A qualitative analysis of medical students' attitudes to abortion education in UK medical schools

Dr Corrina Horan (corresponding author): Academic Clinical Fellow in Community Sexual and Reproductive Health, Homerton University Hospital, Homerton Row, London, UK, E9 6SR.
corrina.horan@nhs.net
07795508804
No fax number available

Persia Ghassem Zadeh: Faculty of Medicine and Health Sciences, University of East Anglia, Norwich, Norfolk, UK, NR4 7TJ

Dr Catriona Rennison: Foundation Year 1 doctor, Homerton University Hospital, Homerton Row, London, UK, E9 6SR.

Dr Lesley Hoggart: Faculty of Health and Social Care, The Open University, Walton Hall, Milton Keynes, UK, SE9 2UG

Dr Jayne Kavanagh, UCL Medical School, University College London, Royal Free Hospital, London, UK, NW3 2PF

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Corrina Horan, Persia Ghassem Zadeh, Catriona Rennison, Lesley Hoggart, Jayne Kavanagh

Abstract

Background Despite abortion being a common part of reproductive healthcare, UK undergraduate medical school abortion education varies widely. We therefore aimed to explore medical students' views on their undergraduate abortion education, including whether it prepared them to be a competent practitioner.

Methods We conducted in-depth, semi-structured interviews with 19 students from five UK medical schools, all of whom had received abortion teaching. The qualitative research followed a quantitative survey of UK undergraduate abortion education; the five medical schools were purposively sampled to encompass a wide variety of teaching approaches. Interviews were transcribed and data were analysed using an inductive, thematic approach.

Results Dedicated abortion teaching was highlighted as necessary and valuable, as abortion care is so commonly accessed. Participants felt that abortion education should prepare students to be competent practitioners, with inclusion of clinical placements and an emphasis on non-stigmatising care. Most interviewees felt that the perceived sensitive nature of abortion should act as an incentive to comprehensive teaching. It was suggested that teaching should be inclusive for all, including those with a conscientious objection to abortion.

Conclusion The medical students interviewed viewed comprehensive abortion education as an important aspect of their undergraduate curriculum. Conversely to the accompanying quantitative survey of educators, participants believed that the perceived sensitivity of abortion increases the importance of effective teaching that prepares them to provide competent, respectful care when they qualify. It is incumbent on medical schools to provide the comprehensive education that students need, and the Royal College of Obstetricians and Gynaecologists recommend.

Key messages

- Participants felt that comprehensive undergraduate abortion education, including clinical placements, is essential to prepare them to provide competent, respectful abortion-related care when they qualify.
- Participants suggested that the perceived sensitive nature of abortion should act as an incentive to providing effective teaching, rather than a barrier.
- An inclusive approach to undergraduate abortion education is a necessary to engage and prepare everyone, including those with a conscientious objection, for future practice.

Main body of paper

Introduction

An estimated 1 in 3 UK women will have an abortion within their reproductive lifetime.[1] Many clinical specialities provide abortion-related care, including obstetrics and gynaecology (O&G), sexual health, general practice and emergency medicine, making it an essential component of undergraduate medical education.

Several organisations provide some form of guidance on abortion teaching. The national undergraduate curriculum, produced by the Royal College of Obstetricians and Gynaecologists (RCOG),[2] emphasises the importance of development of abortion care-related knowledge, attitudes and skills. The guidance states that students should not be able to opt out of abortion education, emphasising that all should understand abortion-related complications and be able to provide emergency care once qualified. The National Institute of Clinical Excellence (NICE) abortion care guidance,[3] recommend that students should experience provision of abortion services during their training. Additionally, the Institute for Medical Ethics (IME)[4] recommends that undergraduates are able to outline the legal, professional and ethical issues regarding abortion. Although each organisation provides recommendations, none give specific advice on practical aspects of teaching, such as learning outcomes, teaching methods and how much time should be allocated to teaching, allowing wide variations in the quantity and quality of abortion teaching in UK medical schools.(5) Furthermore, legal complexities and ethical concerns can make teaching abortion to medical students challenging.

Research has found that the majority of UK medical students support the right to choose an abortion (are pro-choice) and support the inclusion of abortion teaching in their curriculum[5–7]. A survey of University College London medical students reported 83% of students identified as pro-choice, and that, regardless of their opinion on the right to choose, 96% of students rated abortion teaching as important.[6] An earlier survey of 733 medical students reported that 45% of medical students believe that doctors should have the right to opt out of providing any procedure (including, but not confined to abortion) on moral grounds once qualified.[8]

There has not been a published qualitative study of UK medical students' opinions on the importance of abortion education, their teaching, and what effective teaching might look like. This study provides further in-depth understanding of medical students' opinions on abortion teaching, in order to support the development of effective and well-received curricula.

The aims of this research were to explore UK medical students' views on:

- Whether undergraduate abortion education is necessary and valuable.
- What makes undergraduate abortion education effective.
- How well their abortion education prepared them to be competent practitioners.

Methods

This qualitative research followed a quantitative survey of UK medical school curriculum leads on abortion education, with both components forming two arms of a mixed methods

study. The quantitative survey was conducted prior to this research, and results of the quantitative survey will be published separately. Analysis of the survey responses enabled us to conduct purposive sampling of five different medical schools. Sampling was based on the amount of curriculum time dedicated to abortion teaching and provision of clinical teaching and placements. Selected schools represented a spectrum of both criteria, from <1 hour of teaching and limited/no clinical teaching/placements through to >8 hours of teaching time with clinical exposure for all students. Sampling in this way captured a variety of experiences of abortion education among the medical students interviewed.

A range of sampling methods were used within the selected medical schools for participant recruitment; some were directly contacted via teaching leads, others were recruited by snowball sampling or via social media. Full details of the study, and a consent form, were emailed prior to enrolment. The qualitative, semi-structured interviews included discussion of how abortion teaching was delivered, whether it was compulsory, whether they experienced clinical care, the impact of teaching on their future practice, and how their abortion teaching could be improved. Participants were not specifically asked their views on abortion, although this became clear in several interviews.

Interviews were conducted by the second author, lasted between 30 and 90 minutes and were audio recorded with participants' permission. Transcription was conducted initially by the interviewer, then re-transcribed for quality control by the first author. Pseudonyms were used, with identifying details removed during transcription. NVivo 11 was used to code the data and the transcripts were analysed thematically, based on Braun and Clarke's six steps.[9] Themes were identified across the interviews, with iterative, inductive codes gathered into a coding framework. The initial themes identified by the first author were reviewed and refined by the research team.

Ethical approval (4415/004) was granted by UCL research ethics committee in December 2018.

Results

Between two and six students were recruited from each university; 19 students in total were interviewed. Interviewees had completed their abortion teaching, and ranged from the penultimate year of medical school to shortly post-graduation. Data was not specifically collected on gender, age of participants, or future career interests.

Four overarching and interrelated themes were identified:

1. Value of compulsory, comprehensive abortion teaching.
2. Preparation for competent practice.
3. Accommodating diverse views.
4. Sensitivity as a barrier or incentive.

Despite very different experiences, these themes emerged from across the dataset. They were not necessarily experientially driven; some followed reflection on their experiences and what interviewees thought their teaching lacked.

Value of compulsory, comprehensive abortion teaching

Participants were asked about the frequency of abortion among UK women. Although answers ranged from 1 in 3 to 1 in 100, subsequent discussion primarily centred on views about the importance of compulsory and informative undergraduate abortion education. Competing priorities within the curriculum, such as ectopic pregnancy, were identified as being given more dedicated time, despite being much less common:

> *The likelihood of a woman wanting an abortion is hundreds if not thousands of times more likely than a woman having an ectopic pregnancy, and yet we have to learn how to manage ectopic pregnancy… But… I'm going to see so many people wanting abortions, and it's definitely, definitely, definitely not something that I'm equipped to … deal with.*
>
> - Laura, University C

Several participants assumed that abortion was less common and were surprised when informed of the rate,[1] feeling that this "*compounds the fact there should be more teaching"* (Subo, University A). Making teaching sessions compulsory, emphasising the common nature of abortion, and inclusion in summative assessments were proposed as useful ways to encourage attendance and engagement in teaching. One student reported that *"if that was a common stat that we knew, it would make more sense to students as to why it's such an important topic"* (Angelina, University E).

Preparation for competent practice

Many participants thought that, as they would most likely encounter people who request an abortion, their teaching should include "*what abortion entails*", "*what the procedures are*", "*sitting in on patient consultations*" and "*consulting skills*", otherwise they would not be prepared to be a "*competent practitioner in abortion*" (Caroline, University A). Several students felt their teaching had not included these necessary aspects and did not feel prepared for future practice:

> *I have a basic understanding of the different options…but to be honest, I wouldn't have a clue where abortion gets done, how you organise it. I don't even know how you refer for it*
>
> - Stephen, University D

Students suggested teaching strategies to prepare them for future abortion-related consultations, with attending an abortion service the most proposed. One participant, who had observed surgical abortions, explained that because of this clinical exposure, "*it's not just something that I've read about and imagined; I actually know how it happens, like the process… I think it's one of those things that's really helpful to be able to take the patient through… that would be useful if I was ever talking to someone about it in the future*" (Esme, University A). However, it was acknowledged that patient privacy should be prioritised, as "*it could be… more traumatic having another person sat there*" (Laura, University C).

The use of interactive teaching methods, including role plays, were discussed as a way to engage students, especially when clinic-based opportunities are limited:

> *It could have been a simulated session where you had to talk sensitively about a young person's unplanned pregnancy... there might be some people…that will really struggle with that, or realise they're a conscientious objector and have never had to face that situation and deal with it. I think it's quite a sensitive issue and it's probably best to practice that before we're faced with it in the real world*
>
> - Ava, University A

Although students did not expect abortion teaching to prepare them fully to provide abortion care, they viewed it as "*a very good foothold for you to be able to build on as you go through your career*" (Gerald, University B).

Most interviewees felt their abortion education had not adequately prepared them to be competent practitioners. Adequate curriculum time was highlighted as an important enabling factor in delivering effective abortion education.

Accommodating diverse views

Conscientious objection was included in several participants' teaching and was generally well-received as it had enabled discussion among those with diverse attitudes towards abortion. One participant explained that "*pro-life*" students usually "*have a different belief to the mainstream*", which can isolate them. However, because of non-judgemental teaching and inclusion of conscientious objection, a "*course mate* [who] *is quite staunchly 'pro-life'*" felt able to "*sit through* [the teaching] *and feel like they had been respected*". (Gerald, University B).

At one university, the opportunity to engage in discussion with both a doctor with a conscientious objection and someone who had had an abortion was appreciated, with one participant commenting that "*people were very glad to have both sides, actually*" (Gina, University B). Conversely, one student remarked that when open communication between students holding differing views is not facilitated, there can be "*unspoken animosity between groups*" with diverse views. (Ava, University A)

Sensitivity as a barrier or incentive

Most felt that the perceived sensitive nature of abortion "*doesn't mean that people shouldn't be equipped to deal with it*" (Anna, University A). Furthermore, several students felt that abortion education should be provided specifically because it is a stigmatised topic:

> [not teaching abortion] *has a negative impact on people's awareness of abortion, on the way that we deal with patients who are seeking abortions, and I think if we were all just a lot more open about these things and if we did gain experience at medical school then the veil would be lifted*
>
> - Caroline, University A

Comparisons were drawn between other areas of medicine that are deemed sensitive, with one participant stating that "*End of life care is difficult … euthanasia and discussions about assisted suicide are difficult, but I think they're all things that people should understand from a medical point of view*" (Rani, University B).

Participants identified the need for the impact of abortion-related stigma to be specifically included within teaching. For example, one student stressed the importance of including discussions about how "*societal stigma impacts* [people] *making their decision*" (Caroline, University A). They felt that ensuring they're prepared to provide abortion care "*appropriately*" and "*non-judgementally*" should be a key aspect of teaching, "*without stigmatising* [people] *or making them feel guilty or anything*" (Angelina, University E).

Discussion:

Our findings confirm the results of previous research indicating that medical students support the inclusion of abortion teaching in their curriculum, view abortion care as an essential part of reproductive healthcare and wish to have more training on it at undergraduate level.[5,6,10–12]

Previous research has also found that students' attitudes towards abortion differed according to religious and educational exposure,[6,13] and this diversity must be considered when delivering education. In line with this, our interviewees recognised the importance of teaching on conscientious objection and of facilitating communication between students holding differing views.

Interviewees provided useful information on why good-quality abortion teaching is important and how content can be engaging. However, a number of global studies have outlined key barriers to providing comprehensive abortion teaching, including a lack of curriculum time, minimal clinical learning opportunities, a lack of appropriately trained educators with the will to teach.[12,14]

The majority of these studies also highlight the sensitivity of abortion as a barrier to delivering teaching. Strikingly, our Interviewees strongly felt that the perceived sensitivity of abortion should motivate educators to provide comprehensive abortion teaching.

This view is supported by previous research, which has shown that negative attitudes among healthcare professionals can exacerbate abortion-related stigma, and argued that more work is required to normalise abortion amongst healthcare professionals.[15] In our study, students recognised that abortion is a stigmatised topic, and felt that their teaching should prepare them to provide non-judgemental care. Engaging with inclusive teaching that presents abortion care as a routine aspect of sexual and reproductive healthcare could help destigmatise abortion. There are good-quality open-access educational resources on abortion that educators could utilise to support the provision of comprehensive and inclusive undergraduate teaching created by Doctors for Choice UK,[16] Medical Students for Choice,[17] Innovating Education[18] and the RCOG's Making Abortion Safe programme[19] .

It is not only medical students that recognise the importance of comprehensive abortion education. The RCOG specifies that when students qualify, they should know about abortion methods, indications, contraindications/complications, be able to take a history related to

unplanned pregnancy and be competent to provide emergency care[2]. Furthermore, global evidence demonstrates that comprehensive undergraduate abortion education improves access to safe abortion care and decreases morbidity and mortality related to unsafe abortion.[14] This should be sufficient impetus for undergraduate curriculum leads to overcome the well-documented barriers and find the necessary time and resources to provide students with the good-quality education on abortion they want and deserve.

Limitations and implications for future research:

The qualitative nature of this study enabled analysis of complex attitudes. Although the opinions expressed cannot be statistically generalised to all UK medical students, they do indicate several issues around abortion in the medical curriculum from the perspective of medical students. Most participants expressed pro-choice opinions, and this may not be representative of medical students as a whole. Future studies would be improved by collecting information from medical students who identify as pro-life or are unsure about their views on abortion and from nursing and midwifery students, who will make up a large proportion of the abortion workforce.

The recruitment process may have introduced selection bias; although less concerning for qualitative research, those interviewed are likely to be more engaged in their abortion education and may hold stronger opinions than other students. No demographic information was collected for participants; understanding of gendered differences in attitudes toward abortion teaching would be of interest.

Conclusion:

The medical students interviewed viewed comprehensive abortion education, including clinical placements, as an essential aspect of their undergraduate curriculum. Students believe that the perceived sensitive nature of abortion increases the importance of high-quality teaching that prepares them to provide competent, respectful care when they qualify. It is incumbent on medical schools to provide the comprehensive education that students need and organisations such as the Royal College of Obstetricians and Gynaecologists recommend.

Footnotes:

Conflicts of interest: There are no declared conflicts of interest

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Patient and public involvement

Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Contributorship statement: JK conceived of the study. JK, CH and CR planned the study. CH led the ethics application, with support from JK and CR. LH trained PG to conduct interviews. PG conducted the interviews and performed initial transcription. CH re-transcribed the interviews and conducted a thematic analysis on the transcribed results. LH and JK reviewed

and further defined themes. CH wrote up and submitted the study for publication. CH and JK are responsible for the overall content as guarantors.

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