Letters to the Editor

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Editor, Letters to the Editor Section

Editor's Note: Send letters to the editor to **jscherger@ucsd.edu** or to my attention at *Family Medicine* Letters to the Editor Section, University of California, San Diego, 2658 Del Mar Heights Road #604, Del Mar, CA 92014. 858-232-8858. Fax: 858-565-4091. Electronic submissions (e-mail or on disk) are preferred. We publish Letters to the Editor under three categories: "In Response" (letters in response to recently published articles), "New Research" (letters reporting original research), or "Comment" (comments from readers).

In Response

Integrating Abortion Training Into FM Residency Programs

To the Editor:

Imagine the following introduction to a future article in *Family Medicine:* "Providing comprehensive care across the life cycle is a core value in family medicine. One element of comprehensive care is office- and home-based procedures. Euthanasia of the infirm elderly, mentally retarded, and disabled infants is a procedural skill well suited to the strengths of family physicians. Limited attention has been given to this procedure. Our study was designed to determine the barriers to providing euthanasia services to patients."

Such morally antiseptic language is hauntingly similar to scientific papers drafted by German physicians justifying such practices in the 1930s.[1] Their descriptions of mass sterilizations and euthanasia of the infirm are described in value-neutral detail from an empiricist's perspective without moral reflection. The authors justifying abortion training for family physicians use similar language.[2]

Abortion training for residents is not simply a "politically charged" issue, as the authors assert. It is a moral or ethical issue. As faculty physicians in family medicine residency programs, we oppose the introduction of abortion training on moral, not political grounds. German physicians "politicized" euthanasia and ultimately killed 200,000 mentally ill and disabled persons from 1939–1945.[3]

In the latter part of the 20th century, many believed that racism and segregation were simply political and legal issues. Martin Luther King Junior disagreed. In his letter from Birmingham Jail, he wrote, "There are two types of laws: just and unjust. I would be the first to advocate obeying just laws. One has not only a legal but a moral responsibility to obey just laws. Conversely, one has a moral responsibility to disobey unjust laws. I would agree with St. Augustine that 'an unjust law is no law at all.' Now, what is the difference between the two? How does one determine whether a law is just or unjust? A just law is a man-made code that squares with the moral law or the law of God. An unjust law is a code that is out of harmony with the moral law. To put it in the terms of St. Thomas Aquinas: An unjust law is a human law that is not rooted in eternal law and natural law."[4] There is irrefutable evidence that the act of abortion extinguishes a complex, integrated, genotypically, and phenotypically distinct human life. To terminate such a life violates the moral imperative not to kill and the physician's first principle to do no harm. It goes against the family physician's core value of tending to life throughout the life cycle. We believe abortion training is wrong because it does not square with moral law. Political affiliation is not relevant. If mandatory abortion training became the law of the land, we would be obligated to disobey such an unjust law and act out of a fundamental right of conscience.

Many thought slavery was simply a political issue in the 1700s–1800s, and it was indeed legal. When Thomas Jefferson considered his and our country's complicity with slavery, he reflected, "Indeed, I tremble for my country when I reflect that God is just."[5] We hope that many of our colleagues may tremble before offering abortion training to residents in family medicine.

Imagine a different article's introduction instead: "Tending to human life throughout the life cycle is a core value of family medicine. Little attention has been given to physicians promoting and facilitating the process of adoption for mothers carrying unwanted children. Our study's purpose was to identify those barriers and help promote the adoption process." Colleagues, let us be about the business of promoting a culture of life, not death.

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3. Black E. War against the weak: eugenics and America's campaign to create a master race. New York: Four Walls, 2003.
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Authors' Response:

While we are well aware there are differences of opinion regarding the morality of abortion, as described by Clark et al, our paper was not designed to address this issue. Rather, given that abortion is legal, is within the scope of family medicine, and one of the procedures most frequently sought by our patients, we believe that family physicians should have the opportunity to receive training in this procedure if they desire. We further believe that how best to accomplish this training is a worthwhile discussion among teachers of family medicine. As noted in our article, all programs with abortion training offer alternative curricula for those who share the personal moral objections to abortion expressed by Clark et al.

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More on Abortion Training Articles

To the Editor:

As a family physician educator, I am proud to see that the editor of *Family Medicine* recognized the importance of publishing the articles by Dehlendorf [1] and Brahmi[2] on abortion training in family medicine residency training programs.

In the current political climate, with the recent Supreme Court decision limiting women's access to mid-trimester abortion, women are increasingly in need of safe confidential sites where they can terminate an unwanted pregnancy in the first trimester. Family physicians are ideally situated to provide this care within the daily context of meeting women's reproductive health needs. As we gear up to provide the basket of services important to our patients in the Future of Family Medicine, residencies need the information in these articles to be able to best design and implement abortion training. Residents with a strong experience in reproductive health, including abortion, will be best suited to meet the needs of the women they will meet in their future practices.

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Comment

Bananas and Beans: A Simulation Model for Training in Trigger Point Injection

To the Editor:

"You wouldn't get on an airplane unless the pilot had been trained in a flight simulator and certified to use the new instruments on a jet. Why would you place yourself in the hands of a doctor who hadn't proven his competency and been certified on a simulator?"

—David Gaba, MD[1]

Simulation models in medical training are becoming more common. They are applicable to many clinical scenarios, including physical exam acumen and emergency management but are perhaps most directly applicable to the teaching of procedures. For a variety of procedures, models have proven to be effective, with skills transferable to live patients.[2-5]

Trigger points are discrete, focal, hyper-irritable areas within a band of skeletal muscle. These trigger points can exist as a primary disorder or be secondary to underlying conditions such as facet arthropathy, sacroiliac arthropathy, and disc herniation. While usually associated with paravertebral and shoulder girdle musculature, trigger points have also been described in association with abdominal wall pain and chronic pelvic pain.

Trigger point injection (TPI) is a common procedure in primary care, orthopedic, and pain clinic practices. There are several techniques described, and a variety of injectables are used. The goal of TPI is relaxation of the discrete muscle area and relief from the associated pain.

Munson Family Practice Residency Program is a community-based residency with a mission of training family physicians for rural practice. During a week devoted to the study and practice of various procedures, all residents participated in hands-on workshops, including the one described below.

The simulation session opened with a review of trigger points and myofascial pain syndrome, the available evidence for efficacy of TPI, and procedure billing codes. Training materials included bananas (the peel representing skin) and canned kidney beans (representing trigger points). The bananas were partially peeled, and the beans were placed under the peel. The beans