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At a meeting held June 6, 1942, at Atlantic City, New Jersey, the Council on Medical Education and Hospitals of the American Medical Association passed the following resolution: "That it is desirable for medical schools to include in the curriculum for medical students adequate instruction in human fertility."

The wording of this resolution may seem indefinite and somewhat general unless its real meaning is made clear by analyzing the background for its passage.

In 1936, the Board of Trustees of the American Medical Association, following instructions from the House of Delegates, appointed a committee to study the subject of human fertility with special reference to contraceptive procedures in medical practice. This committee reported to the House of Delegates at the Atlantic City meeting of the American Medical Association in 1937 and after discussing the many phases of the subject, the report concluded with the following statement: "In view of the frequent occurrence of medical indications for the prevention of conception, and in view of the medical complications that arise from ill advised contraceptive practices resorted to by women on their own initiative and without medical advice, which call for medical care, medical students should, in the opinion of your committee, be instructed fully concerning fertility and sterility and taught the therapeutic considerations and therapeutic application of contraceptive measures."

The final recommendation of the committee was: "That the Council on Medical Education and Hospitals of the American Medical Association be requested to promote the thorough instruction in our medical schools with respect to the various factors pertaining to fertility and sterility, due attention being paid to their positive as well as negative aspects."

At this same meeting a resolution from the American Neurological Association was introduced which after referring to the then recent decision of the United States Circuit Court of Appeals that physicians may legally prescribe contraceptive measures in the interest of life and health, went on to state that: "The American Medical Association is urged to take up at once the matter of the proper teaching of contraception in medical schools and the organization of medically supervised contraceptive clinics in hospitals. The time has passed for discussion and debate. The fact remains that the physician is now free to use contraceptive measures in his practice and should be educated in their use."

This resolution and the report of the Committee on Contraceptive Measures, according to the usual procedure, were referred to a Reference Committee for consideration. This committee reported with favorable comments to the House

of Delegates and endorsed the recommendation of the Committee on Contraceptive Measures, whereupon the House of Delegates adopted the report and instructed the Council on Medical Education and Hospitals to take appropriate action with the medical colleges.

With such a background of thorough discussion, with definite mention in the report of the Committee on Contraceptive Measures that in the opinion of that committee "medical students should be instructed fully concerning fertility and sterility and taught the clinical considerations and therapeutic application of contraceptive measures," the resolution of the Council can mean only that adequate instruction in human fertility includes methods of prevention or limitation of conception when medically indicated. Further, it may be said, that this rather belated action of the Council is evidence of a certain amount of apathy or timidity prevailing among some of the medical profession because of an outspoken but numerical minority, and, also, that the medical schools of the country are lagging behind and have not responded to the modern demands in the field of instruction, a demand which is now becoming insistent from increasing numbers in the medical profession and from the public.

The credit for the awakening of the present wide interest in the guidance of human reproduction cannot be claimed by the medical profession. It is true that for some years physicians and medical teachers have discussed the increased hazards of pregnancy in women with various physical impairments and sounded warnings of the dangers of the transmission of inheritable taints, but the matter was left largely to the discretion of the family with the implication that sexual abstinence was the only solution. In medical schools students were, and largely still are, taught the contraindications for pregnancy but are not taught what to do or the methods to prevent conception in such cases. As a result, women turned from the ethical physician to the abortionist, the drug store, the instrument house and even the slot machine for relief.

An aroused womanhood, aware of the evils of uncontrolled contraceptive practices as well as unlimited reproduction challenged this *laissez faire* attitude of our profession and initiated the birth control movement. All are familiar with the obloquy and persecution heaped on the sponsors, but time has brought their vindication. Perhaps, some of the trouble came from the choice of the word "control," many interpreting it in the sense "to prevent" and thus assuming that the movement was entirely propaganda for contraception. Professor C. E. A. Winslow drew attention to this error in thinking in an article in the *Birth Control Review* of January, 1938, in which he said, "The word 'control' is too often interpreted in the sense of restraint, check. This is only, however, a secondary implication and a misleading one. The primary dictionary definition is 'power of direction, command'."

This latter meaning was the interpretation of the founders of the Birth Control League but to avoid misunderstanding the name was changed in March, 1942, to the Planned Parenthood Federation to indicate better and more clearly the real objective, namely, the intelligent planning for parenthood,

to encourage reproduction when advisable just as much as to seek to check it when medically necessary, all in the interest of better maternal and child health.

This organization has won wide public support and has made great progress in the last few years. There are now 34 state groups affiliated with the national body and others in progress of organization. As of July, 1942, there were 806 clinics giving instruction to patients in contraceptive measures on health indications; of these 265 were in local health departments, 226 in hospitals and 315 were operated by doctors supported by local committees of interested citizens. Patients enter these clinics as referred cases from their family physicians or health officers, and while the primary object is the teaching of appropriate means of avoiding conception in each case, if found medically advisable, the necessary physical examinations have led to the discovery of a number and variety of pathologic conditions which have been referred elsewhere for correction.

Several state medical organizations have taken definite official action favorable to the movement. Alabama and Arizona endorsed the action of the American Medical Association in 1938. The House of Delegates of the Colorado State Medical Society (1942) took similar action. South Carolina (1938), Georgia (1939) and Florida (1942), by resolutions, directed their respective state health departments to give contraceptive information when medically indicated. The Tennessee State Medical Society (1942) officially approved the giving of child spacing information by or under the direction of physicians. The Virginia State Medical Society (1942), by resolution, encouraged private practitioners to accept responsibility for giving information relative to the prevention of pregnancy for medical reasons; its inclusion in clinic service for indigents and that it be made available in state operated sanatoria for tuberculosis patients. West Virginia (1942) by resolution "requested the physicians of the state to impart the necessary contraceptive information to those women whose health is such that they should not bear children and to those mothers whose health has been impaired by excessive child birth." Texas (1940) passed the resolution "that the teaching of scientifically correct methods of prevention of conception and the actual practice of prevention is a suitable subject for teaching and study in medical colleges and in recognized and professionally controlled women's clinics," and in 1941 the same society, on recommendation of the Committee on Maternal and Child Health "approved the inclusion of birth control information as an activity of the Texas State Board of Health." The present officers of this state medical organization are on record as interested in seeing that the recommendation is carried out.

The attention of other state health departments has been drawn actively to the need of including the providing of contraceptive information as a part of their programs for better health of the underprivileged, especially since the pioneer work of North Carolina in this field. According to Cooper, Pratt and Hagood¹, "The State Board of Health sent a letter to each county health officer stating

1. *Four Years of Contraception as a Public Health Service in North Carolina.* Am. J. Public Health, 31: No. 12, December, 1941.

that he might, if he considered it desirable, after securing the approval of the county medical society or the county board of health, add instruction in contraception to the other medical services provided for the underprivileged." For the carrying out of this suggestion the services of a health nurse and contraceptive supplies needed for the first few months were furnished by the State Board of Health. Six counties availed themselves of this offer the first year, but as of December, 1941, of the 81 counties having county health services, 61, or 75 per cent, had included contraceptive clinics as a part of their regular health program.

To some degree, however, apathy and even antagonism persist in medical and education circles. Many doctors ask why should the profession concern itself when so many are already practicing contraception on their own initiative. Unfortunately, there is good ground for this comment. Eastman² states that the investigation of Dr. Raymond Pearl demonstrated that 55 per cent of the married population of the United States used contraceptive measures either regularly or intermittently some time in their married lives, and that Hines believed the number to be from 65 to 75 per cent. Further, based on the data in *Fortune* magazine, February, 1938, \$250,000,000 was spent annually for contraceptive materials of which only \$38,000,000 was spent for condoms. Eastman points out that more than \$200,000,000 must have been expended by women for the 636 known brands of products and devices for the female, sold for the most part under the euphemism of "feminine hygiene." That many of these articles are useless and some actually harmful is well known, but they are widely distributed practically without restraint from instrument houses, drug stores and even slot machines. Undoubtedly, there is a wide prevalence of attempted birth control of this "bootleg" type with all the evils of such practice with which, unfortunately, we are too familiar in this country. The evidence is mounting, however, that physicians are awakening to their responsibility in this matter and urging that the medical profession take the lead in directing public thinking and private practices in the field of human reproduction with the objective of better maternal and child health, emphasizing that this aim is the only appeal to the physician in giving contraceptive information.

Unfortunately, the medical profession is not prepared to meet the situation today because of the lack of training in the practice of contraceptive technique. Very few medical colleges give adequate instruction on this subject and the practitioner turns to the detail man or instrument house for help. While not a great amount of training is necessary, a certain degree of knowledge in the selection of the appropriate method or device for the individual case and skill in application are required, lacking which, failure too often results and the practitioner condemns the practices rather than his own lack of knowledge and skill. That there is a wide recognition of their deficiency in this field is evidenced by the fact that when in August, 1942, the Planned Parenthood Federation sent out a post card offer of a free copy of the second edition of "The Techniques

2. *The Aims of Birth Control and Their Place in Preventive Medicine*. New Internat. Clinics, Vol. 1, Series 5, 1942.

of Conception Control," within thirty days more than 34,000 doctors requested copies, and this was in addition to the 60,000 previously distributed to obstetricians, gynecologists, health officers and medical students.

The time is certainly at hand when medical colleges must face the situation squarely. It is not urged that required courses in contraceptive teaching be instituted in the curriculum as this might be contrary to the conscientious objections of some teachers or students especially in those colleges where religious views dominate this subject. There can be no objection, however, in all colleges to encourage the teachers in medicine to stress even more the increased hazards to mother and child in the occurrence of pregnancy in women with cardiovascular disease, tuberculosis, diabetes and the like. The neurologist could and should emphasize the often disastrous results of pregnancy in many nervous conditions and the likelihood of inheritance of mental and nervous taints. The pediatrician could dilate more on the advantage of at least a year of maternal care undisturbed by the occurrence of another pregnancy, and the obstetrician certainly should teach the need of a recuperative period after delivery and by adequate instruction in the rhythm of ovulation, he may guide to some extent the occurrence of a following pregnancy.

In colleges where religious objections do not govern the curriculum, an elective course should be offered; it should be elective first so as not to force such instruction on any student who may be opposed to it for any reason; second, so as not to infringe on the already crowded required courses in obstetrics and gynecology, and third, to give the subject a distinctive place with better chance of adequate instruction. The instructor should, of necessity, be well grounded in obstetrics and gynecology and if, in addition, he has a good knowledge of preventive medicine, it would be of great advantage.

In one college in which such a course has been given for more than ten years, the instructor has these requirements to an unusual degree. In his early professional practice he had more than average obstetric experience and later specialized in preventive medicine and is now in that department in the college with which he is connected. With such a background and with a record of ten or more years teaching in the subject, his opinion as to the requirements of adequate instruction in this field should carry considerable weight. He began with five lectures but after requests from students and from his own experience of the need of expansion, he now gives ten didactic lectures in order to cover all phases of the subject. In no sense is he a propagandist for contraception save as a means of promoting maternal and child health. He favors the elective course but believes that a properly given course should offend no student no matter what his religious or racial background, but, on the contrary, a well given course will prepare individuals of all faiths to give advice to patients of all creeds and beliefs.

This instructor (Dr. W. E. Brown, of the Department of Preventive Medicine in the University of Cincinnati) has prepared an excellent "Suggested Outline on Teaching Medical Indications and Techniques of Contraception

Control," copies of which will be furnished interested teachers in medical schools by the Planned Parenthood Federation, Inc., 501 Madison Avenue, New York City. This outline favors giving the lectures toward the end of the junior year after the student has had basic training in obstetrics and gynecology and follows with practical work in the senior year. This practical instruction is given in a clinic maintained very appropriately in a privately endowed children's hospital. Here the students meet patients entering the clinic and are taught to apply their didactic instruction in the selection of those to whom contraceptive information should be given and are then instructed in the practical application of the selected method appropriate to the individual case.

After ten years trial this course has proven its value, so much so that when the instructor, thinking of the increased stress and heavy teaching load imposed on the students due to the accelerated program, suggested discontinuing the course for the present the college administration insisted that it be continued. With the large number of private and health department clinics now in operation, a similar arrangement for practical instruction could be established in practically all localities and meet most requirements.

SUMMARY

The resolution of the Council on Medical Education and Hospitals passed at the request of the House of Delegates definitely indicates the desires of the medical profession and implies that the medical colleges of the country are not giving adequate instruction in contraceptive methods where such instruction should be given for health reasons.

The public demand for better guidance from the medical profession in human reproduction, including child spacing and the prevention of conception for health reasons, is becoming more and more insistent and the situation must be faced.

The opportunity for the medical guidance of a great movement for the better health of the present and future generations of our country is offered; failure of the medical colleges to participate will be a serious evasion of professional responsibility.

The medical student should be taught the contraindications of pregnancy and also the proper methods of meeting such contraindications so that he will not have to seek such information later as a practitioner from commercial detail men, too often with unfortunate results.

Failure of medical colleges to meet their responsibility in this teaching will threaten still further the position of future physicians as guides and counselors to the family in matters of health.