

[← Back to Original Article](#)

Op-Ed

Doctoring in a family way

A proposed policy change would eliminate reproductive training for GP residents, which would put su women.

May 15, 2013 | By Alison Block

Jennifer was one of my first patients as a new doctor, and she came to see me about an unintended pregnancy. A single Jennifer was struggling economically and battling depression. We talked about the options available to her: continuing another child, offering the baby for adoption or having an abortion. She chose to continue with the pregnancy, and I watched her struggle for months as she struggled with the discomforts of pregnancy, excessive weight gain and the anxiety of having to raise two children.

Seven months later, I delivered Jennifer's beautiful baby boy. Six weeks after that, I saw Jennifer, her new baby and her husband. We discussed colic, diet and exercise, her daughter's ADHD and birth control. During Jennifer's visit, I placed an IUD, a long-acting reversible device, so that her next pregnancy could be by choice and not by chance.

These are the types of relationships that inspired me to become a family doctor: intergenerational, continuous care for patients and their families, and a commitment to meeting the healthcare needs of the community.

New policies proposed in April by the Residency Review Committee for Family Medicine, or RRC, the group that outlines the standards for family medicine residency programs nationwide, threaten to interfere with that comprehensive care and to decrease reproductive health access for many women.

The proposed RRC changes would eliminate the current requirement that family medicine residents learn full-scope reproductive health care. The decision to teach these skills would be up to the discretion of individual residency programs. Family doctors would no longer be required to prescribe birth control, place intrauterine devices or contraceptive implants, provide options counseling for women with unintended pregnancies and manage miscarriages.

The RRC, composed of 11 men and three women, finds the current guidelines too onerous. The committee's proposal aims to make the requirements more general and less restrictive.

Although the RRC has the right idea (the requirements for family medicine training are notoriously cumbersome), its changes could have unintended consequences. Residents, for example, are required to complete two months of surgical training. It could eliminate that requirement in family medicine, where the number of doctors practicing general surgery is infinitesimal.

Unintended pregnancies account for nearly 50% of U.S. pregnancies and lead to healthcare costs of more than \$12 billion annually. Without training in reproductive health skills, the result will be many more unintended pregnancies, particularly in the medically underserved communities where family physicians tend to work. These communities often lack access to specialty care. If we place the responsibility for reproductive health care in the domain of costly specialists, reproductive healthcare will become even more unobtainable.

As a general practitioner, I have tremendous respect for my specialist colleagues. I refer patients to them often to help with complex medical issues. Comprehensive contraceptive care, however, is relevant to about 75 million women in this country and should be a core part of primary care.

The Affordable Care Act intends to expand women's access to reproductive healthcare by requiring health insurance plans to cover contraceptive services. The law also addresses the enormous primary-care shortage by offering incentives to physicians to enter primary care but opt out of training these new doctors in the most current and effective reproductive health skills with the help of an experienced crew and refusing to teach them how to sail.

Physicians should be allowed to choose what type of medicine they practice and what procedures they perform. Residency programs should not be required to provide reproductive health training on moral or religious grounds, just as they can opt out of abortion training.

But if the proposed changes go through, a substantial number of residency programs, particularly those affiliated with religious institutions, will be able to avoid training in reproductive health care. <http://articles.latimes.com/print/2013/may/15/opinion/la-oe-block-reproductive-rights-20130515>

9/15/2014

Doctoring in a family way - Los Angeles Times

teaching these skills altogether. Residency program directors who have personal objections to contraception and abort residents in these essential tools of reproductive healthcare. Many family doctors interested in learning full-spectrum , difficulty finding the programs invested in teaching the necessary skills.

Almost weekly, another state or institution attempts to restrict women's rights to reproductive freedom. I am deeply di I chose for its emphasis on continuity of patient care and its foundation of social justice, seems to have joined the fray.

Alison Block is a family medicine resident in Santa Rosa, Calif.

Los Angeles Times Copyright 2014 Los Angeles Times

Index by Keyword | In



Texas abortion law pits safety against control

LETTERS
LETTERS@USATODAY.COM

As a family physician in California, where I provide comprehensive reproductive health care, including contraception counseling, pregnancy termination, prenatal care and delivery, I am troubled by claims that the purpose of Texas' anti-abortion law is "to protect the health and safety of Texas women" ("Court reinstates most of Texas' abortion restrictions," News, Friday).

Abortion is far safer than childbirth. In the context of outpatient procedures, having an abortion carries no more risk than having a colonoscopy.

Moreover, we in the medical community know that hospital admitting privileges, as required by the recently upheld Texas law, are not related to patient safety. I and my physician colleagues across the country continually

seek out and welcome measures that improve patient safety, but absurd laws such as this one only hurt women and families by decreasing access to essential reproductive health care services.

Sarah McNell
Berkeley, Calif.



AP
Abortion opponents in San Antonio.

Abortion rights advocates have deemed Texas' abortion restrictions a threat to the health of women.

These zealots are exhibiting their lack of knowledge on sound medical practice. Women receiving abortions are much safer if their doctor has a hospital as backup

in case things don't go as planned. This is a reasonable requirement and shows the wisdom of the federal appeals court in restoring that part of the law.

Thomas F. Shields
Auburn, Maine