

## Family Medicine Residents Desperate for Abortion Education

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### TO THE EDITOR:

Following the historic *Dobbs v Jackson* Supreme Court decision, an estimated more than 100,000 people annually will be barred from receiving an abortion in their home state.<sup>1</sup> Evidence tells us this will disproportionately affect members of the BIPOC (Black, Indigenous, People of Color) community and those of lower socioeconomic status and will lead to preventable deaths from pregnancy complications in people denied treatment. First trimester abortion is a safe, effective, and evidence-based management approach and is well within the scope of family practice. The national case-fatality rate for legally induced abortion is about 0.41 deaths per 100,000.<sup>2</sup> In comparison, overall pregnancy related mortality occurs at twice this rate and is nine times higher for Black mothers.<sup>2</sup>

Unfortunately, few family physicians provide abortion services. Only 13.1% of recently graduated family medicine (FM) physicians report adequate training in this care, and only 3% of family physicians report providing these services in practice.<sup>3</sup> In a 2021 anonymous survey of FM residency program directors, just 54% reported feeling that routine opt-out training in abortion should be a standard part of FM residency training and only 36% reported that residents receive didactic training on abortion. Despite continued affirmation from the American Academy of Family Physicians (AAFP) and the American College of Obstetricians and Gynecologists (ACOG) that education on abortion should be provided during FM residency, a glaring lack of educational opportunities for FM residents remains.

We are concerned with the silence of the Accreditation Council for Graduate Medical Education (ACGME) Family Medicine Review Committee on this issue. Despite being charged with educating “future generations of physicians to serve the public,” the committee continues to ignore the consequences of failing to require abortion education on individual and community health. We also are concerned about the lack of response from the Association of American Medical Colleges (AAMC) and, as the largest funder of medical

education, the Centers for Medicare and Medicaid Services (CMS). In the current setting of increasing pregnancy related mortality in the United States and the criminalization of reproductive health care, declining to require training on this essential topic is inappropriate and dangerous for any of these groups.

Unfortunately, it appears that the individual opinions of FM program directors and sociopolitical pressures more effectively influence educational policy in the United States than publicly and professionally supported recommendations from the AAFP and ACOG. Considering the recent *Dobbs v Jackson* decision and given the disproportionate violence forced birth has on communities of color, it is more important than ever—and a health equity imperative—to increase access to reproductive health services for all. We call on the ACGME and the AAMC to rise to their leadership responsibility and require opt-out abortion training for all FM residency programs and medical schools in the country. We also call on the CMS to fund training to address the reproductive health needs of our communities. Together, we can improve family medicine residency training in reproductive health care, but only with the brave and deliberate action of our leadership organizations.

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