

Abortion Attitudes and Practices of Family and General Practice Physicians

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Background. Approximately 1.5 million abortions are performed each year in the United States. Little information has been published on the abortion attitudes and practices of family physicians. The object of this investigation was to assess the abortion attitudes and practices of family and general practice physicians in Kansas.

Methods. A 19-item self-administered survey questionnaire was designed and mailed to 856 family and general practice physicians in Kansas.

Results. A 63% survey response rate was obtained. Seventy-eight percent of the physicians reported that abortion should be legal, but only 56% of the respondents classified themselves as pro-choice. Conversely, only 8% reported that legal abortion should not be available, even though 33% classified themselves as

pro-life. The majority of physicians reported that abortion is an appropriate option to save the life of the mother, in cases of rape or incest, and when a fetal anomaly is diagnosed. Only three respondents (0.5%) had performed abortions during the previous year. In general, female physicians and physicians over the age of 40 years (regardless of sex) were more likely to be pro-choice and to view a woman's personal decision as a circumstance in which abortion may be appropriate.

Conclusions. Physicians' views about abortion and their practice patterns are important components of health care for thousands of women each day.

Key words. Abortion; family physicians; attitude of health personnel; physician's practice patterns.
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Approximately 1.5 million abortions are performed each year in the United States.¹ Nearly 30% of all pregnancies that do not end in miscarriage are terminated by abortion. Each year, 3% of women of reproductive age obtain an abortion.

Women with problem pregnancies frequently present to primary care physicians, seeking advice and treatment. The views of family and general practice physicians are of special interest because these physicians often represent a woman's initial contact with the medical community, even though they do not perform many abortions. Physicians may be involved with many aspects of abortion: the diagnosis of pregnancy, the detection of a problem pregnancy, counseling on the available options, referral to appropriate abortion services, and the actual performance of an abortion. In a national survey, Orr and Forrest² reported that 12% of all physicians

performed abortions in the prior year, 74% referred women seeking abortions, and 14% did neither. Only 3% of family and general practice physicians performed abortions in the prior year, yet 83% referred women seeking abortions.

Little information has been published on American family physicians' abortion attitudes and practices. Numerous editorials in medical journals and popular news magazines provide anecdotal and individual viewpoints. Several reports on physicians' attitudes toward abortion were published just before and several years after the *Roe v Wade* decision by the US Supreme Court.^{3,4} There are studies from Canada,⁵ Australia,⁶ and Denmark⁷ that discuss abortion attitudes and practices among primary care and specialty physicians. These studies must be interpreted in the context of geographic, biomedical, and basic health care delivery system differences between these countries and the United States. Generally, they report approval of abortion but describe differences among physicians in attitudes and circumstances in which abortion may be appropriate.

Frequent surveys⁸⁻¹⁰ of the views of obstetrician-gynecologists and residents in obstetrics and gynecology training programs show relatively high approval rates for

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abortion under most circumstances. The Alan Guttmacher Institute¹¹ periodically reviews the delivery patterns of reproductive health services, including abortion, but provides only a broad view of the services offered by different specialties and geographic regions.

The purpose of this investigation was to assess the abortion attitudes and practices of family and general practice physicians in Kansas. Positioned at the entry point into the medical system, family and general practice physicians play a pivotal role in the diagnosis and treatment of women seeking abortion. This role is critical in a largely rural state such as Kansas. Often the only physician caring for a small community is the family physician or general practitioner.

Kansas, a progressive though politically conservative state, was one of the first states to legalize abortion in the early 1970s. Because Kansas maintains many traditional societal and family values, we believe that information about the abortion attitudes and practices of family and general practice physicians in Kansas may be a useful adjunct to the often volatile public debate over abortion.

Methods

A 19-item self-administered survey questionnaire was designed to obtain demographic information, attitudes toward abortion, and practice experiences with abortion from family and general practice physicians in Kansas. The questionnaire was mailed to all 856 physicians on the mailing list of the Division of Postgraduate Education at the University of Kansas School of Medicine in Wichita. The list of physicians is updated weekly and considered to be the most accurate and complete census of physicians by specialty.

Physicians were asked to complete the survey questionnaire anonymously and to return it in a postpaid envelope. In addition, they were asked to return a postpaid postcard separately. The postcard identified the physician as a survey respondent, but could not be linked to that physician's completed questionnaire. A second copy of the questionnaire was mailed to nonresponders approximately 3 weeks later.

Results

A total of 539 questionnaires were returned, a 63% response rate. The distributions of sex, age, and practice type among the responding physicians and the population of family and general practice physicians in Kansas were similar. A total of 471 male physicians, of whom 59% were older than 40 years, responded to the survey,

Table 1. Percentage of Physicians Indicating Circumstances Under Which Abortion May Be an Appropriate Option for a Pregnant Woman

Circumstance	%
Save the life of the mother	83
Pregnancy results from rape or incest	69
Fetal anomaly	65
Woman's personal decision	55
Age of woman	42
Contraceptive failure	24
Undesired sex of fetus	3

and a total of 62 female physicians, of whom 34% were older than 40 years, responded. Six respondents did not identify their sex. Fifty-nine percent of the respondents worked within a group practice, 39% in a solo practice, and 2% in other medical settings. Fifty-five percent reported that they practiced in a rural community.

Attitudes toward abortion. The terms *pro-choice* and *pro-life* are often used to classify basic attitudes toward abortion. In general, *pro-choice* refers to individuals who advocate that abortion is a private matter involving a woman's personal choice. *Pro-life* refers to individuals who advocate that the primary issue is the right to life of the fetus.

The survey results indicated that, for this sample of physicians, *pro-choice* was not synonymous with *pro-abortion*, nor did *pro-life* mean that abortion is never an appropriate option. Seventy-eight percent of the physicians reported that abortion should be legal in the United States, but only 56% of the respondents described themselves as *pro-choice*. Although 33% classified themselves as *pro-life*, only 8% reported that abortion should not be legal. Eleven percent did not classify themselves as either *pro-choice* or *pro-life*.

Table 1 presents a list of the circumstances under which, in the view of the respondents, abortion may be an appropriate option for a pregnant woman. The majority of physicians reported that abortion is an appropriate option to save the life of the mother (83%). Only 24% reported abortion to be an appropriate option in cases of contraceptive failure. Three percent reported sex selection as an appropriate circumstance for abortion.

Practice patterns. Only three respondents (0.5%) reported that they had performed abortions during the previous year, two of them having performed more than 100 abortions, and the other having performed fewer than 10. Twenty-three percent of the physicians did not refer women seeking abortion to another physician or clinic. Of the 77% of physicians who did refer women for abortion, 51% referred them to a free-standing clinic and 24% referred them to another physician or group. Seventy percent of the physicians performed follow-up ex-

Table 2. Percentage of Physicians Indicating Circumstances Under Which a Discussion of Abortion Is Included as Part of the Routine Workup of a New Pregnancy

Circumstance	%
Only if the patient asks	52
Pregnancy results from rape or incest	36
Fetal anomaly	32
Patient is very young	27
Every pregnancy	8

aminations on their patients who had abortions elsewhere.

Table 2 indicates the circumstances under which physicians include discussion of abortion as part of their routine workup of a new pregnancy. Over half of the respondents (52%) discuss abortion only if the patient asks about it. Only 8% discuss abortion as a part of the workup for every new pregnancy. Thirty-nine percent of the respondents discuss their personal opinion on abortion with women facing a problem pregnancy.

Pamphlets, posters, and other patient education literature are means of informing women with problem pregnancies about their options. Only 24% of the physicians reported having literature readily accessible to patients that discusses all options available to a pregnant woman.

Sex and age differences. Table 3 shows the breakdown by age and sex for all respondents who classified themselves as pro-choice or pro-life. Chi-square analysis revealed four significantly different groups. Male physicians under 40 years of age were most likely to be pro-life; female physicians older than 40 years were most likely to be pro-choice ($P < .001$). Female physicians were more likely to be pro-choice than their male colleagues, regardless of age. Physicians over age 40 years were more likely to be pro-choice than younger physicians of either sex ($P < .01$).

Significant differences between male and female physicians included:

1. 74% of female physicians, compared with 52% of male physicians, reported that a woman's personal decision is an appropriate basis for abortion ($P < .001$).
2. Female physicians were more likely than male physicians to discuss abortion during the routine workup of every new pregnancy (19% vs 7%, $P < .001$).

Table 3. Percentage of Physicians Who Described Themselves as Pro-Life or Pro-Choice, by Sex and Age

Sex and Age (y)	% Pro-Life	% Pro-Choice
Male ≤ 40	49	51
Male > 40	33	67
Female ≤ 40	22	78
Female > 40	6	94

3. Female physicians were more likely than male physicians to have abortion literature readily accessible to pregnant women (34% vs 23%, $P < .01$).

No other significant differences related to physician's sex or age were found.

Differences based on self-classification. Physicians who labeled themselves as pro-choice differed significantly from those who labeled themselves as pro-life on several survey items. Pro-life physicians were more likely than pro-choice physicians to report that abortion should not be legal in the United States (64% vs 0%). Pro-choice physicians differed from pro-life physicians on the appropriateness of the following as reasons for abortion:

1. Woman's personal decision (89% of pro-choice physicians approve compared with 5% of pro-life physicians)
2. Contraceptive failure (40% pro-choice vs 2% pro-life)
3. Woman is too young or too old (64% pro-choice vs 5% pro-life)
4. Presence of a fetal anomaly (81% pro-choice vs 33% pro-life)
5. Pregnancy results from rape or incest (85% pro-choice vs 37% pro-life)

Twenty-one percent of pro-life physicians reported that abortion is never an appropriate option, compared with less than 1% of pro-choice physicians. All of these differences were statistically significant ($P < .001$).

Within their practice patterns, more pro-life (23%) than pro-choice (2%) physicians "never discussed" abortion during the routine workup of a new pregnancy ($P < .001$). If a patient asked directly about abortion as an option, both pro-choice and pro-life physicians reported discussing this option with the patient. Pro-choice physicians were more likely to discuss abortion under all circumstances, however ($P < .001$). Sixty-one percent of pro-life physicians reported that they do not refer women seeking an abortion. Of those who do refer patients, 34% refer them to another physician, compared with only 19% of pro-choice physicians ($P < .01$). Pro-choice physicians more often referred a woman seeking an abortion to a free-standing clinic.

Pro-choice physicians were more likely than pro-life physicians to perform a follow-up examination of a patient who received an abortion elsewhere (76% vs 59%, $P < .001$) and to have literature discussing all options for pregnant women readily accessible (33% vs 12%, $P < .001$). Pro-life physicians were more likely than pro-choice physicians to discuss their personal opinion on

abortion with women considering an abortion (63% vs 27%, $P < .001$).

Discussion

Most family and general practice physicians reported that abortion is appropriate under some circumstances. This finding was similar to previous findings in both physician and public opinion polls.^{3-10,12-14} Significant subgroups existed, however, within this sample, based on sex, age, and self-classification.

Male physicians aged 40 years and younger were the most conservative in their approach to abortion. They classified themselves as pro-life more often and reported fewer circumstances under which abortion may be appropriate. Female physicians over the age of 40 years were the most liberal in their approach to abortion. In fact, the older age group of physicians, regardless of sex, had a more liberal approach to women facing a problem pregnancy. Despite the age-related attitude differences, no age-related practice differences were observed.

Differences related to the sex of respondents might have been expected in this study. Abortion is often perceived as a "woman's issue." Two recent surveys of obstetrician-gynecologists showed that female physicians were more likely than male physicians to report that abortion should be performed under some circumstances.^{9,10}

Female respondents to this survey revealed both attitude and practice differences. They more frequently classified themselves as pro-choice and believed that a woman's personal decision was the important factor that makes abortion an appropriate option. These attitudes were reflected in their specific practice patterns. Female physicians reported more practice activities designed to identify women facing a problem pregnancy and to deal with these women in a personal manner.

One explanation may be that women are more sensitive to the abortion issue because they often bear the greater responsibilities associated with pregnancy and the issues surrounding it. Gilligan¹⁵ reports that women's moral development is rooted in "responsibility and relationship," whereas men's moral development is through the manifestation of "rights and rules." Within this context, women may approach a problem pregnancy by seeking to find the most responsible action in light of current relationships and life situations. From this conceptual framework it can be argued that female physicians may be less likely to view abortion as simply an issue of right or wrong, but rather view it as one of several responsible options.

Female physicians in this study were more likely to

practice in urban areas than were male physicians. The opportunity to become involved with abortion issues is probably more likely to occur in the urban areas of Kansas, where the larger abortion clinics are located. Rural areas often maintain strong traditional values. In addition, female physicians generally see a larger percentage of female patients than male physicians, thereby increasing the likelihood that they will become involved in the issues surrounding problem pregnancies.

Interestingly, fewer than 24% of the responding physicians reported that contraceptive failure was an appropriate reason for abortion. Contraceptive failure, at least in part, is the failure of medicine to prevent pregnancy. Sophocles and Brozovich¹⁶ found that 19% of birth control failure occurred despite correct and consistent use. Bartholome¹⁷ stated that in an ongoing patient-physician relationship, the physician may have an ethical obligation to provide an abortion in cases of contraceptive failure. Further study and clarification is required to better understand the ethical issues surrounding contraceptive failure.

The greatest differences in survey responses occurred between physicians who classified themselves as pro-life and those who described themselves as pro-choice. The labels *pro-life* and *pro-choice* were not defined for respondents, but they generally indicated a distinction in the way family and general practice physicians cared for their patients with problem pregnancies. In general, women seeking an abortion will find more information, have a greater chance for direct referral, and are more likely to receive follow-up care from physicians who classified themselves as pro-choice. Interestingly, a woman's personal decision was listed as an appropriate basis for having an abortion by 55% of the respondents. This figure closely approximates the percentage of pro-choice physicians and generally supports the definition of pro-choice as an issue of choice rather than of right to life.

Self-classified pro-life physicians were less likely to practice in the manner described above. Several commented that they try to help women with problem pregnancies to explore other alternatives, such as adoption. They were also more likely to discuss their personal views on abortion with their patients. These findings support the definition of pro-life as involving the right to life rather than personal freedom of choice. In the view of pro-life physicians, however, the right to life often involves a quality of life issue as well. Circumstances were identified by many pro-life physicians where abortion may be an appropriate option.

Although a majority of physicians classified themselves as pro-choice, very few had performed any abortions in the past year. Further, pro-choice physicians as a group were not active in identifying women facing a

problem pregnancy. Thus, many women facing a problem pregnancy are on their own to find information on available options and referrals. Zimmerman¹⁸ found that women told only from one to eight people of their decision to have an abortion. A family physician's office may be the best source for unbiased, complete information on all options, thus helping to relieve much of the stress, misinformation, and uncertainty associated with a problem pregnancy.

In approaching a patient with a newly diagnosed pregnancy, the physician may simply ask, "Is this pregnancy good news or bad news?" Any equivocation prompts a more thorough investigation of potential problems and options. A more direct question may be "Do you want to have this baby?" Here again, the door is opened for discussion on appropriate options. Merely identifying women facing a problem pregnancy is not to advocate abortion; there are numerous options available to women. It does, however, inform women that problem pregnancy is an issue that their doctor is interested in addressing, thus maintaining the close patient-physician relationship that is so important to the practice of family medicine.

Abortion is a serious health and political issue. The debate over abortion will remain in the forefront of American thought for at least the next several years. Physicians may need to become more actively involved in the many aspects of abortion. Their views are important components of any public policy debate, and their practice patterns are important components of health care for thousands of women each day.

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