

# Congressional hearings and the ACGME mandate: What can be accomplished?

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On June 14, 1995, congressional hearings were held by the committee on educational oversight, chaired by Rep. Peter Hoekstra of Michigan. One day prior to the hearings, the ACGME changed the wording of the mandate slightly, in an attempt to mollify the Catholic Bishops, allowing that institutions, as well as individuals, with moral or religious objections, could opt out of induced abortion training programs. But those hospitals that opt out still must not "impede" a resident who desires to get such training.

Dr. Pamela Smith, president-elect of AAPLOG, testified on behalf of AAPLOG, and Drs. Anthony Levateno, Thomas Elkins, and Edward Hannigan also gave strong testimony rejecting the validity of a need for mandated induced abortion training for all. Congressman Hoekstra's summation included the following points: 1) There was no compelling evidence of medical need for the new policy, rather it was put in place as part of a political agenda; 2) no evidence of inadequate training in current programs was presented; 3) no evidence of

strong professional support from the medical profession for this change; 4) no strong public demand or support for this change, but rather some strong public opposition; 5) this is a much deeper issue than simply a woman's health issue, ACGME is trying to require physicians to do a procedure that most doctors simply do not want to do.

ACGME agreed to meet with Rep. Hoekstra to try to resolve this issue, but failing that, Rep. Hoekstra plans to introduce legislation to attempt to neutralize this mandate. From the purview of his education oversight committee, this legislation would be in the area of guaranteeing continuing federal funding to any program that would lose accreditation due to failure to comply with this mandate.

Congressman Hoekstra has a strong pro-life commitment, but his leverage on ACGME is limited to the above kind of actions. Be assured, in spite of the hearings, the ACGME mandate is still in effect.

Dr. Ling, speaking on behalf of ACOG, repeatedly affirmed that the ACOG

stream of medicine." Since the ACOG is unresponsive to the protests of pro-life obstetricians, and ACGME entrenches ACOG's abortion advocacy position, the only effective action channel for pro-life obstetricians on staff at training hospitals is to openly refuse to participate in such training, and to encourage all like-minded staff to do the same. (see article entitled "ACGME MANDATE: How will it affect your residency program") Grass roots action by practicing physicians involved in training programs can return abortion training to the pre-mandate status of individual choice by each hospital, attending staff, and physician trainee.

Please fax a word of appreciation to Congressman Peter Hoekstra at 202-226-0779 for his stand and action on behalf of the unborn and the pro-life doctors affected by this mandate. A cassette tape of the entire hearing is available from AAPLOG, and is extremely interesting.

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## The Hoekstra-Coats Medical Training Nondiscrimination Act of 1995

The following has been excerpted from a June 28, 1995 letter from Congressman Peter Hoekstra of Michigan to his colleagues in the U.S House of Representatives after his committee hearings on the ACGME mandate on induced abortion training requirements:

"The expert medical testimony reinforced in my mind that which I had suspected: there is absolutely no compelling medical reason why residents should be required to perform elective abortions as part of a core requirement for ob/gyn. training.

For this reason, on Tuesday June 27, Senator Dan Coats and I introduced legislation to protect ob/gyn. residents and ob/gyn. residency programs, both public and private, from being forced to perform or arrange for the performing of elective abortions. A summary of the legislation is provided... (below)."

The Medical Training Nondiscrimination Act of 1995 would...

- Ensure that the federal government, and states receiving federal assistance for health related programs, including Medicare reimbursements for services provided by medical residents and benefits of the HEAL program, will not rely on discriminatory accreditation standards in making their own public policy decisions.

- The ACGME's decision to deny accreditation to ob/gyn. residency programs will no longer be relied on without question by government agencies and instrumentalities.

- State and federal agencies will have complete freedom as to how to correct for the new bias in the ACGME's accreditation decisions - for example, they may begin to rely on another medical body for accreditation and licensure actions, or they may commission and indepen-

dent review in cases where ob/gyn. programs have been denied accreditation, to ensure that the denial was not based in whole or in part on the program's refusal to train or arrange training in induced abortion.

Please note that the legislature CANNOT reverse the ACGME mandate. They can, if the bill passes, override economic effects of loss of accreditation, and they can make possible alternate accrediting agencies. Only the ACGME can reverse its own mandate. Thus, it is imperative that individual attending staffs at individual training hospitals be very active in signing the "conscience" petitions, and in making it available for all their colleagues to consider signing. Only an appropriate vigorous response should surely get the attention of ACGME and ACOG.