math in my head: how many states, how many women, how many communities have a provider who is "aging out," or no provider at all? How many new providers would my generation of medical students produce? And how many new providers would women of my generation need? No matter how uncomfortable it might be to face the facts, women will always need abortions. "If not you, then who?" the providers asked. It was a call to action.

During the values clarification session I had my most surprising realization. I had applied to medical school so that I could provide abortions and reproductive care to women. Even though I was committed, I hadn't considered what limits I had, if any. The instructor pressed me to say under what conditions I would perform an abortion. Would I limit my provision based on any fetal anomalies? On the sex of the fetus? How far along the pregnancy was?

While my new friends and colleagues discussed their opinions around me, I found clarity. I took a deep breath and realized that what I believe is a good reason to get an abortion doesn't matter. What I would do in someone else's shoes doesn't matter. This isn't about me. This isn't about me at all. In that moment, I gave up that sense of righteousness. I gave up on control. It doesn't matter whatsoever what I believe, only that I believe in a woman's right to choose.

On the last day of the Institute each abortion provider shared their personal experience with us. The doctors on the provider panel spoke about the life choices they have had to make in order to provide abortions. Each had some family sacrifice. One chose to live in the middle of nowhere to staff a clinic. They spoke of their inconveniences, their struggles and the threats they've faced.

Nobody pursues medicine so that they can walk through a throng of protesters every day. Or jump through policy hoops to provide care. Or have their pictures smeared on the internet. But this panel contained not an ounce of self-pity. Even after describing their trials, each provider ended with sharing how fulfilled they feel every day. It's not about them. When they go home from their shift, they know they've helped women and changed lives.

I came to the Abortion Training Institute wanting facts. I left with all the information I needed, and a new conviction. Before the Institute, my dream was to provide full-spectrum Ob/Gyn care, including abortions, to my patients. Today, my dream is to provide full-spectrum Ob/Gyn care to patients, including abortions, wherever I am needed, whenever I am needed, for whatever reason I am needed. That's because I'll always have the words of a provider echoing in my head:

"If not you, then who? You can give this person her life back in five minutes." And that's what makes it worth it.

TESTIMONIAL

"This is such a unique opportunity to gain clinical exposure in a classically underrepresented area of medical school curricula, and I am certain that I would not have received such a robust abortion education in medical school without the RHE."

Reproductive Health Externship Participant

"I left the ATI with a strengthened resolve to get abortion training during residency in order to provide them as a PCP, and now am looking ONLY at residency programs that will allow me to get training. Moreover, talking with residents and providers left me with concrete knowledge of how to find training experiences."

Abortion Training Institute Participant

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