



Ryan Residency Training Program Recommended Partial Participation Policy -- DRAFT

In accordance with the training requirement put forth by the Accreditation Council for Graduate Medical Education, the obstetrics and gynecology residency program at the University of XXXXX includes a family planning rotation to provide all residents with comprehensive training in contraception, pregnancy options counseling, and abortion techniques. The Department expects that all residents will participate in the family planning rotation to their comfort level and will not be assigned to other clinical duties. The Department recognizes that residents may have moral, ethical, or religious reasons for not performing or assisting with elective abortions. Residents who conscientiously object to performing certain procedures will provide preoperative counseling, postoperative patient care, pregnancy options counseling, contraceptive counseling, treatment of miscarriage, and management of abortion complications. Residents are responsible for readings and learning didactic material, and must participate in the didactic sessions and values clarification exercises.

By signing below, I attest that I have been provided with and have reviewed the following materials:

- The University of XXXX Hospital Policy on “Staff Rights”
- “The Limits of Conscientious Refusal in Reproductive Medicine”, ACOG Committee Opinion, Number 385, November 2007
- “Abortion Access and Training”, ACOG Committee Opinion, Number 424, January 2009
- ACGME Program Requirements Excerpt

I, _____, confirm that I have had an opportunity to discuss concerns that I may have about participation in the Family Planning Rotation with either the Ryan Program Director or Residency Director. I have determined the level of participation in abortion-related care with which I am comfortable.

Signature: _____
Resident Signature

Date: _____

Signature: _____
Program Director or Residency Director Signature

Date: _____

professional organizations should work to create and maintain organizational structures that ensure nondiscriminatory access to all professional services and minimize the need for individual practitioners to act in opposition to their deeply held beliefs. This requires at the very least that systems be in place for counseling and referral, particularly in resource-poor areas where conscientious refusals have significant potential to limit patient choice, and that individuals and institutions “act affirmatively to protect patients from unexpected and disruptive denials of service” (13). Individuals and institutions should support staffing that does not place practitioners or facilities in situations in which the harms and thus conflicts from conscientious refusals are likely to arise. For example, those who feel it improper to prescribe emergency contraception should not staff sites, such as emergency rooms, in which such requests are likely to arise, and prompt disposition of emergency contraception is required and often integral to professional practice. Similarly, institutions that uphold doctrinal objections should not position themselves as primary providers of emergency care for victims of sexual assault; when such patients do present for care, they should be given prophylaxis. Institutions should work toward structures that reduce the impact on patients of professionals’ refusals to provide standard reproductive services.

Recommendations

Respect for conscience is one of many values important to the ethical practice of reproductive medicine. Given this framework for analysis, the ACOG Committee on Ethics proposes the following recommendations, which it believes maximize respect for health care professionals’ consciences without compromising the health and well-being of the women they serve.

1. In the provision of reproductive services, the patient’s well-being must be paramount. Any conscientious refusal that conflicts with a patient’s well-being should be accommodated only if the primary duty to the patient can be fulfilled.
2. Health care providers must impart accurate and unbiased information so that patients can make informed decisions about their health care. They must disclose scientifically accurate and professionally accepted characterizations of reproductive health services.
3. Where conscience implores physicians to deviate from standard practices, including abortion, sterilization, and provision of contraceptives, they must provide potential patients with accurate and prior notice of their personal moral commitments. In the process of providing prior notice, physicians should not use their professional authority to argue or advocate these positions.
4. Physicians and other health care professionals have the duty to refer patients in a timely manner to other providers if they do not feel that they can in conscience provide the standard reproductive services that their patients request.
5. In an emergency in which referral is not possible or might negatively affect a patient’s physical or mental health, providers have an obligation to provide medically indicated and requested care regardless of the provider’s personal moral objections.
6. In resource-poor areas, access to safe and legal reproductive services should be maintained. Conscientious refusals that undermine access should raise significant caution. Providers with moral or religious objections should either practice in proximity to individuals who do not share their views or ensure that referral processes are in place so that patients have access to the service that the physician does not wish to provide. Rights to withdraw from caring for an individual should not be a pretext for interfering with patients’ rights to health care services.
7. Lawmakers should advance policies that balance protection of providers’ consciences with the critical goal of ensuring timely, effective, evidence-based, and safe access to all women seeking reproductive services.

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