

Politicization of Medical Training: Coercing Abortion Training

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Righteousness exalts a nation but sin is a disgrace to any people.

Proverbs 14:34

Over one and a half million babies have perished yearly since Roe v. Wade in 1973. This sum is not enough for the abortionist. Recently, Grimes, et al. publishing in *Obstetrics and Gynecology*, 1993, bemoaned the fact that "abortionists" were a vanishing breed. They blamed this decline, of course, on the pro-life movement in general. They also castigated the obstetrician/gynecologists in this country for not "supporting" women in providing safe abortions. The same tired statistics were trotted out which showed how "terrible" things were in 1973 before legal abortions and how "safe" they are now. This comparison is utter nonsense. Abortion complications are just no longer reportable to the Center for Disease Control or state agencies. I venture to estimate that I see at least one abortion-related complication a week. I suspect any obstetrician in a university or indigent practice sees the same. There are numerous abortionists of the indigent who do the procedures and then leave town. Any complications are seen by the local obstetricians in the emergency rooms.

In October, 1993, the American Council on Graduate Medical Education (ACGME) and the Residency Review Council (RRC) released a new salvo in the abortion battle. They want to require that abortion training be offered by all training programs. The new RRC wording is as follows:

The program must provide a structured didactic and clinical training experience in the full range of family planning techniques including contraception, sterilization,

and abortion. This must include experience in management of complications as well as training in the performance of these procedures. Experience with induced abortion must be a part of residency training, except for residents with moral or religious objections. This education can be provided on or off campus.

This statement contains a classical logical non-sequitur. The statement attempts to imply that abortion training must be required and then goes on to maintain that a resident may opt out on "moral or religious objections." This makes no sense. How can training be "required" if one may opt out of it? This exception implies that the RRC may not require a resident or program to participate in abortion if they morally object. If training is considered optional then it may not be used to determine a resident's board eligibility or a program's fitness under RRC review.

The requirement for an abortion rotation in every residency program does not allow Catholic, Protestant, or military residencies to decline as a matter of conscience to participate in abortion and still maintain their residency status. The statement implies that a religious or military residency may be required to finance a resident's off-site rotation to an abortion clinic even though they are morally opposed to or legally forbidden to participate in abortion. Residents are (for the time being) allowed to have consciences, but their teachers and supporting institutions are not. By this does the RRC demonstrate that it believes professional maturity means moral eunuchism?

Surely, this heavy-handed treatment of community residencies smacks of rank politicization of the educational process. There is even a hint here that the pro-abortionists, having been unable to convince the

hearts of the majority of practitioners, are willing to try coercion. Mere coercion is a last resort of a side which is losing the moral battle in the hearts of people.

The ACGME/RRC obviously intends to reverse the declining trend of abortion providers in this country through a well-orchestrated campaign. The "seizing of the robes" is essential to gain control of the abortion industry. Since virtually 90% of the practicing Ob/Gyns in this country do not perform abortions (ACOG survey, 1980) and only 1 - 2% do more than a handful in any one year, the abortion ranks are dying out. The abortionists intend to grab the training programs after radicalizing the RRC. The abortionists know they must plan a step-by-step campaign to legitimize the practice of baby-murder. The best place to do this is in training. To gain control, they must eliminate any and all rivals. This strategy is entirely consistent with the humanist doctrine. There must be no king but Caesar. If they are able to corrupt or close the Catholic, Protestant, and military residencies and force them into compliance, all institutional resistance to abortion in training programs is lost. There will be no legal Godly alternatives. The conscience clause will be increasingly difficult for residents to make use of in secular residencies and abortion will gain another step in legitimacy.

Therefore, we suggest that physicians who participate in female care write, call, and protest this onerous rule in residency. The American Association of Pro-life Obstetrician/Gynecologists (AAPLOG) supports that this new guideline be stricken. We suggest that programs and program directors be allowed, for conscience sake, not to develop abortion rotations as part of their curriculum. Exodus 20:13 says, "You shall not murder."

It is not enough to identify the problem in residency training and attack abortion as murder of the infant. We must provide alternatives to the practice. All Christian physicians ought to be involved in adoption placement and referral. Christian physicians also should not be making referrals for abortion for any reason, but rather should help young women to make correct decisions for their babies' lives. Our command from the Lord is "love one another" and " ... look after orphans and widows in their distress..." (James 1:27) Let us be part of the

solution to this problem and not part of the problem.

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