

Abortion School: Forcing Doctors To Learn How To Kill

Whatever happened to the Hippocratic oath? Obstetricians who don't want to conduct abortions are wondering.

By Mary DeFurris

A recent decision to require abortion training for prospective obstetricians and their teaching hospitals promises to turn into a national debate over the conscience rights of Catholics who say "opt out" clauses will stigmatize doctors and medical programs opposed to abortion.

Pro-life organizations were joined by Catholic health organizations and the U.S. bishops in denouncing the Feb. 14 decision by the Accreditation Council for Graduate Medical Education as anti-Catholic and anti-medicine.

The unanimous ruling will make abortion training the norm, according to Catholic health care leaders, forcing obstetric students and residency programs to choose between meeting the new standards of their profession or their moral or religious beliefs.

"I FIND it disappointing and extremely ironic that a medical specialty that is specializing in caring for unborn children and their mothers would be required to kill unborn children and jeopardize the physical, emotional and spiritual health of the mothers," said Stuart Showalter, vice president of the Catholic Health Association (CHA).

"It's contrary to good human principles," he added. "It's contrary to good medical principles, particularly at a time when the number of residency programs that are providing this training are declining."

"There must be a reason why something like upwards of 90% of the residency programs in ob-gyn don't require abortion training of their people."

The CHA is in the process of analyzing its options — litigation or legislation — for a possible challenge of the ruling that, Showalter said, "flies in the face of conscience clauses in more than half of the states."

THE AMERICAN Civil Liberties Union, however, supports the new requirement and claims that it is an "appropriate accommodation of people and programs that

"The effort to heal and not to kill is at the core of medicine as a profession."

had conscientious objection to providing the training or undergoing the training themselves."

"It sets a different standard that, I think, is an appropriate one. It basically says that this is a part of ob-gyn practice and unless you have moral or religious objections to it you should be getting this training," said Estelle Rogers, director of public policy for the ACLU's Reproductive Freedom Project.

Rogers disputed claims that this will stigmatize doctors who chose not to undergo abortion training. She admitted, however, that there might be a "hospital or medical school training facility some day that would decide that somebody who hasn't had this training lacks something."

She called any efforts to chal-

lenge the requirement "trumped up."

"A Great Evil"

IN A LETTER to the council the day before the vote, Cardinal Roger M. Mahony of Los Angeles, chairman of the bishops' Committee for Pro-Life Activities, called the recommendation "a great evil" to which "moral outrage is the only appropriate response."

Richard Doerflinger, associate director for policy development for the bishops' Secretariat for Pro-Life Activities, told Our Sunday Visitor that wording in the recommendation, which states that residency programs must have "mechanisms" to "insure" that students get abortion training, would directly involve Catholic hospitals in arranging for abortions.

"We don't kill people, and we don't send people to be killed, so it really doesn't meet our conscience objections at all," he said.

ABORTION advocates allege that the decline in the number of abortion doctors and the residency programs that offer training is directly related to recent violence at abortion clinics. Others, however, say that the numbers have been dropping since Roe vs. Wade changed the abortion landscape in 1973.

"The situation now is that abortion is seen as an elective, and most students don't take it, and most medical schools don't teach it," Doerflinger said. "That's why they're using this artificial means to inject abortion into obstetrics teaching, because when they are left to their free choice, most doctors don't want to perform abortions. And it's not just Catholic doctors."

That theory is backed up by a study conducted last November by the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), a recognized special interest group within the American College of Obstetricians and Gynecologists (ACOG). Almost 25% of ACOG's 36,000 members responded to the pro-life group's survey.

OF THAT number, 59% said that abortion training should not be required in residency programs.

"I think the profession is going to do itself a great disservice, projecting itself as being equally willing to kill as to cure," said Dr. Hanna Klaus, a fellow of ACOG and an obstetrician for 30 years. "It's so regressive, it goes back 2,500 years to Hippocrates. Hippocrates realized that people couldn't have a fiduciary relationship with someone who would just as soon poison them. That was the beginning of the Hippocratic oath."

Klaus, who is now executive director of the Natural Family Planning Center of Washington, D.C., said that when a woman is pregnant, she does not want to entrust her life and the life of her child to someone who would just as soon kill her baby.

"I've had so many women say, 'Do you do abortions? I don't want to go to a doctor who does abortions,'" she said. "They don't always tell you why, but at the bottom is that trust issue."

WHILE working in Pakistan in

the 1960s, Klaus had to conduct follow-up care for women who had undergone botched abortions, she explained. She was prepared for that because any good residency program teaches students how to deal with abortions in emergency situations.

Adequately Trained

That training is more than adequate, she said, and she has urged the accreditation council not to require more. Her position is echoed by some of the programs that will be affected by the ruling.

At New York Medical College, in Valhalla, N.Y., which is affiliated with the Archdiocese of New York, students receive training in how to deal with "a number of abortion-related scenarios," such as spontaneous abortions, abortions gone wrong and those related to accidental traumas.

"You have to be able to treat the patient, but we will not go a further step and teach abortion techniques pro-actively. It is absolutely contradictory to our mission," explained Ellen Carr, director of public relations for the college.

THE SCHOOL does offer an alternative, allowing prospective obstetricians who demand abortion training to do so at affiliated hospitals that are not Catholic.

"This is something extra that if they want it — there are a lot of people who aren't Catholic out there and it is the law of the land — we will make arrangements, but it is absolutely outside the college's program," Carr said.

But does that meet the requirements? "We won't mandate it. I



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think that's where the rub could be, if they press," she said.

And there, in fact, is the rub. As the new ruling reads, all teaching hospitals would be required to provide training for their students. What Catholic health organizations fear is that those who opt out will be considered less competent.

"THEY'RE really saying that performing abortions is going to be the norm for all obstetricians," Doerflinger said. "And to say that individual students can opt out is very cold comfort, because those students will have their own stigma attached to them. They will be practicing what has been defined as substandard obstetrics because

they don't do abortions." The "opt out" clause, he said, is not a meaningful conscience protection, and the bishops will join the CHA in challenging the ruling.

"This is really trying to edge anybody who has moral objections about abortion onto the margins of modern medicine, which is just the opposite of what should be the case," Doerflinger said. "The effort to heal and not to kill is at the core of medicine as a profession. So this is a topsy-turvy approach to the value of life."

DeFurris writes from Bronx, N.Y.
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