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Pushing the Abortion Agenda — In the Medical Schools

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"Even other doctors call us the baby killers," says Dr. Christopher Estes of Columbia University's medical school. Dr. Estes insists that these other doctors are speaking "tongue-in-cheek," but the fact is that many medical students resist any training in abortion. After all, they are studying to heal, not to kill.

The Village Voice reports that New York City is becoming a center for training physicians in abortion — and in pressuring medical schools to offer (or mandate) abortion training.

As the paper explains:

New York is the nation's capital of abortion. The state, one of a minority that fund abortions for Medicaid recipients, has none of the restrictions, such as parental notification laws, that hamper access in many states. In 2004, 40 percent of pregnancies in the city ended in abortion (the estimated national average is 24 percent). The city is also a mecca of medical education: Cornell, Columbia, SUNY Downstate, NYU, Mount Sinai, and Einstein, all of which have MSFC chapters. In the words of Cristina Page of NARAL-NY, New York has "the best academic programs in the world, training the best physicians in the world." That's one reason pro-choicers rejoiced when Bloomberg adopted NARAL's Residency Training Initiative in 2002. Under this unique policy, abortion training is now a standard part of all OB-GYN residencies in the city's public hospitals. (Residents can opt out, but few do.)

The pro-choice medical community welcomes such policies, but it also has a broader agenda–to introduce comprehensive reproductive-health education into the medical curriculum. As Dr. Christopher Estes, a fellow in family planning at Columbia, puts it, the idea is not to say to all students, "You guys have gotta learn how to do an abortion." Rather, "Contraception is something everybody needs to know. Teaching someone how to counsel someone who has an unplanned pregnancy is incredibly important. Whether you're a family medicine doctor, a pediatrician, or an orthopedic surgeon, you may encounter this one day. One in three American women has an abortion in her life. Do the math."

This paragraph points to a larger agenda:

Abortion will always be more fraught than tonsillectomy or knee surgery. But the procedure's isolation has as much to do with logistics as with politics. Abortions are performed largely in clinics; residents are trained in hospitals. While pro-life activism, including terrorism, surely didn't help provider recruitment, NARAL cites research indicating that young doctors more often point to "lack of proper training" than fear or moral qualms as the reason for not providing. Clinics, a pro-choice development, offer efficient, relatively affordable abortion care. But there are benefits to integrating abortion into hospitals and other health care settings–and not only for training purposes. As Sheinbein says, "There's a move away from being an 'abortionist.' You should be able to go to one place for all your health care needs."

Repackaging abortion as a "health care need" is an Orwellian move that would redefine not only abortion, but the practice of medicine itself.

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