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Do the Medical Schools Discriminate Against Anti-Abortion Applicants?

Eugene F. Diamond, M.D.
Chairman, Ad-Hoc Committee on Discrimination

The National Federation of Catholic Physicians' Guilds has received numerous reports, in recent years, from candidates applying for medical schools who felt that their chances for admission were being compromised by their viewpoint on abortion as it contrasted with that of one or more members of an admission committee. These reports were largely anecdotal or hearsay accounts of unfriendly questioning in interviews, entrapment alternatives in interrogation or overt expressions of displeasure with the expression of anti-abortion sentiments.

The initial reaction to most of these complaints was skepticism. Most medical schools will process 7,000-10,000 applications for 100-200 places in the freshman class. Many highly qualified candidates will, nonetheless, fail to survive this harrowing selection process because other candidates will have higher grade point averages, better MCAT scores, or diplomas from more prestigious undergraduate institutions. It would not be unexpected for a candidate with a 3.25 grade point from a small school, and medical aptitude scores in the 500 range, to lose out in the cruel lottery of applicant excellence. Were the complaints we were hearing merely attempts to rationalize failure in a bitterly disappointed, highly achieving student? Were experiences in interviews only devil's advocate attempts to appraise an ability to defend one's position? Was this just another instance of a paranoid interpretation of an objectively structured evaluation process?

The accumulation of complaints, some of which seemed to have substance and credence, led to a decision on the part of the Executive Committee of the National Federation to appoint an ad-hoc Committee on Medical School Discrimination to evaluate the legitimacy of the allegations. It was decided to survey the admission practices of all medical schools by questionnaire. Questionnaires were sent to 108 medical schools and completed questionnaires or narrative commentaries were received from sixty institutions. The results of the survey were as follows:

1) Does the application process at your institution concern itself with the ethical atti-
tudes and opinions of your applicants?
37 yes
13 no
10 possibly

The general tenor of commentary, when written, on this question was that the institutions were interested in the general ethical orientation of applicants as well as their moral character. Interest in specific ethical attitudes was denied by eight respondents who answered “yes” to this question.

2) Are these attitudes ascertained by a written attitudinal survey?
56 no
4 not answered

In spite of the unanimous denial of this practice, applicants to two state institutions claimed to have been asked to complete such questionnaires. A member of the admission committee at one of these institutions admitted that such a questionnaire had been used for a time but had been abandoned as a result of an intramural protest from some faculty members in the institution. Copies of this survey were not available for review.

3) Are ethical opinions elicited in an interview?
49 yes
7 no
4 not answered

The responses to this question, in general, emphasized the prerogatives of the interviewer to introduce such questions at his discretion. Several respondents included a disclaimer which denied that responses to such questions were ever made a part of the record or “processed” in advancing the application. It would appear, from the responses, that most institutions allow unstructured interviews with a free range of discussion over issues selected by the interviewer. Negative or positive evaluations of a candidate would thus be more likely to be generalized or cumulative impressions to a variety of responses. The freelance nature of interviewing would preclude the use of objective standards and it is likely that no two applicants were ever submitted to an identical interview even if seen by the same interviewer.

4) Are applicants questioned as to their position on abortion?
21 yes
18 no
17 possibly
4 not answered

No institution indicated that it would exclude abortion as a topic during an interview. Most institutions responded in a manner that indicated that the topic was certainly brought up by individual interviewers or possibly brought up at the option of any interviewer. Those giving negative responses did not, in general, explain their certitude that abortion was not brought up in any interview. It is reasonable to infer from the responses and the commentary that an applicant should be prepared for the possibility of his being interrogated on the sub-
ject of abortion at a majority of medical schools in this country.

5) Are applicants asked to state a viewpoint on sterilization?
   11 yes
   21 no
   24 possibly
   4 not answered

The pattern of responses to this question paralleled those to question #4. Significantly fewer respondents were convinced that this question was likely to arise, probably reflecting the fact that this issue is considered to be less sensitive than abortion and much less a subject of public dispute.

6) Would a student’s refusal to participate in abortion and/or sterilization procedures create administrative problems on your obstetrical or gynecological service?
   43 no
   13 yes
   4 not answered

This question was anticipated to be a rhetorical question expecting the answer “yes” insofar as most university services in secular medical schools would be expected to provide abortion and sterilization services on their obstetrical teaching services. Some respondents indicated that there were alternative services available in affiliated institutions not performing abortions.

The committee does have knowledge of a thoroughly corroborated case involving a student in a state-sponsored medical school who refused to counsel for routine sterilization after the delivery of a third pregnancy. This student was told he would fail if he refused to carry out this assignment and an administrative appeal was necessary to avoid his receiving a failing grade. The documentation surrounding this occurrence is incontrovertible and would certainly have been used as a basis for a lawsuit had the administration not overruled the department head.

7) Would a stated refusal to participate in abortion and/or sterilization procedures be considered a negative factor in an applicant?
   58 no
   2 yes

This question was considered, in contrast to question 6, a rhetorical question expecting the answer “no.” It was not anticipated that this questionnaire would establish direct evidence, even on a small scale, that conscientious refusal to participate in any medical procedure would be weighted against an applicant’s acceptance. The candor of the affirmative respondents reflects a viewpoint within some segments of the medical profession that this issue has been finally settled by the Supreme Court decision and that continuing debate is largely irrelevant. This viewpoint is also betrayed in the consensus of editorial comment in the medical literature concerning the Edelin conviction for manslaughter.

8) If ethical viewpoints were not evaluated, would a Catholic
applicant be presumed to have a conscientious objection to participation in abortion and sterilization?

21 yes
27 no
8 "cannot answer"
4 not answered

It is difficult to interpret the significance of the plurality of responses in the negative. From the comments it is reasonable to infer that the intent of the negative response was to convey a state of mind in which no assumptions were made about any student's beliefs. On the other hand, there could be an implication that experience in some institutions had indicated a willingness of some Catholic students to participate in sterilization or abortion procedures. Some replies stated that there had been "some" or "many" conscientious objections to abortion voiced by non-Catholic students.

9) What percentage of your applicants are Catholic?

56 do not know
4 not answered

Since most of the medical schools in the United States subscribe to a centralized application service which uses an application form upon which there is no indication of the applicant's religion, the replies to this question were predictable. There are some medical schools in this country which preferentially admit minority groups as a matter of policy and, as a result, have student bodies which are overwhelmingly black or Jewish in makeup. There is no indication that any Catholic medical school is preferentially admitting Catholics at this time. Despite the fact that the Catholic minority of approximately 23% of the population is under-represented in the medical profession, no affirmative action has been undertaken to correct the discrepancy.

10) What percentage of your student body is Catholic?

56 don't know
4 not answered

As with question number 9, most institutions responding to this question denied knowledge of the makeup of their student bodies although a few hazarded guesses based on estimates from university offices of religious services. No claim for accuracy was made for these estimates but, where made, they do not refute a claim for under-representation of Catholics in state-supported schools.

Comment

It is important to remember that patterns of discrimination are well known as a reality of the past. All medical schools in the United States now admit black candidates and female candidates preferentially. That is to say, standards for admission are adjusted for such candidates to increase their numbers in incoming classes beyond what would be expected if the same standard for admission were applied to all applicants. Admitting blacks and women on a priority basis admits
tacitly of a de-facto bias against these groups in the past. The implementation of this bias was subtle and by no means avoidable by eliminating either sex or color from an application blank. Any sophisticated bigot can get all the information he needs from the ethnicity of a name, the sectarian orientation of a pre-medical school or by subtle questioning in an interview. For example, an applicant named “Sherman Goldberg” from Brandeis University might well inspire a closet anti-Semite to search “Mr. Goldberg’s” application for negative data not related to his ethnic background.

As abortion becomes systemati-
cally entrenched in medical facili-
ties receiving all or part of their support from federal or state funding agencies, bureaucratic attempts to eliminate dissent become bolder. The Chief Medical officer of The Ministry of Health in Great Britain recently sent a letter (see appendix) to all Regional Medical officers instructing them to discriminate in their hiring against all obstetricians, anesthesiologists, and psychiatrists who had a conscientious objection to abortion. This incredible directive indicates the alarming way in which civil rights may be abridged if anti-abortionists and civil libertarians are not constantly vigilant.

The results of this survey indicate that discrimination against candidates who oppose abortion does, in fact, exist on a small scale. Potential bias, as reflected by the widespread inclusion of interrogation regarding abortion attitudes as part of the pre-acceptance interview for medical school is also confirmed. It is difficult to understand why this issue receives such widespread attention from admission committees. If an admission committee is concerned with credentials, a candidate’s personal viewpoints on controversial issues are not germane. It would be patently improper to query a candidate regarding his or her viewpoints on the Vietnam war, radical feminism, or school busing. The fact that abortion and sterilization are medical procedures (albeit performed almost exclusively for socio-economic indications) does not imply that those who prescind from them are better qualified or less qualified to understand or perform that vast majority of medical tasks unrelated to these particular operations.

It need not be emphasized that the medical profession is sharply divided on the issue of abortion. It would be an impossible task to require that the deans of medical schools appoint to admission committees only those who are objective and neutral in the subjects of abortion and population control. There are clearly not enough people in the medical profession who do not hold and profess deep and emotionally charged feelings on these hotly debated topics. The possibility of prejudice against candidates for medical school who have conscientious objections to abortion and/or sterilization can-
not be foreclosed by the results of this survey. Since this is so, inclusion of discussions of these topics in pre-admission interviews represents a potential area of jeopardy to an otherwise highly qualified candidate in an exquisitely competitive situation. It would, therefore, seem essential to eliminate discussion of a candidate’s views on abortion and sterilization either by mutual agreement among medical schools or by regulation.

Appendix

The following is a copy of a letter sent to all Regional Medical Officers by the Chief Medical officer of The British Ministry of Health. The letter was the subject of a debate in The House of Commons and was read into the records of Parliament by Hon. Jill Knight, M.P. I am indebted to Dr. Margaret White of Croyden, England for a copy of the communication.

19 February 1975
To All Regional Medical Officers:

Dear Doctor:

Appointment of Consultants: Termination of Pregnancy: 1) After consultation with representatives of the medical profession, I am writing to suggest the procedure that would be appropriate in appointment of doctors to hospital posts with duties involving termination of pregnancy or advice on termination. 2) Where it can be established after consultation with the relevant specialist advisers that there is a demand which cannot be met and where patient care would suffer if a doctor appointed to a particular vacancy did not feel able, on grounds of conscience to be in or advise on the termination of pregnancy it may be stated that the post includes duty to advise on, undertake, or participate in termination of pregnancy as, you will appreciate, the question may arise not only for posts in obstetrics and gynecology but also in anesthetics and psychology. Where such advise is included in the job description, Dr. Forbes (room 404, Eileen House) should be informed. 3) No reference to such duties should be included in the advertisement of such a post. The job description (“the further particulars”) made available to all applicants should however make explicit such commitments whenever they arise. 4) The Advisory Appointments Committee will wish to be satisfied that applicants are in all respects fitted and prepared to carry out the full range of duties which they might be required to perform if appointed. In doing so, enquiries about duties that relate to termination of pregnancy should be confined to professional intention and should not extend to questions about candidate’s personal beliefs. 5) I enclose extra copies of this letter for the AMOs of AHAs and AHAs (T) to whose attention you will wish to bring it. It is also being copied to administrators, SOMs (medical staffing) and Regional Personnel officers.

Yours sincerely,
H. Yellowleas
Chief Medical Officer

Linacre Quarterly
The above letter, if implemented through the socialized British system, would have the effect of eliminating appointments and promotions of obstetricians, anesthesiologists, and psychiatrists opposed to abortion by reason of conscience. The ultimate outcome would be to discourage new careers or continued careers in these specialties except among those favorably disposed toward abortion. The desired outcome, from the standpoint of the government, would be the elimination of all opposition to the British Abortion Act among the majority of specialists in these fields who would depend on the state for employment.

Letters...

To the Editor:

I am the President of the Catholic Physicians Guild in Portland and I would like to send my thanks for your outstanding meeting held in Washington D.C. in conjunction with the Catholic Chaplains. I felt that this meeting was extremely valuable to get the various groups of medical moral people together to discuss problems.

I would suggest in the future if possible to have meetings in conjunction with the Catholic Hospital Association and also the administrators of the various CHA hospitals.

I think we are in times where more communication is necessary and I found that at this meeting that was accomplished.

Most recently we had Father Richard McCormick, the Kennedy professor of bio-ethics at Georgetown University in Portland on November 7, 1975, at Providence Hospital. He spoke to a large group of 250-300 people regarding Euthanasia, Living or Dying.

On November 25, 1975, Father Albert Moraczewski, President of the Pope John XXIII Medical Moral Institute at St. Louis, Missouri, spoke on The Catholic Physician. Both of these meetings were highly successful and very informative. We plan other meetings for the rest of the year.

Keep up the good work.

Thomas E. Fagan, M.D.
5415 S.W. Westgate Drive
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February, 1976