Providing Abortions: Part of Providing Quality Health Care for Women and their Families

by Dr. Margaret Kini, Physicians for Reproductive Choice and Health (PRCH)
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Margaret Kini, MD, gave the speech below in early June as she accepted the 2012 George Tiller, MD, Abortion Provider Award from Physicians for Reproductive Choice and Health.

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It is an honor to be here, and I want to begin by offering my deepest gratitude to all those gathered here — for your inspiration, bravery and hard work to affect change for women's reproductive rights. I would like to thank George and the Tiller family for all they have done and sacrificed, the PRCH board members for this honor, Reproductive Health Access Project for helping me through the transition from the northeast to Texas, and my family. My parents are here proudly supporting me tonight and my husband is supportive in every way, including being at home with our young children during my travel to be here. In this room, we feel the presence of all those who have come before us in this struggle, whose hard work has blazed the trails we follow and must extend, whose great and noble sacrifices were done to preserve the basic dignity of women when faced with difficult choices.

When I first received the phone call from PRCH about the award, I could not imagine how I was worthy of mention in the same sentence as George Tiller. He was one of the most skilled providers and I only early in my career. He was incredibly brave and I not nearly so brave. In response, Dr. Fred Hopkins explained that it is our shared compassion for women in the face of adversity. This resonated with me.

Reading the description of the award, I felt I only met the criteria of an abortion provider and being early in my career. The part about demonstrating leadership and courage in the face of adversity, that is more deserving of the women we meet every day, faced with an unplanned pregnancy, making the choice about continuing or terminating their pregnancy, who do so in the many faces of adversity—sorting through the perceptions and half-truths held by society, by their families, and even within themselves.

I am an abortion provider and a family physician. Somehow the two titles are separate and abortion is out of the realm of primary care. I encountered this in my training and continue to lead these separate lives in my work.

My family medicine residency was strong in women's health, located in a city with a high rate of unintended pregnancy, yet no abortion training was included in our residency. A fellow resident and I decided to start an obstetrics fellowship in order to train ourselves in high-risk obstetrics and abortion care, doing most of the abortion training in Rochester, NY.

When I arrived in Texas, I took a job with the UT Southwestern family medicine residency, which is under the auspices of a Catholic hospital. I took a part-time position with the residency so that I could continue to provide abortion services in town. Shortly after starting my faculty position, a resident queried me about a patient that had come to our primary care clinic for follow-up care after an abortion. I answered the resident's questions about what is involved in an abortion procedure and the expected post-procedure course, imparting medical knowledge without political discourse. At the end of the day, a fellow faculty member who had overhead the conversation entered my office and advised me not to talk about "my other work" while at this institution.

This has been the most difficult aspect of working in Texas for me. As any abortion provider, I expect to face dissention from protestors. Our clinic was targeted by Operation Rescue this year, with thousands of dollars and hours spent by the clinic dealing with complaints to regulatory organizations, physicians dealing with investigation at the medical board, and discussion with my family after my photo was posted on the Operation Rescue website. This year in Texas we have also adjusted our practice to accommodate the new ultrasound law imposed by politicians, which is added to our state-mandated script and 24-hour waiting period. But all of this has not been as disheartening as the marginalization and vilification of my abortion work by fellow physicians that value me as a faculty member in all other aspects of family medicine. These attitudes come from medically educated individuals that see in their daily practice the repercussions of unintended pregnancy and the sometimes insurmountable obstacles that women face when trying to get highly effective contraception.

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Thankfully, over the three years that I have been at the residency, there has been a growing interest and curiosity from the residents about high-quality full-spectrum reproductive care. When I arrived at this job, residents were doing little contraceptive care and never spoke of the options a woman is considering with an unintended pregnancy. Within the first year at the residency, I was able to introduce a rotation for the residents at the abortion clinic, doing routine well woman care and highly effective contraception. Now the residents are well trained in full-spectrum contraceptive care and are asking questions about unintended pregnancies and abortion care. A resident recently asked me, “Why do you do abortions?” To which I replied, “For the same reason that I want to be involved in childbirth and end-of-life care. These are the pivotal moments in the health of a woman in which we are privileged to be their doctor. We have the responsibility to provide compassionate, high-quality care for a woman during these times of transition.” This ease with which the residents discuss these topics with me now is encouraging. As for my fellow colleagues, there has even been a shift in those conversations.

Recently a 15-year-old was seen in my primary care office with an unintended pregnancy. She came with her mother. The girl was confused and scared but felt a sense of support, whether she continued the pregnancy or had an abortion. After a couple of days, she returned having made the difficult decision to terminate the pregnancy. She had been terrified to go to “an abortion clinic” and was relieved to know that I would be there when she arrived. She seemed remarkably calm during the procedure and somewhat empowered after the whole experience. She returned to the primary care site without shame about her unintended pregnancy and ready to talk about highly effective contraception.

Integrating abortion into general practice allows patients to escape the marginalization and vilification imposed by anti-choice groups. Its acceptance into the realm of primary care will help fight the shortage of providers of this critical service. It will allow women to be, as George Tiller encouraged, trusted.

Thank you again for this recognition in honor of George Tiller’s courage and compassion.

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by Jeannie Ludlow Jun 26, 8:50pm

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by Robin Marty Jun 26, 5:22pm

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