

See One, Do One, Teach One

Haywood

When Noreen and I were residents, after we finished medical school, patients who had come in for abortions had “VIP,” which stood for Voluntary Interruption of Pregnancy, stamped on the front of their charts in bold red ink. Notice the word *interruption* rather than the more accurate *termination*. The death culture has a penchant for euphemisms that glorify and paint in a positive light the horrors of abortion. We would see the patients, examine them, find out their gestational age, and then schedule them for abortion. Roe V. Wade had passed in 1973, just five years before, so in many ways it was a new procedure.

One of the most noticeable things for me about the procedure was that no one was interacting with the patient. It was completely impersonal, and obviously the doctors there wanted to keep it that way. Everybody was acting so matter of fact! And definitely, nobody was grieving. We tend to take our cues on behavior and attitude and even emotion from our elders—from those who are higher up than we are in one way or another. So when you watch your first abortion as a resident, you watch the doctors and older residents for cues—how should I react? And then you observe a second abortion, this time consciously patterning your response after the responses you saw from the doctors—matter of fact, professional, clinical.

So as a resident, the next step comes during the following abortion session: They sit you down on that stool and it's your turn to do one.

In a hospital setting, abortions were usually performed under IV sedation with

medicines like Valium. For your first abortion, the patient would already have been placed on the exam table, examined, and sedated. You insert the speculum. Then you take the tenaculum, grasp the cervix, and inject local anesthesia around it. Then you take the dilator and open the mouth of the cervix. Then you insert the suction curette into the uterus and turn it on. When that's done, you've done the abortion. It takes ten minutes or less.

Okay—finished? You're in with us now, says the unspoken reality. You're initiated.

And so, one by one, we were indeed initiated.

We had done our first abortion. Even if you came that day with a resistance to the idea of abortion, now you had done one. The second one would be less objectionable.

Similarly, the medical faculty was reassured by the willingness of each student to perform that first abortion. Now, we couldn't condemn what they were doing without condemning ourselves, because we too had ended a human life. We were complicit.

Even if you refused to do abortions, we learned, there was one more way by which the medical profession would seek to make you complicit. When a patient was interested in obtaining an abortion, even if your practice did not offer them, you were expected to refer that patient to another doctor or facility that *would* perform an abortion. And this isn't just some minor preference that most other doctors *hope* you will do. According to the code of ethics of the American College of Obstetricians and Gynecologists, it's unethical to not refer a patient to an abortion provider if they request it.

In medical training, there is a saying: “See one, do one, teach one,” which refers to the method by which medicine is learned. In her first year, Noreen had seen her first abortion and had done her first abortion. In her second year—my first—it was her turn to teach interns how to perform an abortion, and it just so happened that Noreen was one of my abortion instructors.

For each of us as individuals, our mission as physicians, as we saw it, was to follow the Hippocratic Oath written thousands of years ago that forbids abortion, sexual relations with patients, and euthanasia, and that maintains confidentiality. A corollary to this is “first do no harm” or “*primun non nocere*.” How is it that in that ancient time, without technology or even pregnancy tests, these lofty esteemed values could be adopted? They simply recognized the sanctity of human life and the value of protecting that life, from conception to natural death. At the time Noreen was teaching me, we saw no disparity between performing abortions and the responsibility of preserving life. And we never would have guessed that performing abortions would forge a partnership between us. Neither would we have ever dreamed that such a quick and noncomplex procedure had the power to take such a toll on our souls.

All that was yet to come.