Letters to the Editor

Joseph Scherger, MD, MPH
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

Responses to Abortion Training

To the Editor:

We were shocked to read the letter by Clark et al[1] in the January 2008 issue of *Family Medicine*. Clark cites references that are totally irrelevant to the published article to which it supposedly responded. We feel obligated to register disgust with the references made to slavery and the Holocaust. Also, it should be noted that the overall tone was akin to that of anti-choice extremists who would celebrate the murder of abortion providers.

In addition to the grotesque Nazi comparisons, the authors deceptively cited Dr Martin Luther King Jr and Thomas Jefferson. Martin Luther King proudly accepted the Margaret Sanger Award in 1966 from the Planned Parenthood Federation of America. Thomas Jefferson, a rationalist who railed against the attempts by Christian legislators in his state and country to break down the wall that separates church from state, wrote "Subject opinion to coercion: whom will you make your inquisitors? Fallible men; men governed by bad passions, by private as well as public reasons. . . . Difference of opinion is advantageous in religion. . . . Millions of innocent men, women, and children, since the introduction of Christianity, have been burnt, tortured, fined, imprisoned; yet we have not advanced one inch towards uniformity . . . What has been the effect of coercion? To make one half the world fools and the other half hypocrites. To support roguery and error all over the earth."[2]

Even more alarming is the position of two of the authors as residency directors. As family medicine faculty and residents, we are concerned that their program may violate the ACGME requirement that residents be trained in abortion options counseling.

Throughout history, extremists have sought to impose their values on others. Extremism has no place in our specialty nor in medicine in America.

Richard Lyus; Paul Gianutsos, MD, MPH; Gregory Engel, MD, MPH; Sam Cullison, MD; Joe Shamseldin, MD; Leora Cohen-Mckeon, DO; Jeanne Cawse-Lucas, MD; Andrea Opalenik, DO; Julie Taraday, MD
Swedish Cherry Hill Family Medicine Residency Program, Seattle

References

1. Clark GW, Colt R, Maurer D, et al. Integrating abortion training into FM residency programs. [Letter to the Editor] Fam Med 2008;40(1):6-7.
2. Jefferson T, 1781. Notes on the state of Virginia. http://historyofideas.org/toc/modeng/public/JefVirg.html.

To the Editor:

The response of Dehlendorf et al[1] to the letter from Clark et al[2] was simple, clear and direct. However, further comment is warranted. Clark and his coauthors cite moral authority for their opposition to both abortion and abortion training in family medicine residencies and compare abortion to euthanasia, Nazi doctors, and slavery. The authors make a strong case for moral law, in the Christian tradition, but their sources make the case for morality, not against abortion. They cite Catholic saints, one 4th century and one 13th century, who had different positions on abortion. They also cite a 20th century Baptist minister and an 18th century Protestant deist, neither of whom are on record as opposing abortion but both of whom strongly supported tolerance.

Clark et al declare themselves to have the moral position, in their opposition to both abortion and the right of others to make the decision on abortion for themselves. I do not agree that they own the moral position. I believe myself to be highly moral and presumably agree with them on many issues (I oppose slavery and Nazi doctors) but disagree with their opposition to abortion to such a degree that they are willing to impose that value on everyone else by opposing education in abortion for those who wish to learn it.

What do we do when moral positions differ? If we come from a position of tolerance of others' values, we live together in mutual respect. For example, we could oppose abortion (not have one if

we were female, encourage friends and relatives to not have one, etc) while not imposing those beliefs on others and refusing to let those who disagree with us to make their own decisions. This is the dilemma of believing in tolerance. We believe in tolerating the beliefs of those who disagree with us, while those who do not believe in tolerance feel no such compunction. The world, and this country, has seen far too much terror perpetrated by those who believe so strongly in their moral righteousness that they are willing to harm, and even kill, those who believe differently. No one who supports legal abortion would force anyone to have one against their will, but anti-choice people would prevent those who do seek abortion from obtaining one safely.

Creating restrictions on access to abortion, including reducing training opportunities for physicians, does not, as much as abortion opponents would like it to, decrease the number of abortions women seek or obtain. It does, however, decrease their safety. Internationally, abortion rates are high in those countries where it is illegal. Those countries have much higher maternal mortality rates, though, because abortions are done underground and often unsafely. Greater restrictions on legal abortion and on training physicians to perform them safely will not make women stop seeking them, but it will increase mortality and morbidity. Lack of access to legal abortion kills women.

Joshua Freeman, MD
University of Kansas Medical Center

References

1. Dehlendorf C, Grumbach K, Joffe C, et al. Author's response. Fam Med 2008;40(1):7.
2. Clark GW, Colt R, Maurer D, et al. Integrating abortion training into FM residency programs. [Letter to the Editor] Fam Med 2008;40(1):6-7.

To the Editor:

I find the language in the letter to the editor written by Clark et al truly offensive. We should all be careful when making comparisons of Nazi Germany and the US civil rights era to how family doctors train residents.

While a fetus dies during an abortion, women also die when they don't have access to proper reproductive services. People died in concentration camps and during civil rights protests. However, I would never compare reproductive issues to those historical events. There were deliberate plans to keep people from achieving their potential by certain leaders during those eras. Physicians training residents how to care for women in need, perhaps for a woman who has misjudged a partner who is abusive, are not deliberately trying to take a person's life or rights away. When a woman has been raped, or has made an error in judgment and in retrospect realizes her family really can't give the love, resources, and care to one more person, a well-trained physician can help them through tough times and tough decisions.

Regardless of which side we stand on in this debate, let's not do an injustice to those who endured so much in WWII and in the United States during the 1950s and 1960s to allow us to have the freedom to have this debate.

"Do no harm" is often a double-edged sword. Every time we write a prescription, we may help the condition we are trying to address, but the side effects of the medication may harm the patient. When we help a woman terminate a pregnancy, we help her to be able to carry on her life because it is not the right time for her to bring a baby into the world. Yes, we may have done some harm. A fetus has been lost; the mother has to undergo the psychological impact of her actions; we have to mourn that this has happened to her. But we have to weigh that against what might happen to many lives if a child is born into a situation that cannot endure the responsibilities that are necessary—and this includes the responsibilities for the mother, the family, and society. Doing no harm may be impossible. Doing the lesser of harms is more achievable.

Hugh Silk, MD
UMASS/Memorial Medical Group
University of Massachusetts

More From the Middle East

To the Editor:

In a recent article in *Family Medicine*,[1] Abyad et al chose to ignore the existence in Lebanon of another training program in family medicine besides that of the American University in Beirut (AUB). The Saint-Joseph University (USJ) founded circa 1864 in Beirut has also developed its own family medicine specialty program starting 1983. The USJ Family Medicine Program graduates four to five new family physicians every year, practically as many as the other program at AUB. During this academic year 2007–2008, the USJ program is home to 11 residents at various levels of the 4-year training program. In the past 10 years, probably after Dr Abyad had left AUB, common academic activities have occurred in conjunction between the two Lebanese programs, which are both actively involved in the promotion of the specialty through the Lebanese Society of Family Medicine. In addition, USJ maintains good scientific connections with similar programs in France and Canada and is engaged in creating subspecialties in geriatric, community, school, and occupational medicine.

Salim M. Adib, MD, DrPH
Saint-Joseph University
Program in Family Medicine
Beirut, Lebanon

Reference

1. Abyad A, Al-Baho AK, Unluoglu I, Tarawneh M, Al Hilfy TK. Development of family medicine in the Middle East. Fam Med 2007;39(10):736-41.

Author's Reply

The paper could not cover all family medicine programs in the Middle East region and therefore