WEBVTT

1
00:00:05.359 --> 00:00:07.333
Hi I'm Jody Steinauer.

2
00:00:07.333 --> 00:00:09.670
I'm Professor of Obstetrics,
Gynaecology and

3
00:00:09.670 --> 00:00:13.152
Reproductive Sciences at the University
of California San Francisco.

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00:00:13.152 --> 00:00:17.271
And today we will be discussing Physicians
Responsibilities in Abortion Care.

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00:00:18.413 --> 00:00:23.298
My objectives today are to first discuss
the concept of professionalism as it

6
00:00:23.298 --> 00:00:26.660
pertains to the profession of medicine.

7
00:00:26.660 --> 00:00:32.340
Then I will review guidelines for
conscientious refusal with an emphasis

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00:00:32.340 --> 00:00:37.400
on thinking beyond just actual abortion
provision, and keeping in mind that.

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00:00:37.400 --> 00:00:40.110
Aspects of clinical care relevant to the,

10
00:00:40.110 --> 00:00:44.210
the discussion include pregnancy options,
counseling, and referral.

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00:00:44.210 --> 00:00:46.860
And then I will close by
reviewing expectations for

12
00:00:46.860 --> 00:00:49.120
inclusion in medical education.

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00:00:49.120 --> 00:00:52.480
And I want to begin by saying
that my target audience for

14
00:00:52.480 --> 00:00:55.980
this talk is the group the clinicians.

15
00:00:55.980 --> 00:01:00.680
Who might feel that their personal
beliefs, may pose a conflict for

16
00:01:00.680 --> 00:01:03.470
them in caring for
women who are choosing abortion.

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00:01:03.470 --> 00:01:07.260
So I really want this talk
to be geared towards you.

18
00:01:07.260 --> 00:01:11.810
to, to help give you guidelines
on how to think about your, your

19
00:01:11.810 --> 00:01:16.610
responsibility to patients and at the same
time respecting your personal beliefs.

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00:01:16.610 --> 00:01:20.188
So, I want to begin by discussing
what professionalism means.

21
00:01:20.188 --> 00:01:24.720
And I want to start by discussing

the statement that was written

22
00:01:24.720 --> 00:01:26.610
by the ABIM foundation.

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00:01:26.610 --> 00:01:31.070
The ACP foundation, and the European
Federation of Internal Medicine.

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00:01:31.070 --> 00:01:35.150
And then further went on to be
signed by 130 organizations.

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00:01:35.150 --> 00:01:40.550
And they basically decided that
professionalism it really is

26
00:01:40.550 --> 00:01:43.900
focused on three principles for
physicians.

27
00:01:43.900 --> 00:01:48.780
One is the principle of patient welfare,
being the prime concern of the physician.

28
00:01:48.780 --> 00:01:51.590
The second is the principle
of patient autonomy.

29
00:01:51.590 --> 00:01:54.760
And the third is the principle
of social justice.

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00:01:54.760 --> 00:01:58.050
And I did mention that about 130
organizations worldwide have

31
00:01:58.050 --> 00:01:59.110
signed onto this.

32
00:01:59.110 --> 00:02:01.720
And I just wanted to
emphasize that one of those,

33
00:02:01.720 --> 00:02:03.240
is the American Congress of OB-GYNs.

34
00:02:03.240 --> 00:02:07.630
And that's relevant to later
statements that'll discuss in my talk.

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00:02:07.630 --> 00:02:12.440
So you can see that if we are supposed to
primarily focus on patient welfare and

36
00:02:12.440 --> 00:02:15.300
patient autonomy,
there maybe times when our

37
00:02:15.300 --> 00:02:19.950
personal beliefs may conflict with
what is best for the patient.

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00:02:19.950 --> 00:02:24.070
And then this becomes really
an important issue to consider.

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00:02:24.070 --> 00:02:24.700
In our practice.

40
00:02:26.580 --> 00:02:29.850
Individuals in organizations
have also described what

41
00:02:29.850 --> 00:02:33.050
professional behaviours
look like in medicine.

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00:02:33.050 --> 00:02:37.360

And so these were just a few descriptions
that I've pulled out of the literature.

43
00:02:37.360 --> 00:02:43.030
Descriptions of professionalism
often include words like respect,

44
00:02:43.030 --> 00:02:47.210
compassion, accountability and altruism.

45
00:02:47.210 --> 00:02:50.650
And really this notion that as physicians.

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00:02:50.650 --> 00:02:55.520
Professionalism means, that we
are providing patient-centered care.

47
00:02:55.520 --> 00:02:59.335
So that means that we have to put
aside our personal values and

48
00:02:59.335 --> 00:03:02.230
self-interests in order to
prioritize the patient.

49
00:03:02.230 --> 00:03:05.250
The value of the patient, and her care.

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00:03:05.250 --> 00:03:07.120
So this is really important.

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00:03:07.120 --> 00:03:12.860
So these principles then challenge
us to be empathetic respectful and

52
00:03:12.860 --> 00:03:17.310
compassionate towards patients,
even when our personal beliefs

53

00:03:17.310 --> 00:03:20.240
may conflict with choices
that the patient is making.

54
00:03:21.630 --> 00:03:23.310
So, what does this mean in abortion?

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00:03:23.310 --> 00:03:27.500
I've just listed some aspects of
Abortion Care, that may be relevant for

56
00:03:27.500 --> 00:03:29.050
this discussion.

57
00:03:29.050 --> 00:03:33.510
For example we may be called upon to
provide pregnancy options counseling.

58
00:03:33.510 --> 00:03:35.800
To a woman who finds herself pregnant.

59
00:03:35.800 --> 00:03:40.310
And, as you will see, the standards
of counseling really require us to

60
00:03:40.310 --> 00:03:43.580
provide accurate unbiased
information to patients, and

61
00:03:43.580 --> 00:03:49.520
to not include our opinions when we're
counseling a patient about options.

62
00:03:49.520 --> 00:03:54.470
We may be called upon to refer patients
for abortion care participate in

63
00:03:54.470 --> 00:03:59.430
abortion care, manage patients
after abortion perhaps just for

64
00:03:59.430 --> 00:04:03.310
routine followup but
also possibly to manage complications.

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00:04:03.310 --> 00:04:06.260
And we may be called upon to provide
emergency care around abortion.

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00:04:06.260 --> 00:04:09.460
So these are all aspects of care
that I want you to think about,

67
00:04:09.460 --> 00:04:12.410
as I talk about guidelines
about conscientious refusal.

68
00:04:15.150 --> 00:04:19.480
Conscientious refusal is defined by
the American Congress of Obstetricians and

69
00:04:19.480 --> 00:04:24.130
Gynecologists as a time when
a clinician claims a right to

70
00:04:24.130 --> 00:04:26.630
refuse to provide certain services.

71
00:04:26.630 --> 00:04:32.690
Or refuses to refer patients, declines to
inform patients about existing options,

72
00:04:32.690 --> 00:04:37.140
out of the claim that to provide
that service would compromise his or

73
00:04:37.140 --> 00:04:39.160
her moral integrity.

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00:04:39.160 --> 00:04:43.790
So it turns out that claims of
conscience refusal are widespread in

75
00:04:43.790 --> 00:04:44.950
reproductive medicine.

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00:04:44.950 --> 00:04:49.910
Abortion is just one circumstance in
which clinicians have claimed the right

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00:04:49.910 --> 00:04:55.010
to have a conscious based refusal to
provide care other examples would be

78
00:04:55.010 --> 00:05:00.130
settings scenarios of contraceptions,
prescription even or

79
00:05:00.130 --> 00:05:04.160
filling prescriptions for
contraceptives by pharmacists.

80
00:05:04.160 --> 00:05:08.190
Also assisted reproductive technologies
often included in this discussion.

81
00:05:08.190 --> 00:05:11.610
So abortion is just one of
the circumstances in which

82
00:05:11.610 --> 00:05:13.660
someone might refuse based on conscience.

83
00:05:14.960 --> 00:05:18.810
I wanted to draw your attention to
a wonderful article by Global Doctors for

84
00:05:18.810 --> 00:05:24.140
Choice that explores conscientious refusal

in the world's literature in detail.

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00:05:24.140 --> 00:05:27.590
And they just do a nice job of describing
the tension between the right to

86
00:05:27.590 --> 00:05:31.260
exercise conscience, and the right for
women to receive needed care.

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00:05:31.260 --> 00:05:35.240
They review the prevalence,
the impact of conscientious refusal.

88
00:05:35.240 --> 00:05:37.950
As well as policy
responses around the world.

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00:05:37.950 --> 00:05:43.120
They also do i mention the,
the counter point that there

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00:05:43.120 --> 00:05:46.980
is also this idea of conscientiousness
commitment to providing abortion care, and

91
00:05:46.980 --> 00:05:50.190
I'm just mentioning that so you can look
into that if you're interested i also have

92
00:05:50.190 --> 00:05:52.790
cited Harris's article for your reference.

93
00:05:54.520 --> 00:05:58.380
The other point that they mentioned that
I'm not going to have time to discuss is

94
00:05:58.380 --> 00:06:01.850
what is the they explore the governments
role in protecting patient care but

95
00:06:01.850 --> 00:06:03.850
also allowing for conscientious refusal.

96
00:06:03.850 --> 00:06:07.130
So I just added another citation for
you for that.

97
00:06:07.130 --> 00:06:10.960
The main point though that, that I,
I want to make from this article.

98
00:06:10.960 --> 00:06:14.990
Is that they clearly summarize
recommendations by organizations.

99
00:06:14.990 --> 00:06:17.270
Highlighting the World Health Organization
and

100
00:06:17.270 --> 00:06:21.520
FIGO the International Federation
of Gynocology and Obstetrics.

101
00:06:21.520 --> 00:06:27.090
And basically both of these
organizations clearly state that the re,

102
00:06:27.090 --> 00:06:29.190
the right to refuse.

103
00:06:29.190 --> 00:06:33.650
Is secondary to the first [INAUDIBLE] of
the physician and that is to the patient.

104
00:06:33.650 --> 00:06:36.560
And I already said that
earlier in the description of

105

00:06:36.560 --> 00:06:38.760
the professionalism physician charter.

106
00:06:38.760 --> 00:06:45.680
But this is the fundamental guideline
that exists at, through WHO and FIGO.

107
00:06:45.680 --> 00:06:50.700
So ACOG has a wonderful committee opinion
on the limits of consciousness refusal in

108
00:06:50.700 --> 00:06:51.950
reproductive medicine.

109
00:06:51.950 --> 00:06:57.010
And I, I want to walk through their
criteria for assessing refusal which is

110
00:06:57.010 --> 00:07:00.870
very consistent with the World Health,
Health Organization and FIGO as well.

111
00:07:00.870 --> 00:07:06.100
What they say is that a clinician
cannot compromise patient autonomy for

112
00:07:06.100 --> 00:07:10.530
example by providing inadequate
counseling about pregnancy options.

113
00:07:10.530 --> 00:07:13.140
A clinician cannot threaten
patient welfare for

114
00:07:13.140 --> 00:07:19.160
example by creating a delay in
the woman accessing needed care.

115
00:07:19.160 --> 00:07:21.890
They cannot undermine

scientific integrity, for

116
00:07:21.890 --> 00:07:26.280
example by providing inaccurate
information in counseling to patients.

117
00:07:26.280 --> 00:07:31.530
And their, their conscientious refusal
cannot result in discriminatory care.

118
00:07:31.530 --> 00:07:34.700
So they cannot treat one patient
differently because of a perceived er,

119
00:07:34.700 --> 00:07:38.150
immorality of that patient.

120
00:07:40.770 --> 00:07:43.400
They go on to describe
the responsibilities, so

121
00:07:43.400 --> 00:07:48.060
again really keeping in mind the need
to respect the individuals ability to

122
00:07:48.060 --> 00:07:50.000
conscientiously refuse.

123
00:07:50.000 --> 00:07:53.430
They emphasize these responsibilities.

124
00:07:53.430 --> 00:07:55.930
We must prioritize a patients well being.

125
00:07:55.930 --> 00:07:57.340
We must provide accurate and

126
00:07:57.340 --> 00:08:00.830
unbiased information, and

this is a really important point.

127
00:08:00.830 --> 00:08:03.730
They believe that it is
the responsibility of the clinician to

128
00:08:03.730 --> 00:08:08.550
provide potential patients, with prior
notice of their moral commitments.

129
00:08:08.550 --> 00:08:11.350
So that is an important point
that I'll mention again.

130
00:08:11.350 --> 00:08:15.950
And also to not use their authority to
argue any positions with the patients.

131
00:08:15.950 --> 00:08:18.080
They must refer in a timely manner.

132
00:08:18.080 --> 00:08:21.580
And in the setting of
an emergency ACOG states that we

133
00:08:21.580 --> 00:08:25.150
must we have an obligation to provide
medically necessary services.

134
00:08:27.146 --> 00:08:30.980
I just want to highlight some
of the other guidelines that

135
00:08:30.980 --> 00:08:35.330
exist by other organizations
that are very similar to ACOG's.

136
00:08:35.330 --> 00:08:38.900
The WHO in their recently published
Clinical Practice Handbook for

137
00:08:38.900 --> 00:08:43.750
Safe Abortion Care emphasizes
the importance of.

138
00:08:43.750 --> 00:08:45.800
Objective counseling, so

139
00:08:45.800 --> 00:08:50.150
they state that a women must make her own
decision about whether to have an abortion

140
00:08:50.150 --> 00:08:55.000
and have parameters about a descriptions
about what counseling requires.

141
00:08:55.000 --> 00:09:00.350
And they emphasize that in counseling,
we must not impose our personal values and

142
00:09:00.350 --> 00:09:03.180
beliefs on the patient
whom we're counseling.

143
00:09:07.160 --> 00:09:09.930
FIGO, as I mentioned, the International
Federation for Gynecology and

144
00:09:09.930 --> 00:09:13.770
Obstetrics has a statement
called Professional and

145
00:09:13.770 --> 00:09:16.850
Ethical Responsibilities Concerning Sexual
and Reproductive Rights.

146
00:09:18.060 --> 00:09:23.650
And they state that we need to assure that
a physicians right to preserve his or

147
00:09:23.650 --> 00:09:24.690
her own moral or

148
00:09:24.690 --> 00:09:29.280
religious values does not result in the
imposition of these values on patients.

149
00:09:30.400 --> 00:09:35.390
They also state that if someone
is objecting to a procedure that,

150
00:09:35.390 --> 00:09:41.280
that does not absolve us from taking
immediate steps in an emergency,

151
00:09:41.280 --> 00:09:43.490
to ensure necessary treatment
is given without delay.

152
00:09:43.490 --> 00:09:45.940
So again, econoing echoing some of the,

153
00:09:45.940 --> 00:09:51.010
the position statements by ACOG
saying that we need to provide.

154
00:09:51.010 --> 00:09:53.480
Counseling without imposing our values.

155
00:09:53.480 --> 00:09:56.160
And we must be ready to take care
of a patient in an emergency.

156
00:09:57.940 --> 00:09:59.790
The Royal College of Obstetricians and

157
00:09:59.790 --> 00:10:05.030
Gynecologists has also made some
statements along these lines in their doc,

158
00:10:05.030 --> 00:10:08.890
their document The Care of
Women Requesting Induced Abortions.

159
00:10:08.890 --> 00:10:12.110
So they say that doctors may refuse
to participate in treatment,

160
00:10:12.110 --> 00:10:17.880
unless it is necessary to save a live or
prevent permanent injury to the woman.

161
00:10:17.880 --> 00:10:22.770
And they do state that if discussing
abortion conflicts with your religious or

162
00:10:22.770 --> 00:10:26.780
moral beliefs and this conflict
might affect the treatment or

163
00:10:26.780 --> 00:10:30.660
advise we provide, you must acclaim,
explain this to patients and

164
00:10:30.660 --> 00:10:32.580
tell them they have a right
to see another doctor.

165
00:10:35.150 --> 00:10:42.260
So thinking about what ACOG has said,
what WHO, FIGO and the Royal College

166
00:10:42.260 --> 00:10:46.040
as well as the general charter that
guides professionalism in medicine.

167
00:10:46.040 --> 00:10:50.290
I want to just take a moment and think
about what that means, for abortion care.

168
00:10:50.290 --> 00:10:53.610
So it seems that most of the guidelines
are consistent that we need to

169
00:10:53.610 --> 00:10:57.660
provide pregnancy options counseling
that is accurate, unbiased and

170
00:10:57.660 --> 00:11:00.000
does include our opinion.

171
00:11:00.000 --> 00:11:02.590
Also we must refer for
abortion care in a timely manner.

172
00:11:03.670 --> 00:11:08.410
We also must, must manage post-abortion
care, and provide emergency care.

173
00:11:08.410 --> 00:11:12.360
You can see that I don't have participate
in abortion care in bold, but

174
00:11:12.360 --> 00:11:16.680
most of the organizations have a caveat,
and they basically say that.

175
00:11:16.680 --> 00:11:21.800
You can opt out of participating in
abortion care unless by opting out

176
00:11:21.800 --> 00:11:26.410
you're jeopardizing access to care,
or if it's necessary for

177
00:11:26.410 --> 00:11:28.780
the patient that you must participate.

178

00:11:28.780 --> 00:11:30.940
So I think that's an important point.

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00:11:30.940 --> 00:11:35.670
The other thing you notice is that when
you look at these three aspects of

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00:11:35.670 --> 00:11:41.770
clinical care you sort of heard me mention
different guidelines that basically state,

181
00:11:41.770 --> 00:11:44.040
say, state,
something slightly more subtle.

182
00:11:44.040 --> 00:11:50.250
And that is, if your beliefs would
prevent you from providing, for example.

183
00:11:50.250 --> 00:11:52.480
Accurate, unbiased counseling.

184
00:11:52.480 --> 00:11:56.340
That is your responsiblity to make sure
the patient is referred to someone else.

185
00:11:56.340 --> 00:11:59.550
And understands that your
not able to counselor her.

186
00:11:59.550 --> 00:12:03.690
Similarly I would argue,
that if someones believes are held so

187
00:12:03.690 --> 00:12:07.440
strongly, that they feel uncomfortable for
re, referring, that they must have

188
00:12:07.440 --> 00:12:13.120
a system in place to immediately as

someone else to refer her abortion care.

189
00:12:13.120 --> 00:12:15.120
And if there's no one else available.

190
00:12:15.120 --> 00:12:19.140
It again falls on your shoulders to
provide that referral for patients.

191
00:12:22.008 --> 00:12:27.120
I just want to talk about now that I
have reviewed the guidelines and sort of

192
00:12:27.120 --> 00:12:31.240
my sort of summary statements about that,
I want to take a moment to review what

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00:12:31.240 --> 00:12:35.460
a study of almost 1,200 physicians
showed; in the United States in 2007.

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00:12:35.460 --> 00:12:37.830
And what they did in the study,

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00:12:37.830 --> 00:12:42.670
was they posed theoretical
circumstance to these physicians.

196
00:12:42.670 --> 00:12:49.140
They basically said, if you were
seeing a patient who wants a legal and

197
00:12:49.140 --> 00:12:55.690
medically safe procedure with which you
do not agree, so you have a moral or

198
00:12:55.690 --> 00:12:59.990
other belief that says that that is
not an appropriate aspect of medicine.

199
00:12:59.990 --> 00:13:00.800
And you're seeing this patient.

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00:13:00.800 --> 00:13:04.150
Now they didn't mention which
particular procedure it was or

201
00:13:04.150 --> 00:13:07.220
what aspect of medicine it was, but
they set up this conflict between

202
00:13:07.220 --> 00:13:10.540
the physician's belief and
the patient's desire.

203
00:13:10.540 --> 00:13:11.690
They ask three questions.

204
00:13:11.690 --> 00:13:13.460
The first question was.

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00:13:13.460 --> 00:13:16.710
Would it be ethical to describe
why the physician objects to

206
00:13:16.710 --> 00:13:18.337
the requested procedure?

207
00:13:18.337 --> 00:13:23.650
And 63% of the US physician
surveyed said that yes, they

208
00:13:23.650 --> 00:13:29.200
thought it would be ethical to state why
they object to the requested procedure.

209
00:13:30.630 --> 00:13:34.100
The second question was does the physician
have an obligation to present all

210
00:13:34.100 --> 00:13:38.610
the options to the patient, including
information about the requested procedure?

211
00:13:38.610 --> 00:13:43.210
Now, the majority said that there is
an obligation, but 14% in the study said

212
00:13:43.210 --> 00:13:47.670
that, no, the physician has no obligation
to present all options to the patient.

213
00:13:47.670 --> 00:13:52.230
And the final question, does the physician
have an obligation to refer?

214
00:13:52.230 --> 00:13:55.640
And almost one third of
the physicians in this study said no,

215
00:13:55.640 --> 00:13:57.790
there's no obligation to refer.

216
00:13:57.790 --> 00:14:01.060
So I just want to highlight
that because this stands in

217
00:14:01.060 --> 00:14:03.760
for these different questions.

218
00:14:03.760 --> 00:14:07.440
It's a different proportion, but
a significant number of physicians had

219
00:14:07.440 --> 00:14:10.880
beliefs that were really in direct
conflict to these global and

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00:14:10.880 --> 00:14:14.460
national guidelines, that we have
about our obligations to patients.

221
00:14:17.280 --> 00:14:20.070
I now want to turn to think
about Medical Education.

222
00:14:20.070 --> 00:14:23.210
I just want to give you a few
examples from the United States.

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00:14:23.210 --> 00:14:27.410
This is the organization, the Association
of Professors of Gynaecology and

224
00:14:27.410 --> 00:14:31.200
Obstetrics, that establishes
curriculum in Obstetrics and

225
00:14:31.200 --> 00:14:34.220
Gynaecology for
Undergraduate Medical Education.

226
00:14:34.220 --> 00:14:36.770
Medical students in the United States.

227
00:14:36.770 --> 00:14:39.720
And you can see that one
of their competencies,

228
00:14:39.720 --> 00:14:44.820
is to provide non-directive counseling to
patients surrounding pregnancy options.

229
00:14:44.820 --> 00:14:48.480
And what they, they actually give this
the highest level of competence required.

230
00:14:48.480 --> 00:14:51.070

So the competence levels
are right over here, and

231
00:14:51.070 --> 00:14:55.920
they are Knows, Knows How,
Shows How, and Does.

232
00:14:55.920 --> 00:14:58.820
So Does, is the highest level
of competence required for

233
00:14:58.820 --> 00:15:01.030
these medical student competencies.

234
00:15:01.030 --> 00:15:03.720
And you can see that to provide
non-directive counseling,

235
00:15:03.720 --> 00:15:05.910
requires the highest level of competency.

236
00:15:08.790 --> 00:15:11.500
In terms of Graduate Medical Education
in Obstetrics and

237
00:15:11.500 --> 00:15:14.160
Gynaecology in the United States,

238
00:15:14.160 --> 00:15:18.230
the accreditation council which
oversees Graduate Medical Education.

239
00:15:18.230 --> 00:15:23.230
Does state that all residency programs
in OBGYN, must have access to

240
00:15:23.230 --> 00:15:27.410
experience with induced abortion
as part of their education.

241
00:15:27.410 --> 00:15:30.870
But they do say that an individual
resident with a religious or moral

242
00:15:30.870 --> 00:15:37.380
objection does not have to perform induced
abortions during their residency program.

243
00:15:37.380 --> 00:15:42.160
However, CREOG, the Council and
Resident Education in Obstetrics and

244
00:15:42.160 --> 00:15:46.280
Gynocology makes it very clear,
that residents should be able to

245
00:15:46.280 --> 00:15:51.460
counsel pregnant patients on alternatives,
including abortion and adoption.

246
00:15:51.460 --> 00:15:54.400
And even if a resident does
not provide this service,

247
00:15:54.400 --> 00:15:56.130
because of a moral objection.

248
00:15:56.130 --> 00:16:00.060
They must be able to council patients,
make appropriate referrals and

249
00:16:00.060 --> 00:16:01.340
manage complications.

250
00:16:02.470 --> 00:16:05.820
So in the United States for
both undergraduate and graduate medical

251
00:16:05.820 --> 00:16:11.050

education it is very clear that
the standard is for undergraduate and

252
00:16:11.050 --> 00:16:16.650
graduate medical students and residents to
be able to council women and refer them.

253
00:16:16.650 --> 00:16:17.570
So in conclusion,

254
00:16:17.570 --> 00:16:23.180
professionalism requires us to put our own
values aside to prioritize patient care.

255
00:16:23.180 --> 00:16:25.120
And if we find that we can't do that,

256
00:16:25.120 --> 00:16:28.156
we have to consider our
obligations to patients.

257
00:16:28.156 --> 00:16:30.190
And I want to tell you briefly that, for

258
00:16:30.190 --> 00:16:35.060
those of you who might find
this to be your situation.

259
00:16:35.060 --> 00:16:38.410
That it's very important to consider
doing a values clarification.

260
00:16:38.410 --> 00:16:42.560
Which is a process through which you
reflect on your feelings about abortion,

261
00:16:42.560 --> 00:16:46.800
your beliefs,
your history with abortion in your family,

262
00:16:46.800 --> 00:16:49.050
your cultural values et cetera.

263
00:16:49.050 --> 00:16:52.900
To really understand your feelings
about abortion, clarify for

264
00:16:52.900 --> 00:16:56.740
yourself to what extent you can
participate in abortion care.

265
00:16:56.740 --> 00:17:00.980
And then to sort of balance that with
your obligations to your patients.

266
00:17:00.980 --> 00:17:04.090
In the course we do have
a lecture that covers values

267
00:17:04.090 --> 00:17:08.240
clarification called Teaching
Professionalism in Abortion Care, and

268
00:17:08.240 --> 00:17:10.820
we also have references on the website.

269
00:17:10.820 --> 00:17:16.210
And I also want to remind you that part of
abortion care is being able to provide.

270
00:17:16.210 --> 00:17:20.500
Unbiased accurate pregnancy options
counseling, and immediate referral.

271
00:17:20.500 --> 00:17:25.193
And that's a very important piece of
values clarification as you prepare to

272
00:17:25.193 --> 00:17:26.373

care for patients.

273
00:17:26.373 --> 00:17:27.136
Thank you.