



What is the Culture of Abortion Care in Your Practice? Obstetrician-Gynecologists' Experience of Professional Barriers

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Background

Geographic access to abortion services in the US has become increasingly limited. The number of providers has decreased over the last 29 years, and in 2004, 87% of US counties had no abortion providers.¹ A national study found that 22% of 2,149 practicing obstetrician-gynecologists were providing abortions, and of those who had intended to provide abortions after residency half were actually providing abortion.² Obstetrician-gynecologists may face multiple barriers to abortion provision including lack of training and hospital and/or practice restrictions. In order to understand the barriers experienced by obstetrician-gynecologists after residency, this qualitative study investigates professional obstacles to abortion practice.

Methods

Obstetrician-gynecologists five to ten years out of residency were recruited from four residency programs with integrated abortion training. Graduates were interviewed at length about experiences with abortion training, interest in providing abortions, and experience with abortion practice after residency. Transcriptions were coded and analyzed for thematic content using grounded theory. This analysis focuses on professional barriers within the culture of obstetrics and gynecology.

Results

- 30 practicing obstetrician-gynecologists interviewed, including 9 from the West, 9 Midwest, 7 East, and 5 South.
- Physician interviewees identified professional and administrative barriers to provision of abortion.
- Professional barriers included threats from other physicians, abortion-specific administrative challenges, and fear of practice failure through loss of referrals and patients.
- Administrative challenges included decision-making abortion panels, policies preventing in-practice abortion provision, and scheduling difficulty with partners.

Conclusions

While many obstetrician-gynecologists would like to provide abortion services for patients in their practice, barriers, including those created by other physicians and practice partners, restrict their ability to provide this service. Our data suggest the importance of researching employment options and contract negotiations for physicians who wish to provide abortion.

1. Jones RK, Zolna MRS, Henshaw SK, Finer LB. Abortion in the United States: Incidence and Access to Services, 2005. *Perspectives on Sexual and Reproductive Health*. 2008;40:6–16.
2. Steinauer J, Landy U, Filippone H, Laube D, Darney PD, Jackson RA. Predictors of abortion provision among practicing obstetrician-gynecologists: A national survey. *Am J Obstet Gynecol*. 2008;198:39.e1-39.e6.

Intimidation by Other Obstetrician-Gynecologists

<i>A potential employer:</i> “He said, ‘If I ever find out you did elective abortions any time in your professional life you’ll never practice medicine in [this state] again.’”	“One partner who’s very senior in the group...basically his only job is to sit with you and just tell you—‘if you join this group you will not be performing abortion procedures. And if that's a problem for you, then you will work elsewhere.’”
“[My partner] wanted me to sign a contract with the group that said I would not do terminations on certain genetic problems, like trisomy 21.”	

Stigma

<i>Physicians feared being:</i> “labeled as the evil abortion doctor” <i>and explained that</i> “to perform abortions is [to be] vilified within the community, and to perform abortions in this community means being evil.”	“And the rest of the ob-gyns, none of them perform abortions. They all feel strongly against it. I’d be an outcast amongst the ob-gyns.”
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Fear of Practice Failure

“[Providing abortions] would be a surefire way for me to absolutely drive my practice into the ground so that I could take care of no one....[Abortion provision] is a great way to make no friends amongst the ob-gyns and to have no family practice docs refer patients to you.”	“Everybody is pinned down by their business climate—I mean, my business climate right now is absolutely antagonistic towards even the idea of this...that’s where your referrals come from...you still have to work and get along with these people.”
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Administrative Challenges

<i>Interviewees reported that abortion-specific barriers require:</i> “jumping through hoops” <i>and</i> “a whole process that you go through before you ever get to the point where the woman’s in the operating room.”	“For second trimester, we have to get like five or six signatures for necessity.”
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