

# Abortion Class Starts At UW -- Course Is Optional For Medical Students

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For the first time, medical students at the University of Washington are being offered a class on abortion.

The elective is one of a handful like it being taught in medical schools around the country, according to a group of medical students that pushed for its inclusion.

Until this year, abortion, the most common operation performed on women, had been absent from the medical-school curriculum.

"During my first two years, I never remember the A-word being mentioned," said one fourth-year medical student.

She and other students, active with a national organization called Medical Students for Choice, complained to their teachers at the UW that they weren't learning what they needed to know about abortion.

"In part, I helped design the course to help seed my own education, because there were these gaps," said the student, who requested anonymity. "It's impossible to acquire a sound knowledge without being in the clinical setting. . . . I felt utterly inept at understanding the mechanics and the management of abortion."

After consideration, her teachers agreed, and so did UW and medical-school administrators.

"It's the opinion of our curriculum group in the dean's office that we have a strong demand on the part of students and residents to offer programs in this subject area, and we feel that's consistent with offering a quality medical education to students on an elective basis," said Dr. John Coombs, UW associate vice president for medical affairs.

"Abortion is a legal medical procedure, albeit a controversial social issue. It is a part of physicians' medical practice, and we do feel that it should be something we offer at least electively to students."

Others, however, don't see it that way. Course draws criticism

"A doctor is supposed to be trained to save lives, and every abortion involves the taking of life of a member of the human family - the most vulnerable, tiny members," said Maureen Malloy of the National Right to Life Committee.

Ned Dolejsi, executive director of the Washington State Catholic Conference, the legislative arm of the state's Catholic bishops, said his organization regretted the UW's decision. "It is our position that elective abortion in our society leads to and contributes to a culture of death. It's a way that we continue to find to foster expedient and violent solutions to very complex human problems."

Some anti-abortion activists said they were dismayed that they were not consulted about the UW's decision. But the UW, like other public and private universities, doesn't consult outside groups about individual courses, said L.G. Blanchard, university spokesman.

"This is not a political issue, it's a health-care issue for the medical school," he said.

Only four students, out of the medical school's 693 students, have signed up for the elective, which Coombs says is typical for electives in obstetrics and gynecology.

Like other electives offered to medical students, the course, "Voluntary Pregnancy Termination: An Overview of Medical and Social Issues," won't involve actually performing procedures.

Students will read medical literature, hear lectures and attend a symposium tomorrow in which doctors will discuss prenatal diagnosis, surgical techniques, abortion-inducing drugs and complications.

The students will also spend 20 hours in abortion clinics observing counseling sessions, pregnancy testing and abortions.

Understanding the reason

"It's fundamentally important for all physicians to understand what leads a woman to request an abortion," said Dr. David Grimes, vice chairman of the department of obstetrics and gynecology at the University of California at San Francisco. Grimes will give the keynote address at tomorrow's symposium.

"Many medical students have led very sheltered lives. It's quite an eye-opener for them to see the lives that many of our patients lead - violence, rape, coercion. It's a sensitizing experience."

Medical students who graduate and go into residency programs then have hands-on experience with abortion at the university, unless they have moral or religious objections. The majority of residents in obstetrics and gynecology take the training.

For at least the past 10 years, abortion training has been provided for residents who want to learn, said Dr. Thomas Easterling, associate professor of obstetrics and gynecology and a co-sponsor of the course.

Very few, if any, residency programs in obstetrics and gynecology require students to learn to perform abortions, Easterling said, although the majority offers optional training.

In a study published in late 1994, only 12 percent required such training, a steep drop from the late 1970s, when one in four programs required it. Nearly one-third of the programs did not offer even optional training.

"It's been a controversial point and, therefore, not a part of the curriculum," Easterling said.

Because of the politics, abortion has not always been treated as a medical issue, added Dr. Leslie Miller, an acting instructor in the UW's department of obstetrics and gynecology and the course's other co-sponsor.

In Third World countries, Easterling notes, complications from abortions are a major cause of death among women. That's not true here now, he says - but it used to be, before abortions became legal.

Doctors involved with the training at the university say that learning about abortion is important for medical students and residents - even for those who are anti-abortion.

"It's a valuable forum for discussion of ethical types of issues," Easterling said.

As doctors, these students will have to integrate medical information and patients' wishes with their own values, he says, and to learn how to take care of patients without imposing their own values. "Those are important things to learn," he said.

And it's important for students to begin sorting out their values and possible conflicts before they're face to face with a patient, he added.

One reason why a specific course on abortion is necessary in medical school and residency programs, Easterling and others note, is that abortions are now rarely performed in teaching hospitals. Instead, most take place in clinics.

"Most U.S. public hospitals don't do any abortions at all," Grimes said. "As a result, medical students who train in those institutions may have zero exposure."

According to the Alan Guttmacher Institute, a national reproductive-health research organization, the number of abortion providers has steadily declined. In 1992, 84 percent of all counties in the U.S. lacked an abortion provider.

Aware of that trend, and also of the increasingly active anti-abortion movement, medical students nationwide were mobilized when they received a pamphlet about abortion providers titled "Bottom feeders" from an anti-abortion group in 1993, said Patricia Anderson of Medical Students for Choice.

"It sparked this movement by medical students. Instead of making them intimidated, it made them angry," she said.

As a result, chapters of her organization now exist in 100 of the country's 165 medical schools. "We're proud of that," she said.

Fifteen students, along with about 125 clinic providers and others, registered for tomorrow's symposium, which is sold out.

Originally scheduled at the UW, the symposium has been moved off campus because of security concerns, Blanchard said.

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