

Providers Worried About Further Intimidation, Antiabortion Violence

BY BETSY BATES

The murder of Dr. George Tiller, a family physician and one of the nation's only providers of late-term abortions, has deepened the anxiety and apprehension of physicians who provide family planning services, especially abortion, according to providers and physicians' organizations.

There is nothing new about the fear that pervades abortion services in the United States, with Dr. Tiller's murder only the latest in a long string of murders, attempted murders, and bombings. Dr. Tiller himself had been shot in both arms in 1993, and his clinic in Wichita, Kan., had been bombed in 1985.

But "when there is a pro-choice [presidential] administration, the fringe violence movement becomes more desperate and acts out," Dr. Nancy L. Stanwood, a board member of Physicians for Reproductive Choice and Health, said in an interview.

"We knew violence would probably go up. Of course, we are horrified that a murderous act happened so quickly," said Dr. Stanwood of the department of obstetrics and gynecology at the University of Rochester (N.Y.).

The loss of Dr. Tiller, who Dr. Stanwood described as a careful, compassionate physician, poses a real blow to providers of prenatal care who depended on him for referral of difficult and tragic cases, she said.

"We've all had that dreadful ultrasound result. We all do screening amniocentesis, [chorionic villus sampling], and anatomic ultrasounds, and we know we're going to find terrible things now and then. We could refer patients to him and know he was a colleague with the medical skill and compassion to help these patients at a time of desperate need," she said.

Dr. Stanwood added that an increase in the number of residency programs and fellowships that train physicians in safe abortion procedures gives her hope that intimidation will not further undermine the availability of family planning services to American women.

But a study by the National Abortion Federation and the American College of Obstetricians and Gynecologists found that antiabortion harassment and violence has been a top contributor to a precipitous decline in the number of abortion providers over the years.

Social stigma and marginalization, professional isolation, and peer pressure also factor into the decline, the study found.

Echoing Dr. Stanwood's predictions, many observers believe that extremist antiabortion rhetoric, as well as more mainstream protests, have escalated in the past few months, following the election of President Obama, who advocated abortion rights during his campaign.

Abortion clinics reported a sharp increase in the number of harassing tele-

phone calls they received during the first 4 months of Mr. Obama's presidency, 1,401, compared with 396 during the last full year of George W. Bush's presidency.

Just weeks before the murder, buses carrying physicians to ACOG's annual meeting in Chicago negotiated a daily gauntlet of protesters lining the route, each displaying oversized, gruesome photographs of purported aborted fetuses. Billboard trucks circled the convention hotels. "Why do you hate babies, doctor?" one sign read.

At the ACOG meeting, researchers from the University of California, San Francisco, reported on findings from interviews with 30 ob.gyns. who had received abortion training at four residen-

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cy programs 5-10 years previously.

The surveyed physicians detailed a highly adversarial culture surrounding abortion services, identifying professional barriers that included threats from other physicians and administrative hurdles, reported Dr. Jody Steinauer, Lori R. Freedman, Ph.D., and researcher Mitchel Hawkins.

Providing such services "is a great way to make no friends amongst the ob.gyns. and to have no family practice docs refer to you," said one physician interviewed during the study.

One ob.gyn. recalled a partner asking him to sign a contract with a group that said, "I would not do terminations on certain genetic problems, like trisomy 21."

Several others received direct intimidation. One potential employer told a candidate for an ob.gyn. position, "If I ever find out you did elective abortions ... you'll never practice in [this state] again."

Against this backdrop of nonviolent pressure, Dr. Tiller's murder may be an anomaly or may signal a return to violence that reached new heights during the 1990s, when President Clinton, another pro-choice advocate, was in office.

In all, there have been 8 murders and 17 attempted murders of physicians and allied health care workers involved in abortion services since 1977, according to statistics from the National Abortion Federation, a membership organization of abortion providers.

Professional organizations reacted swiftly to the murder in Kansas.

"There is no excuse, no explanation, and no justification for this brutal slaying of a courageous and honorable physician who provided safe and legal reproductive health care to women who otherwise might not have received it," ACOG said in a statement. The statement called the

killing "chilling and deeply disturbing," noting that it occurred as the nation's leaders are searching for a "middle ground" on the topic of abortion. "There is no middle ground when it comes to violence of this nature."

A Kansas man with ties to antigovernment groups and antiabortion protests, Scott Roeder, 51, has been charged with murder and aggravated assault in Dr. Tiller's slaying.

Following the shooting, U.S. Attorney Eric Holder activated the U.S. Marshals Service to increase security for "clinics and individuals" providing abortion services.

The number of U.S. abortion providers has been declining for many years, resulting in a situation in which 87% of U.S. counties (97% of non-metropolitan counties) had no abortion provider as of 2005, reported the Alan Guttmacher Institute, a policy and research organization.

More than half of abortion providers (82% of large providers) experienced harassment in 2000, with abortion care depending on individuals like Dr. Tiller, who "risked his life on a daily basis," said Guttmacher president Sharon Camp, Ph.D. "For the women he helped over the years, as well as those who will now have nowhere else to turn, this is an incalculable loss." The majority of recognized antiabortion groups immediately condemned the killing as incompatible with their antiabortion stance.

"We denounce vigilantism and the cowardly act that took place this morning," said Troy Newman, director of Operation Rescue, a Kansas-based activist antiabortion group. The group also distanced itself from former Operation Rescue leader Randall Terry, who said that Dr. Tiller was a "mass murderer [who] reaped what he sowed."

Other individuals, many in anonymous Web postings, expressed satisfaction following the murder, equating it with abortion.

Kansas community activist Regina Dinwiddie, who had protested at Dr. Tiller's clinic, told the Los Angeles Times, "If anybody needed killing, George Tiller needed killing. The gut reaction from everybody who doesn't have their thoughts filtered by fear is 'Yahoo!'"

The National Task Force on Violence Against Health Care Providers, formed by then-Attorney General Janet Reno following the 1998 murder of abortion provider Dr. Barnett A. Slepian, lists nearly 60 safety tips for providers, including, "Do not allow your vehicle to be boxed in. Maintain at least 8 feet between you and the vehicle in front, and avoid the inner lanes."

Dr. Stanwood said that several physicians had vowed to reopen and staff Dr. Tiller's clinic in Wichita. However, at press time, Dr. Tiller's family announced in a statement that the clinic would be closed permanently. ■

Cesareans Up In Liability Crisis States

BY BETSY BATES

CHICAGO — Cesarean section rates were significantly higher in states with an impending or current medical liability crisis in 2004, a year after 76% of U.S. obstetricians had experienced a litigious event.

This finding from a cross-sectional observational study "may reflect a pattern of 'defensive' medicine in response to liability concerns," Dr. Elizabeth A. Platz said at the annual meeting of the American College of Obstetricians and Gynecologists.

She and her colleagues investigated whether a correlation existed between C-section rates in individual states in 2004 and the medical liability climates in those same states at that time.

The year 2004 was chosen, because that was the year ACOG issued a state-by-state alert on the status of medical liability coverage availability and costs, said Dr. Platz of the Medical University of South Carolina, Charleston.

The previous year, 76% of all U.S. obstetricians had experienced a litigious event, and the median award for "negligence in birth care" was \$2.3 million.

Ob.gyns. were reported to be retiring early, moving to less litigious states, dropping obstetrics, or as the study hypothesized, "turning to C-section deliveries at any sign" of trouble, Dr. Platz said.

Individual states were categorized in that report as "in crisis" (14 states), having a "crisis brewing" (8 states), or "not in crisis" (28 states).

For purposes of statistical adjustment, state demographic and population data were collected from the U.S. Census Bureau and the National Center for Health Statistics.

The mean state C-section rate for the nation in 2004 was 28.1%, ranging from 20.4% to 34.9%, Dr. Platz reported.

In states on ACOG's in-crisis list, the C-section rate was 29.9%, followed by 28.1% in states with a crisis brewing, versus 27.2% in states not considered crisis malpractice states, with significantly higher rates found in the crisis states even after confounding variables, such as other known risks for C-section delivery, were controlled for.

This may lend credence to the theory that pressured physicians practice defensive medicine, said Dr. Platz. She added that the findings highlighted an association, not a causal relationship, which would require more study.

Dr. Platz and her coinvestigators reported no financial conflicts of interest relative to their study. ■