ProLife OB|GYNS
AAPLOG American Association of Pro-life Obstetricians & Gynecologists

June 25, 2018

Dr. John Moorhead, M.D. FACEP, Chair
American Board of Medical Specialties
353 North Clark Street Suite 1400
Chicago, IL 60654

Dear Dr. Moorhead,

We the undersigned physicians representing the American Association of Prolife Ob/Gyns[1], the Catholic Medical Association[2], the American College of Pediatricians[3] and the American Academy of Medical Ethics[4] together numbering approximately 30,000 physicians across the U.S., strenuously object to the formation of a separate subspecialty Certification in "Complex Family Planning". We have thoroughly studied the application for the same to the American Board of Medical Specialties and respond in kind to quotes taken directly from said application as follows:

General Considerations:

1. Training in contraception, miscarriage management and complicated pregnancy management is **already** done in all Ob/Gyn residencies and **currently** occupies a significant portion of Ob/Gyn training. There is no need for an additional board certification. If so, such latter certification diminishes the value of the current Board certification in Obstetrics and Gynecology and its process and training.

2. Training in management of high risk pregnancies is already accomplished through a maternal fetal medicine subspecialty board certification. There is no need for an additional board certification to further manage high-risk or complicated pregnancies.

3. The uniqueness of the proposed board certification is in training physicians to intentionally kill fetuses in utero. This practice should have no place in the field of medicine, much less have the imprimatur of the ABMS. Further, throughout the entire application, there are constant references to 'advanced gestation abortion procedures' and 'pregnancy termination' which **is** the essential premise behind this request.

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[1] The American Association of Pro-Life Obstetricians and Gynecologists is composed of over 4000 reproductive health care medical professionals who practice evidence-based Hippocratic medical care, and who do not perform elective abortions due to the damage that elective abortion causes to the mother, as well as the destruction of the unborn human beings who are also our patients.

[2] The Catholic Medical Association is the largest organization of Catholic healthcare professionals in the U.S. dedicated to upholding the principles of the Catholic faith in science and the practice of medicine. The CMA does not believe that abortion is healthcare.

[3] The American College of Pediatricians (ACPeds) is a national organization of pediatricians and other child health professionals dedicated to the health and well-being of children. The College is committed to fulfilling its mission by producing sound policy, based upon the best available scientific research, to assist parents and to influence society in the endeavor of childrearing.

[4] The 19,000 members of the American Academy of Medical Ethics advocate for the interests of medical educators, medical practitioners and scientists, the care and well-being of patients, the protection of public health, and the betterment of the medical profession, as well as to protect and promote the historic values that have provided the longstanding foundation for Western medical care. We foresee the standard of healthcare in North America being once again defined by the

4. Very specific criteria would be necessary to achieve such certification, e.g. there would have to be 'numbers' of specific types of procedures performed, course work documenting CME in diagnosis/treatment/types/reasons/complications/ etc. These criteria are also requirements of current Ob/Gyn residency training programs and also tested on current board certification examinations. In accordance with established requirements of other certification programs, our understanding is that such new certification would require certain numbers of 'late term abortions', thus advocating the elective killing of live in utero children which contradicts the very purpose and direction of Ob/Gyn. Such a new certification would diminish rather than enhance ACOG's/ ABOG's/ABMS's commitment to women's healthcare.

5. According to Drs. Jones and Finer of the Guttmacher Institute, the vast majority of second trimester abortions (D&Es) are elective. Fellowship programs must provide their trainees with sufficient numbers of procedures to guarantee proficiency. This presents a conflict of interest in counseling women about legal pregnancy options, because there will be motivation for the physician to promote the abortion (in order to keep up the numbers for training) in purely elective cases.

If 10% of the approximately one million abortions in our country occur after the first trimester, with 95% D&E=then 95,000 D&Es are performed yearly. If 1.3% of abortions are "late" (>20 weeks), then there will be 13,000 "complex" abortions, presumably what this training program wants to insure providers are qualified to do. To be generous, we might assume that 50% of these extremely late abortions are "medically necessary", although we are not aware of any study specifically examining this question. If we make the questionable assumption that "medically necessary" abortions even exist, then the current numbers at most yield possibly up to 6,500 "medically necessary, complex" abortions yearly.

If the plan is to have 30-40 of these fellowship programs, and we assume 3-5 fellows per program, and further assume 100 "complex" procedures to adequately train a fellow (which actually would work out to only one case a week in a two-year fellowship), then there will be a need for between 9000-20,000 complex cases. **So that means between 2500 and 13,500 healthy women with healthy fetuses would need to consent to elective termination of their viable, pain capable fetuses yearly in order to keep these programs going**. This need for cases will foreseeably result in significant motivation to pressure patients into late term abortions out of a desire to maintain skills and certification.

In the following paragraphs, you will find portions from the current application:

Application questions are in **bold**, ABOG response in *quotes and italics with important statements highlighted* and our response is in **red**:

**1. Provide the name of the proposed new or modified subspecialty certification:**

"*Complex Family Planning*"

There is no such currently existing category as 'complex' family planning. Family planning is self-explanatory and has been an integral part of medical school training as well as family practice residencies, pediatric residencies and Ob/Gyn residencies for many years. The word 'complex' is defined as 'containing many different and connected parts'; the alternative meaning of your use is 'complicated' and those cases are already addressed in current programs; what is not addressed is late term abortions as the numbers of physicians currently willing to perform such procedures are few and diminishing.

**2. State the purpose of the proposed new or modified subspecialty certification in one paragraph or less**:

*"The purpose of this new subspecialty certification is to improve women's health by increasing capacity for and access to specialized care in family planning, pregnancy prevention, and termination, and to reduce the occurrence of unintended pregnancy"*

There are already board- certified physicians in Ob/Gyn, Family Medicine and Pediatrics who provide family planning and pregnancy prevention and such provision would obviate the need for more to 'reduce the occurrence of unintended pregnancy, most of which come from contraceptive failures or lack of compliance or non-use despite availability.

*“Certification will ensure standards for education and training to create subspecialty expertise for the prevention and management of abnormal and unintended pregnancy. The new Obstetrics and Gynecology (OB GYN) subspecialty will advance academic and clinical excellence, policy and access in all forms of contraception and abortion”.*

Note here the emphasis again on access to abortion. There is also an implicit and unsupported suggestion that current academic and clinical excellence is lacking by reference to the need to ‘advance’.

*“Certification will assure the public that the title ‘Board Certified Complex Family Planning Subspecialist’ indicates a proficient level of skill and knowledge has been attained and validated*”.

The foundational assumption for this statement is clearly erroneous. Current board certification of Ob/Gyns, maternal fetal medicine specialists and family practice residency programs train in contraception, and all Ob/Gyns as well as maternal fetal medicine boards require the ability to separate the mother and the fetus at all gestational ages. What is not included in current board certification is a required proficiency in killing the later term viable fetus in utero prior to delivery.

“*Certification will raise the level of care for all women seeking complex family planning services by establishing best practices in clinical care, disseminating them to all settings caring for women seeking family planning care, and creating new knowledge in the field. A subspecialist in complex family planning will be capable of managing complex problems in pregnancy prevention, abnormal pregnancy, early pregnancy loss, and pregnancy termination*”

As above, currently abnormal pregnancies and complex problems in pregnancy are managed by board certified MFM specialists; early pregnancy loss is managed competently by generalist Ob/Gyns and REI’s, thus making clear that late term abortion is the emphasis again.

“*…and serve as a leader in the clinical application, research, and public policy aspects of contraception and abortion. Subspecialists will have unique skills and qualifications to care for women with complex and chronic medical conditions and women in vulnerable and underserved populations*”.

As above, currently abnormal pregnancies and complex problems in pregnancy are managed by board certified MFM specialists; early pregnancy loss is managed competently by generalist Ob/Gyns and REI’s, thus making clear that late term abortion is the emphasis again.

“*Specifically, significant advances have been made in the science, safety, and efficacy of medical abortion”*

It is ironic that one of the programs with a Ryan Fellowship in California is also the program which championed the performance of abortions by midwives. If abortions are simple enough that midwives can perform them how can the claim be made that a new board certification program is required?

“*Since the launch of the fellowship, family planning experts have improved quality, safety, access, and availability of family planning, contraception, and abortion and promoted the health of women*”

There is a remarkable lack of evidence for this claim, and no references or proof are provided in the application. It is an unbelievable claim, especially since there have been only 270 Fellows since 1991.

"A core learning objective of Complex Family Planning is advocacy".

*Advocacy means 'public support or recommendation of a particular cause or policy', i.e. pregnancy termination. Advocacy is not a medical skill. In this case, it is an agenda to increase the elective killing of babies in utero*

"*FFP graduates champion evidence-based approaches to health care delivery systems, pregnancy prevention, and pregnancy terminations*."

There is nothing unique in the FFP program which promotes health care delivery systems or pregnancy prevention. The actual advocacy of the FFP graduates is focused on championing pregnancy terminations.

"*The enthusiastic participation and outcomes, such as "A statement on abortion by 100 professors of obstetrics: 40 years later" published in the American Journal of Obstetrics and Gynecology, 14 confirm that the subspecialty of complex family planning is considered a core component of gynecologic and women's health care*".

It is remarkable that of 100 professors, only 14 confirm the concept that family planning is a core component of all residency training programs in Ob/Gyn, Family Medicine and Pediatrics.

At the time of publication of the article mentioned above, Hippocratic Ob/Gyns responded to the outlandish claims in the statement by 100 professors, and refuted those claims:[5]

> **Abstract**
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> Induced abortion is a controversial topic among obstetricians. "100 Professors" extolled the benefits of elective abortion in a Clinical Opinion published in AJOG. However, scientific balance requires the consideration of a second opinion from practitioners who care for both patients, and who recognize the humanity of both. Alternative approaches to the management of a problem pregnancy, as well as short and long term risks to women as published in the peer reviewed medical literature are discussed. Maintaining a position of "pro-choice" requires that practitioners also be given a right to exercise Hippocratic principles in accordance with their conscience.

"*The Kenneth J. Ryan Residency Training Program in Family Planning and Abortion ("Ryan Program"), is a national initiative to integrate family planning into OB GYN residency training programs across the U.S., was successfully launched as a result of the FFP. Sixty-eight of the 90 Ryan Programs are currently directed by fellowship graduates. As a result, more than 5500 OB GYN residents have been prepared to care for common patient concerns and routine family planning needs, including uncomplicated contraception and first trimester medical and surgical abortion*".

All of these highlighted areas refer to skills which are already encompassed in general Ob/Gyn residency training.

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[5] Wechter D, et. Al. "A second opinion: response to 100 professors" available at

"*Complex Family Planning subspecialists treat women who are pregnant or at risk of pregnancy, or have unintended, unwanted, and/or abnormal pregnancies and present with other health and potentially life threatening medical conditions. Although contraception and abortion services for healthy women may be safely provided by general OB GYN clinicians, subspecialists with special knowledge and skills are necessary for advanced gestations, complicated pregnancies, and acute or chronically ill patients."*

Again, the management of all these areas are very well met by other subspecialty certifications including family practice and general Ob/Gyn residency training, which encompasses the care of women who are pregnant or at risk of pregnancy, and who have unintended, unwanted pregnancies.

Women with life threatening medical conditions arising from pregnancy, or who have complicated pregnancies or who are acutely or chronically ill are already treated by maternal fetal medicine fellowship training programs. The only skill not encompassed by the previously mentioned already existing certification programs is the skill of intentionally killing the viable in utero human being to ensure a dead fetus at parturition.

"*The complexity of available abortion technologies and patient presentations, contraceptive, and early pregnancy care has created the need for skilled subspecialists*"

This sentence points to the actual purpose of the new board application, which is to train in late term abortion procedures. It is obvious that abortion technologies have not become more advanced.

"*According to its national office, the FFP has graduated 270 OB GYN physicians*."

"*The clinical Fellowship in Family Planning (FFP) program was started in 1991 (10 per yr) The Kenneth J. Ryan Residency Training Program in Family Planning and Abortion ("Ryan Program"), is a national initiative to integrate family planning into OB GYN residency training programs across the U.S., was successfully launched as a result of the FFP. Sixty-eight of the 90 Ryan Programs are currently directed by fellowship graduates*".

There are 24 ACOG approved residency programs in U.S. with 1287 first year slots. The 270 FFA graduate fellows represent <Ob/Gyn Workforce in US –(2017/Rayburn/ISBN978-1-935718-21->); i.e. FFA graduate fellow are 0.7% of all graduating residents/yr.

"*Nearly 80% of FFP graduates work in academic medical centers throughout the United States*".

This quote directly contradicts the subsequent claim that FFP graduates are filling the need to care in underserved areas. (neither speaks to increased access nor deploying to underserved areas.)

"*Graduates are filling clinical and educational needs across the country and advance the care of vulnerable and underserved populations*."

How is this claim possible when 80% of FFP graduates are working in academic medical centers?

In summary, as physicians who practice according to the Hippocratic Oath, we object to the formation of a new certification program on the basis of the above false and contradictory statements in the ABOG application, as well as the fact that there is no need for this certification which is not already being filled by certification in ObGyn and Maternal-Fetal Medicine.

We object to the expense ($270,000 per 2-year fellowship) along with the expense of the formation of a new subspecialty certification board, bureaucracy, and system which will do nothing to advance authentic women's healthcare. These funds would be better spent on direct care and treatments of women and children in need.

We further object to all attempts to advance abortions at any gestational age as abortion is the elective killing of an in-utero living human being.

We especially deplore the formation of a specialty certification unique in its ability to kill fetal human beings who are capable of surviving outside of the womb.

We urge ABMS to reject this application.

Thank you for your consideration,

Respectfully submitted,

Donna J. Harrison M.D. Executive Director,
American Association of Pro-Life Obstetricians and Gynecologists

Michelle Cretella M.D. President
American College of Pediatricians

Dr. Peter Morrow, M.D. President,
Catholic Medical Association

David Stevens, President
American Academy of Medical Ethics