

## Abortion Training:

Availability, Access, Motivations, and Impacts on US Physicians

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## Abortion in the United States

- 1.1 million abortions in US (2011)
- 1.3 million Cesarean deliveries (2009)
- 2011 data shows resuming decrease in total abortions after 2008
- Popular media usually portrays public responses to abortion, but doesn't look at physicians and training
- Previously shortages of abortion-providing physicians
- Continued lack of geographic access to abortion providers across the country, particularly rural areas

## Providers in the United States (2011)

- Distribution of providers
  - Abortion clinics: 19%
  - Other clinics: 30%
  - Hospitals: 35%
  - Physicians' offices: 17%
- Distribution of abortion procedures
  - Abortion clinics: 63%
  - Other clinics: 31%
  - Hospitals: 4%
  - Physicians' offices: 1%
- Many hospitals and physicians' offices have low rate of abortion procedures, some with none

## OB/GYN Training in Residency

- ACGME Program Requirements mandate:
  - IV.A.6.d).(1) "Programs must provide training or access to training in the provision of abortions, and this must be part of the planned curriculum"
  - Allows for opt-out by individual residents for "a religious or moral objection"
- Most programs meet this requirement, but 2013 survey of residents had 15% (58 of 362) that had no elective abortion training in their program

## Barriers to Practice

- Training and motivation does not necessarily enable a physician to perform elective or therapeutic abortions
- Blocked by:
  - Peer relationships, senior colleagues in private practices
  - Spoken and unspoken avoidance of abortion as a topic
  - Institutions forbid abortions either in-network or for any practices operating in their facilities
- Continued consolidation of medical services into large networks reduces diversity in policies and allows restrictive policies to propagate

## Patient/Physician Relationships

- Advantageous to have abortions available through usual OB/GYN or primary care
- Patients need to know their physician's views on abortion to ensure they can receive (or not) a referral if the practice does not perform abortions
- Patient privacy from regular physician(s) benefits from having separate clinic services available

## Conclusions

- Continued training of physicians in abortion procedures is insufficient
- Geographic disparities continue
- Conservative views are forcibly continued through hospital and private practice policies
- Availability of abortion in private practices is advantageous, but difficult to achieve
- Improved communication and policy development is required to ensure wider access to abortion services

Questions?