



Why is abortion taught/not taught in medical school?

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Hospital provision of abortion

Please email me if you'd like to chat about the project or if we can have an informal or formal chat about hospital provision. Please pass on contact details to others

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Systemic and institutional contexts

The Confederation of Postgraduate Medical Education Councils (CPMEC, 2012): the capacity to provide 'non-discriminatory patient-centred' and 'non-judgmental' care, and to respect the decision-making autonomy of patients (CPMEC, 2012).

RANZCOG's Undergraduate Curriculum recommends student instruction in abortion law, non-directional pregnancy counselling, the 'methods, indications, contraindications and complications of' abortion, and in how to discuss 'history and management issues in ways that respect and empower women in their care' (2018, p. 24).

Disciplinary siloing

‘Termination of pregnancy and observing the procedure is NOT listed in the curriculum handbook, it's not a requirement ... it's not listed as a core condition in the GP section of the handbook either’ [GP, female]

‘I never hear it mentioned during talk of assessment, teaching and learning’ [No specialisation, female]

‘Abortion is not relevant to any subjects that I teach’ [Emergency Medicine, female]

‘[Abortion is] not part of my portfolio of teaching’ [GP, female]

‘We only have 6 weeks to cover the whole content of general practice, and assume that the ethics of abortion law will be covered in second year, and hopefully the O&G term in 4th year will cover abortion.’ [GP, male]

Limited clinical opportunities

Clinical exposure to 'may or may not occur opportunistically on rural, GP, obstetric or medical terms' [No specialisation, female]

'[The level of clinical training] depends on whether suitable cases present while students are on their Women's Health rotation. This could differ between students and rotations and over various cohorts over time ... They might get exposure in GP land, e.g. if GPs do medical TOP [termination of pregnancy].' [No specialisation, female]

'Surgical abortions at our teaching hospital are performed at the private hospital and the med students do not attend this as part of their rotation, however occasionally surgical abortions are performed in the public teaching hospital (e.g. patients with anaesthetic risks) in which case students would be allowed to attend and observe procedure.' [Ob-gyn, female]

Shadow of criminalization and over-regulation

‘[I would be concerned about] the legality of including this [abortion] in Medical education’ [Aboriginal Health, female]

‘[the curriculum is] out-dated and undergoing a review’ [Ob-gyn, male]

‘[the curriculum] does not evolve regularly and is not current’ [No specialisation, female]

‘Historically, Australia sought to stymie the provision of Mifi/misoprostal [medical abortion]. The result is teaching medical abortion it has been taken out of the hand of medical schools and it is a kind of specialist add one can do as a GP. Thus I think info about medical abortion is absent from [name of university] and, I expect, other Australian medical schools.’ [Bioethics and medical ethics, male]

Individual decision-making

'[I] made the decisions by myself to include [abortion in] the relevant sessions' [No specialisation, male]

'the teaching is variable and depends on the personal experiences and beliefs of academic and clinical supervisors' [GP, female]

'The current and immediate past academic co-ordinators for the medical students' women's health rotation (Reproductive and Neonatal Health) both share an interest in abortion and have done significant work in this field of women's health. The university and teaching hospital support this as an important aspect of women's health that should form part of the core curriculum for medical students.' [Ob-gyn, female]

'[medical school is the] only exposure many students will have to this area of medicine' [Ob-gyn, female]

Essential health care

‘Because it’s part of healthcare, we wouldn’t be asking whether prostrate exams should be a part of medical education, why are we asking whether terminations should be?’ [Bioethics, female]

‘Given my students will ultimately work with women of reproductive years who may be faced with an unplanned pregnancy I want them to have both knowledge of services available and to be able to approach these women with empathy and respect.’ [Ob-gyn, female]

Teaching about conscientious objection

‘[students need to learn that] they have a legal obligation to deal with abortion—directly or by referral’ [Sexual health medicine, female]

‘[it’s important to teach about CO to] minimise the risk of harming the patient because of how they are discussing or approaching the issue in conversation. It is important that they learn the law and start thinking about their position on these issues in medical school so that they are better prepared to be confronted by conversations with patients in the future.’ [No specialisation, female]

‘This topic [abortion] should be no more taboo than teaching many other topics a small minority of students may fundamentally disagree with’ [GP, female].

‘[it is particularly important for those] who enter medical school with attitudes that raise specific barriers to their learning and ability to provide care, and could present risk for their patients’.

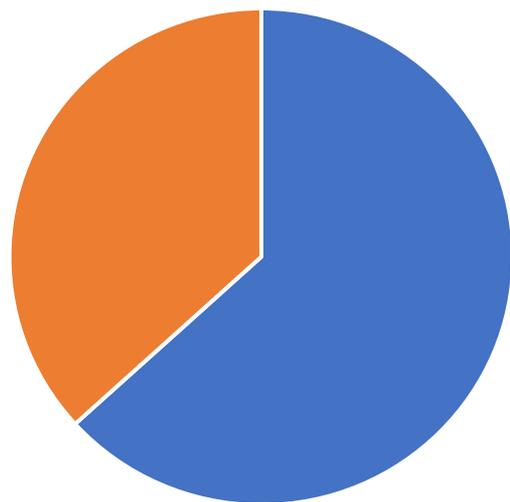
Normalise abortion

‘normalise abortion and break down stigma around this’ [No specialisation, female]

‘It is a core issue of justice for women that they be able to choose what happens with their bodies. Doctors and other healthcare workers are uniquely prepared to support women in this issue. If they are not at least provided with the opportunity to learn about this, then as a society we undermine the ability of women to access a crucial medical intervention.’ [No specialisation, male]

Gender difference

Participation in survey



■ Women ■ Men ■ Not disclosed ■ Non-binary

- 16 (69.57 %) women and 10 men (55.56 %) taught content on abortion.
- 17 women (60.71 %) and 9 men (47.36%) strongly agreed that abortion provision should be part of medical education in Australia.
- No female participant, and 4 (21.55 %) male participants strongly disagreed.

Overcrowded curriculum

‘[there is a] constant struggle to cover all necessary content as new things are constantly added’ [Bioethics, female].

Training in abortion requires ‘higher level skill’

‘The curriculum is very crowded. We focus on content that will be relevant to generalist doctors (rather than specialists). We also focus on preparing students for the next stage of their career journey – ie internship.

Specialist training is where I imagine knowledge and skill re abortion would be more timely – eg GPs (who refer) and gynaecologists, who perform the procedure.’

[Emergency medicine, female]

Teach about ethics and law only

‘the main focus at medical school level is awareness of the reasons women seek abortion, how to assist with shared decision making, how to support regardless of the choice they make. Focussing on how to actually perform the procedure is beyond the scope of undergraduate training.’ [GP, female]

Anti-abortion educators

‘I do not believe in abortion’ [GP, male],

‘we need to return to objective truth’ [Anaesthesia, emergency care medicine, male]

‘[I don’t teach abortion because of] basic human rights’
[GP, male]

[Abortion is ‘taking the life of an innocent human being’
[GP, male]

‘Doctors take a Hippocratic oath to not kill (please re-read Oath and realise what it says) and medicine has never been about the killing of human beings and never should be’ [Anaesthesia, emergency care medicine, male].

Those who disagreed, but not strongly

'I do think it is important for students to be able to opt out of participating in abortion related work if they have a conscientious objection to it, and they should be told that it is ok to opt out and that they will not be penalised ... Our commitment to diversity and inclusion should extend to individuals with such beliefs.' [Emergency medicine, female]

'participating in abortion procedures may or may not be appropriate for medical students' [No specialisation, female]

'[I do not] think that students are emotionally mature enough to manage this type of education' [Aboriginal health, female]



Thank you

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