Abortion remains absent from family medicine training in Canada

Daniel Myran MD MPH CCFP Jillian Bardsley MD CCFP

After a combined 12 years of undergraduate and postgraduate medical education, we have been exposed to a grand total of 1 hour of official curricular education on abortion. How can this be when January 28, 2018, marked the 30th anniversary of the 1988 Morgentaler decision decriminalizing abortion in Canada? A woman's right to abortion has not only stood the test of time, but abortion is considered an essential medical service, fully covered by the Canada Health Act.[1] While the legality of abortion in Canada is clear, several studies have raised concerns about challenges for women in accessing abortion services. These challenges include a lack of trained providers and participating hospitals, poor access outside of urban centres, inadequate provider and patient knowledge, and ongoing stigma toward abortion provision. Women who live in rural settings, young women, and those who are socioeconomically disadvantaged continue to have difficulty accessing this essential health service.[1-3]

Concerning state of abortion education

Among these challenges, one of the biggest threats to accessing abortion might be its striking absence from medical education. In 2016, concerned about the dearth of abortion training in our own medical education, we sent out a survey to 8 family medicine programs across the country to examine the amount and kind of education Canadian family medicine residents received on abortion. Our results were published in *BMC Medical Education*[4] and paint a concerning picture of the state of abortion education across Canada.

Overall, 57% of residents who responded to our survey reported receiving no school-organized education on abortion during their training, and more than 80% received less than 1 hour of instruction. More than three-quarters of all residents in our survey reported graduating without having counseled a patient on or assisted with an abortion. Perhaps most concerning is that when we presented residents who were in training programs in Ontario with a case involving a woman seeking an elective abortion, 35.7% of residents incorrectly believed they had no legal or professional obligation to refer the patient to another provider if they themselves did not provide abortions.

Should we be surprised by these results? As Phillips and Swift pointed out in their 2016 opinion piece, "Therapeutic abortion counseling and provision. Are Canadian family physicians opting out?"[5] the 2 licensing bodies in charge of undergraduate and postgraduate medical education for family physicians, the Medical Council of Canada (MCC) and the College of Family Physicians of Canada (CFPC), did not include abortion as a medical topic to be covered during training. The MCC covered abortion only in the context of its being a complex ethical issue under section 6.7.[5]

Patients need informed doctors

Since 2016, the MCC has taken positive steps toward expanding educational requirements on abortion. The MCC objective in section 80-1 now at least recognizes the need for medical students to be able to counsel and refer women seeking abortions: "The candidate will also list and interpret relevant clinical findings, including ... [the] need for referral for therapeutic abortion as well as for counseling on the matter."[6] Abortion also continues to be a professional competency under the subheading "Integrity" in which a physician should "Recognize, understand and act appropriately with respect to complex ethical issues including ... abortion."[7]

Less progress has been made by the CFPC. Despite having 12 different features in the pregnancy topic, seemingly covering most obstetric problems, the CFPC continues to leave out abortion counseling or provision as 1 of its listed 99 core competencies.[8] To some, arguments of a full curriculum with no room for "specialized topics" such as abortion might resonate, but can these arguments be made when the same curriculum mandates 7 different competencies for the management of epistaxis?

Yes, abortion is a "complex ethical issue" for many. It is also an issue we as family doctors need to be informed about, with 31% of Canadian women opting to have an abortion in their lifetimes.[9] Abortion is not only common but family doctors provided 75.5% of the 86824 reported abortions in Canada during 2014 to 2015.[10] Patients need doctors who are not just informed on the ethics of abortion but who also have medical expertise; medical students and residents need training to gain these necessary competencies.

Training is well received

The good news is that the training residents do receive seems to work. In our survey, residents who did report counseling patients on or assisting with an abortion during training were twice as likely to feel competent to counsel a woman seeking an abortion. Furthermore, these residents were almost twice as likely to intend to provide medical abortions during their careers. Two additional findings point to the probable success of increasing education and exposure to abortion during residency. First, residents in our study held largely positive attitudes toward abortion and inclusion of abortion in their residency curricula. Second, the positive association between exposure to abortion and self-reported competency and

intention to provide abortion was consistent among residents who were exposed to abortion during both core rotations and electives. We propose these findings suggest that including abortion education in postgraduate training would be well received by residents and could result in global increases in resident competency.

We believe that Canadian women seeking abortion care at a potentially vulnerable, stigmatized, and uncertain moment in their lives should be received by a competent and capable provider. If a woman walking into the office of a newly graduated family physician could easily encounter a provider who has never counseled or referred a woman for an abortion, this standard might not be met.

Future directions

In July 2015, mifepristone, a drug included on the World Health Organization list of essential medicines, and the international "gold standard" medication for medical abortion,[11] was approved in Canada.[12] Since that time ongoing advocacy for women's reproductive rights has removed many of the initial logistic limitations that prevented its widespread use. The degree to which mifepristone will improve access to abortion in Canada will in part depend on whether new providers begin prescribing it. We urge departments of family medicine to offer formal education and opt-out clinical experiences related to abortion provision. The CFPC should consider adding abortion as a core topic to be covered during residency with an emphasis on competency to counsel on abortion and provide a medical abortion if willing. As physicians who were born the year of the Morgentaler decision, we feel like it is about time.

Dr Myran is a family physician and a fourth-year public health and preventive medicine resident at the University of Ottawa in Ontario. **Dr Bardsley** is a family physician who recently completed family medicine training at the University of Ottawa.

Competing interests
None declared

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