COMMENTARY

# Changing Attitudes of American Ob/Gyns on Legal Abortion

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n January 22, 1973, the US Supreme Court handed down two decisions—Roe v Wade and Doe v Bolton-that struck down abortion laws in all 50 states.<sup>1,2</sup> It has since been stated that "abortion remains the most divisive social issue of our time," and we certainly agree with this.<sup>3</sup> However, we fail to understand why the executive board of the American College of Obstetricians and Gynecologists (ACOG) continues to support legalized abortion as "a woman's choice" when it may not even be in the best interest of maternal health. The 1992 report of the American Medical Association's Council on Scientific Affairs notes that although the risk of maternal mortality from legal abortion before 16 weeks' gestation is lower than that for childbirth, the maternal death rate from abortion rises above the childbirth level after this gestational age.4 Given this fact alone, it is no wonder that legal abortion has become a divisive issue.

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) is a recognized special-interest group within ACOG, and we are increasingly concerned about the parent organization's official stance on the abortion issue. In answer to questions regarding its abortion policy, one of our members received a cordial reply from ACOG on March 2, 1994, stating twice that "80 plus percent of our Fellows approve of abortion on demand." We seriously challenge this statement, because the entire ACOG fellowship has never been adequately polled.

## **NATIONAL SURVEY**

In an attempt to obtain a valid, nationwide survey of attitudes on abortion, the executive committee of AAPLOG decided to poll as many ob/gyns as possible—including all ACOG fellows and junior fellows. A comprehensive list of approximately 37,000 ob/gyns was obtained from *Ob/Gyn News*, and the survey was sent out to all those listed because some physicians who practice obstetrics and gynecology do not belong to ACOG. The questionnaire was printed and mailed by the PPS Medical Marketing Group of New Jersey, which also compiled the results. The questions were constructed to be unbiased and attempted to elicit clear answers from the respondents (Table).

A response from 9165 of approximately 37,000 physicians (almost 25%) was judged to be an adequate sampling. Indeed, this is a relatively high response rate for a survey sent to a large group of physicians with no financial incentive to respond, and may be an indication of the deep concern of the respondents. In addition to answering the nine questions, more than 400 physicians wrote additional comments; this group was divided almost evenly between those supporting and those opposing abortion on demand. As may be expected, some of these comments were quite vitriolic—again emphasizing the strong feelings and deep-seated division among ob/gyns on this issue.

Table. ACOG Fellowship Attitudes on Abortion						
		Yes	%	No	%	No. of responses
1.	Do you believe abortion is justified to save the life of the mother?	8317	93.73	556	6.27	8873
2.	Do you believe abortion is justified in cases of rape and incest?	7066	80.18	1747	19.82	8813
3.	Do you believe abortion is a justifiable treatment option in the case of uniformly fatal fetal anomaly?	8093	90.44	855	9.56	8948
4.	Do you believe abortion is a justifiable treatment option in the case of nonfatal fetal anomalies?	5502	63.31	3188	36.69	8690
5.	Do you believe abortion should be available as a form of birth control for unplanned pregnancies?	4176	47.56	4604	52.44	8780
6.	Do you believe abortion should be paid for with tax dollars?	3930	44.52	4897	55.48	8827
7.	Should abortion clinics be held to the same medical standards as other outpatient surgical facilities?	7066	80.18	1747	19.82	8813
8.	What stance do you feel is appropriate for ACOG to take on the abortion question?					
	Neutral	3848	45.58			
	Abortion advocate	3272	38.75			
	Antiabortion advocate	1323	15.67			
	Total:	8443				
9.	Do you agree that every ob/gyn residency training program be mandated to include elective abortion training?	3620	40.80	5253	59.20	8873

# **ABORTION**

### **RESULTS**

The responses to questions 1 to 3 were not surprising, with overwhelming support for abortion in cases of danger to the mother's life, rape, incest, and uniformly fatal fetal anomalies. We did not expect the high percentage of "yes" responses to question 4, given that many anomalies are relatively insignificant and correctable. Question 5 shows that 52% of respondents oppose abortion as a solution for unintended pregnancy. tion 6 reveals solid opposition to paying for abortion with tax money. Question 7 indicates that 80% of respondents believe that abortion clinics should be held to the same medical standards as other outpatient facilities. Question 8 shows a 61% majority favoring a neutral or antiabortion stance for ACOG. Finally, question 9 elicited a 59% opposition to the residency review committee proposal for mandating abortion training for ob/gyn residents.

# **CONCLUSION**

In our opinion, this survey suggests that most ob/gyns do not support ACOG's current position on abortion, with approximately 15% favoring an antiabortion stance, 46% favoring a neutral stance, and only 39% advocating abortion on demand. Contrary to the ACOG's official pro-choice stance, our results indicate that 61% of ob/gyns favor a neutral or antiabortion position. Also, 59% oppose mandatory abortion training for residents in obstetrics and gynecology.

# REFERENCES

- 1. Roe v Wade 410 US 113 (1973).
- 2. Doe v Bolton 410 US 179 (1973).
- 3. Grimes DA. Clinicians who provide abortions: the thinning ranks. *Obstet Gynecol*. 1992;80:719–723.
- 4. American Medical Association Council on Scientific Affairs, Council Report. Induced termination of pregnancy before and after Roe v Wade—trends in the mortality and morbidity of women. *JAMA*. 1992;268:3231.

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