"WHY WE MUST MAKE A STRONGER COMMITMENT TO LESBIAN FAMILY HEALTH"
KATHERINE A. O'HANLAN, MD
(ANALYSIS & COMMENTARY, NOVEMBER 2009)

ACOG nondiscrimination clause should be amended

I strongly support the statements of Dr. O'Hanlan. In particular, I agree with the demand that the ACOG Code of Professional Ethics be amended to include sexual orientation and gender identity in its nondiscrimination clause. In this way, it must unambiguously prohibit discrimination based on sexual orientation.

Selwyn Oskowitz, MD
Assistant Professor of Reproductive Biology
Harvard Medical School
Boston, Mass

Endorse gay marriage?

Yes, ACOG needs to endorse gay marriage…yesterday! This is in line with its mission to improve the health care of all women. The endorsement is not a political statement or one that should offend the members who have "moral objections." Supporting gay marriage only means that these patients would have equal access to the health care we provide on a daily basis to *all* our patients.

Kelli Beingesser, MD
Fresno, Calif

Time to amend the nondiscrimination clause

Yes, I think the ACOG Code of Professional Ethics should be amended to include sexual orientation and gender identity explicitly.

Julio Somoano, MD
Miami, Fla

A physician should not be compelled to perform any procedure

I find the conclusion of Case #1 in Dr. O'Hanlan's article to be questionable. Is the physician really discriminating against the lesbian couple?

I'm pro-life. I cannot be compelled to perform an abortion, nor will I help a patient obtain one under any circumstances, despite the fact that abortion is legal. So how is the situation described in the case any different? If a physician doesn't feel morally or ethically comfortable with any medical procedure, he or she should not be compelled to perform it. Am I discriminating against a woman who wants an abortion when I refuse to provide it? I think not.

Adam Newman, MD
Tipton, Ind

NOVEMBER 2009

Physicians often make decisions about whom to treat

Dr. O'Hanlan's article was thought-provoking and informative, but I found the case vignette that opens the article to be slightly inflammatory. I am left wondering what details were left out.

Does the HMO provide reproductive endocrinology and fertility services to its members? Do the gynecologists who are mentioned offer insemination? Is there a clause in their contracts that exempts them from providing insemination to same-sex couples, or other procedures they may find morally reprehensible, such as elective termination of pregnancy?

I am comfortable with the current wording of the ACOG Code of Professional Ethics. I believe the right balance has been struck. I certainly do not think that the actions of the gynecologists described in Case #1 were discriminatory. My assumption is that they were acting in accordance with their religious and moral beliefs.

Every day, decisions are made in the practice of medicine that are based on what is good for a particular practice, for a particular patient, and for the physician who makes those decisions. For example, a practice may elect to limit the number of Medicaid or Medicare patients it manages because of financial stressors that imperil the survival of that practice. The care of a particular patient may be declined because of self-abuse tendencies that place her at higher-than-normal risk. Or a physician who wants to maintain his or her personal integrity may opt not to perform elective abortion or inseminate a lesbian.

In the aforementioned case, the patient found a physician who did not have the same moral or religious beliefs. A timely referral is all that was called for.

Last, the suggestion that "discipline" was necessary in this case is ludicrous. Any effort to legislate how physicians must behave will be met with great resistance when the rules require physicians to act contrary to their beliefs. In such cases, failure is the likely outcome.

E. David Autry, MD
Hereford, Tex

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Physicians should not be coerced into treating lesbian patients

I take strong issue with Dr. O'Hanlan's opinion that ObGyns should be coerced into supporting and advancing the homosexual agenda as our "duty." It is inflammatory, misleading, and flat wrong to suggest discrimination on the part of any physician who may hold moral, ethical, or religious convictions that would prohibit him or her from providing certain services, whether it be for lesbians or anyone else. ACOG has taken the correct position. It is the right of any physician to accept or refuse any patient.

The same principle applies to elective abortion. Should I be required to perform abortion if my Christian beliefs are in conflict with that practice? Am I discriminating against the woman, or would I actually be discriminating against the unborn child, who cannot choose to go to another doctor who doesn't support elective abortions—a child who has no voice?

What care I am comfortable giving to my patients is my choice, no one else's. We do not need coercion to accept the homosexual agenda that has already been forced onto our schools, government, and other institutions.

It's a shame that Dr. O'Hanlan does not feel that physicians who may have moral beliefs that prohibit us from providing a service have the right to refuse it, just as she has the right to provide that same service if she chooses.

Jim Haley, MD
Atlanta, Ga

Civil marriage has nothing to do with being a better ObGyn

When I am on call, I look forward to reading the latest issue of OBG MANAGEMENT. In November, however, I was dismayed by the Analysis & Commentary section, which seemed to have a political agenda. The article was one-sided and offered minimal facts and data to support the opinion of the author. I kept asking myself how the topic applied to my field. What does civil marriage for lesbians have to do with being a better ObGyn? Do I really need to read another article on discrimination, homosexuality, or civil marriage—all of which are constantly in the news?

There are plenty of agendas vying for our time. This was a poor choice of topic, in my humble opinion.

Sarah B. Schoel, MD
Coon Rapids, Minn

OBG MANAGEMENT is not an advocacy journal

Dr. O'Hanlan's article is a lengthy, one-sided opinion statement by a well-respected community advocate of homosexual civil union. Regardless of the nature of the controversial topic, I believe that one-sided statements are a poor choice for a publication that calls itself OBG MANAGEMENT. That name implies thoughtful research and analysis, planning, organization, and leadership in the accomplishment of high-quality ObGyn care and practice. If you present one-sided opinions, you are throwing out the thoughtful research and analysis, which is an essential foundation to the ends.

Your approach is also a disservice to the cause that you are trying to promote, because your readers know when you are trying to manipulate their views.

If you have decided that your publication will now be an advocacy publication, you may want to change its name and mission statement.

Gladys Inga, MD
Bellflower, Calif

›› Dr. O'Hanlan responds:

Article was based on evidence, not opinion

The point of my article was to demonstrate that the peer-reviewed literature confirms with unanimity that there is no scientific basis for any conviction that homosexuality is wrong or dangerous. There is no other scientific evidence to cite. Same-sex parenting and the benefits of civil marriage to these families have been reviewed extensively by the American Academy of Pediatrics and by the American Association of Child and Adolescent Psychiatrists. Both organizations find that not only do the children in these families develop normally, they are harmed by the current state of legal discrimination

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1 **E-mail** obg@qhc.com

2 **Fax** 973-206-9251

3 **Mail** OBG Management
7 Century Drive, Suite 302
Parsippany, NJ 07054

Letters should be addressed to the Editor, OBG MANAGEMENT, and be 200 words or less. They may be edited prior to publication.

(e.g., exclusion from Social Security, adoption, and availability of two legal parents).

Consider other conditions of birth that have been stigmatized historically—such as left-handedness or red-headedness. Upon learning that such conditions were innocent and normal, we would all endorse reeducation of lay society to correct the unfounded bias and look to support those who were harmed by the prejudices.

Is it "advocacy" to present evidence when the literature supports no other viewpoint? For example, would it be "advocacy" to present evidence about the use of hysterectomy for postmenopausal women who have endometrial cancer when the literature supports no other treatment? It would be reasonable to publish a debate where the literature supports two opposing views with ample peer evidence on each side, but in this case there is no other evidence, only ideology.

This topic is not political, but a matter of education. Education is necessary because so few people, including physicians, know the facts: that homosexuality is immutable, noncontagious, and normal, and that the denial of basic civil rights to homosexuals regarding marriage and parenting has hugely negative health consequences.

In our society every individual has a constitutional right to believe unfounded and incorrect ideas, and every religious institution has a right to teach them. In a classic example, the Catholic Church excommunicated Galileo over his (correct) assertion that our planetary system was heliocentric, and only 500 years later did it publicly acknowledge that he was correct. In the case of homosexuality, I posit that teaching such unfounded beliefs harms even a church's own followers, as 3% of their children will recognize that they have a homosexual orientation and evidence shows that these children will be harmed from the loss of respect and love from their families and peers.

The American Medical Association (AMA) has clearly delineated a physician's right to discriminate against procedures *that they find repugnant, such as assisted reproductive technology or pregnancy termination. But the AMA has also clearly stated that it is unethical to discriminate against any* individual *that a physician finds repugnant. The AMA has issued nearly two dozen rules and policy statements prohibiting discrimination based on sexual orientation and gender identity. AMA ethical rule E-9.12 states: "Physicians who offer their services to the public may not decline to accept patients because of race, color, religion, national origin, sexual orientation, gender identity or any other basis that would constitute invidious discrimination."*

Medical practice in most states is governed by public laws as a business. Physicians who, after reviewing the literature, still have disdain for lesbians and would not inseminate them, can abstain from offering insemination in their practices, or face prosecution for illegal discrimination if they are in one of the 21 states that prohibit discrimination based on sexual orientation.

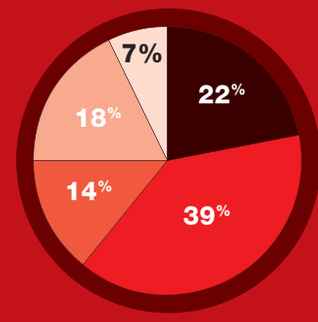
Just as the American Psychiatric Association and the American Psychological Association have endorsed same-sex civil marriage and prohibited discrimination by their members based on the peer-reviewed evidence, ACOG should similarly amend its nondiscrimination statement and endorse marriage. If marriage were prohibited for all left-handed or red-headed individuals, we would all take an evidence-based stand for their essential humanity.

ObGyns need these facts to provide adequate care to lesbians and their families. Moral, ethical, and religious beliefs contrary to these facts must be recognized as unsupported by science.

Instant Poll Results

From October 2009

At what age would you agree to have your young daughter vaccinated against HPV?



22% 9 or 10 years

39% 11 or 12 years

14% Between 15 and 17 years

18% Just before she starts sexual activity, regardless of age

7% I would not recommend that she be vaccinated against HPV at any age