

Black Physicians' Experience with Abortion Requests and Opinion about Abortion Law Change in Michigan*

ERA L. HILL, B.S. AND JOHAN W. ELIOT, M.D., M.P.H.,

*Department of Population Planning,
School of Public Health,
University of Michigan
Ann Arbor, Michigan*

SINCE 1968, bills to liberalize Michigan's abortion law have been before the Michigan legislature. Studies were started in 1968 by the Center for Population Planning of the University of Michigan, in collaboration with the Michigan Council for the Study of Abortion, to collect certain information greatly needed by the Michigan legislators concerning: 1) the attitude of Michigan physicians toward change of the Michigan abortion law, and 2) the experience of Michigan physicians in receiving requests for abortion, as an indication of the dimensions of the abortion problem. Results from Michigan as a whole have been reported by Serena et. al.¹ They found that a higher percentage (64%) of the black physicians responding had received requests than of white physicians responding (39%) or of physicians of other races (50%).

In the past, it has been suggested that abortions were largely sought by white, middle-class women, seldom by indigent or black women.² The proportion of black physicians responding to the above study was low (black physicians were 3% of all physicians, but only 2% of the respondents). Correlated with this fact, only 10% of the women reported as requesting abortion were black, and only 12% of the women were indigent. The low level of reporting from black physicians and the high average number of requests from black and indigent women received by the black physicians who responded, suggested that requests from black and indigent women were considerably under-reported in that study, and that more indigent and black women were requesting abortions than was formerly thought to be the case. Therefore, the aid of the Detroit Medical Society (a predominant-

ly black organization) was enlisted to answer questions raised by the first study.

STUDY METHODS

With the consent of the chairman of the Detroit Medical Society, Dr. Reginald Ernst, and of the members present at a meeting on September 28, 1969, questionnaires were distributed to 33 members who were present and collected at the end of the meeting, maintaining anonymity of respondents. A list of members present at the meeting and a list of current members of the Detroit Medical Society were furnished by the chairman. Utilizing these, questionnaires were then mailed to all the members of the Detroit Medical Society that were not present at the meeting. For purposes of classification, physicians were asked to state their specialty, age, sex and religion.

The first part of the questionnaire was essentially the same as that used in the earlier statewide study. In the first question, the physicians were asked to indicate whether the present Michigan Criminal Code section on abortion should be: 1) abolished as it refers to physicians, 2) replaced or revised, 3) retained with its present degree of enforcement, or 4) retained and more rigidly enforced. Supplementary explanations of these alternatives were appended. In the second question, the physicians were asked to state the number of women who had made inquiries about an abortion on their own, or on behalf of whom an inquiry had been made, within the past six months. They were then asked to classify each woman by age, marital status, economic level, race and number of living children.

In the second part of the questionnaire, the physicians were asked if they thought a more liberal abortion law would benefit Negro women,

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and, if a more liberalized abortion law were passed, what changes in medical services they saw as being necessary to provide services to indigent women. Also, they were asked approximately how many women patients (12 years and older) they had, and in which area of Detroit most of their female patients lived. Finally they were asked, generally, after what number of children most women consulted them for contraceptive services.

The questionnaire was completed and returned by 66 (34%) of the 196 members of the Detroit Medical Society. Distribution of respondents by field of practice and sex was fairly representative of the distribution within the Detroit Medical Society. A greater proportion of younger physicians responded than of older physicians, a result similar to the statewide study. Distribution of the respondents by specialty differed from the distribution of physicians in the state in that a larger percentage of the black physicians were in general practice, internal medicine, obstetrics and gynecology, and psychiatry, and a smaller percentage were in surgery or other specialties. Unfortunately, there was not available a list of all black physicians in the state by specialty. In fact, it was difficult to determine the number of black physicians in the state of Michigan. It was conservatively estimated that there were approximately 300 black physicians in Michigan based on the number of Michigan physicians belonging to the National Medical Association.³ Based on the observation that the distribution of the respondents to this questionnaire and the black physicians responding to the statewide questionnaire by specialty were rather similar to the distribution of physicians by specialty in the Detroit Medical Society, the respondents to the questionnaire were likely to have been representative of the black physician population in the state.

Some data from the statewide study have been recalculated or analyzed for the first time for comparison with this study, as noted throughout the text.

RESULTS

Opinion about Changing the Abortion Law

Of the 66 respondents in this study, 96% favored a more liberal abortion law, which is essentially the same percentage as the 97% of black physicians replying to the statewide questionnaire who favored a more liberal abortion law, and is a little higher than the 87% of all physi-

cians replying to the statewide questionnaire who favored liberalization. On the other hand, 49% of respondents in this study wished abortion to be eliminated from the criminal code as it refers to the licensed physician, which is substantially higher than the 25% of black physicians and 33% of all physicians who gave this reply in the statewide study. In both studies, only 3% of black physicians favored no change or more rigid enforcement of the present law, compared with 13% of all physicians in the state.

By type of medical practice, 47% of the physicians in general practice, 50% in internal medicine, 75% in pediatrics, and 100% in psychiatry favored elimination of abortion from the criminal code, while replacement or revision of the present law was favored by 41% of those in general practice, 50% in internal medicine, and 75% in obstetrics and gynecology. All of the physicians who did not favor any kind of change in the abortion law were in general practice.

As for age being a factor affecting a physician's attitude on changing the abortion law, 100% of those in the age range 30 to 49 favored change, while 93% of the doctors 50 years and older favored change. But when this was broken down by extent of change in the law, 46% of the doctors in the age range 30-39 years old, 53% in the age range 40-49 years old, and 52% in the age range 50 and above favored the most liberal change. The older doctors seemed to be a little more liberal than the doctors in the 30-39 year age range.

In regard to religion, 100% of the Catholic physicians and 70% of those who listed their religion as "other" or "none," favored the most liberal change, compared with only 40% of the Protestants. Only 3% of the respondents were female, and they were all in favor of replacing or revising the law.

Characteristics of Physicians Receiving Abortion Requests

A total of 539 requests for abortion was received by the responding physicians in a six month period. These requests were reported by 39 (59%) of the 66 respondents. The range of number of requests received by individual physicians was from one to over 100. The median was 2 and mean was 8.7 for all physicians responding, and the median was 4 and the mean 13.6 for those physicians who received requests. The differences

in the median and mean indicate that, as in the statewide study, a few physicians received a large number of requests and a large number of physicians received few or no requests. The mean number of requests received by all black physicians in the statewide study was 5.8 and by all physicians, 1.4.

Of the physicians in general practice, 47% received from one to four requests and 35% received more than four, while 17% of the obstetricians received from one to four requests and 75% received more than four requests. The average number of requests received by general practitioners who received any was 11.5, by obstetricians was 20.2, by surgeons was 13.7, by psychiatrists was 4.2, by internists was 1.4, and by others was 0.4. The distribution of requests by specialty amongst black physicians replying to the statewide questionnaire was similar, but numbers were a little lower, and the numbers received by all Michigan physicians were much lower in all fields of practice.

Regarding age, 54% of the physicians 30-39 years old, 47% of the physicians 40-49 years old, and 70% of the physicians 50 years old and older received requests for abortion. Of the physicians in the 30-39 year range, 54% received more than four requests. Although more physicians 50 years and older received requests, only 30% of them received more than four requests.

Of the 66 respondents, 44 reported the approximate number of females 12 years and older that they had as patients. The median number of such female patients was 500 and the mean was 1,069. For the 19 physicians receiving more than four requests in a six month period, the average female patient load was 1,900. The average number of abortion requests for these physicians was 30, and the median was 15. Physicians with smaller female patient loads (1-600 women) tended to receive a smaller number of requests (4 or less). Their average was 2.5; their median was 3.0.

Forty-four (67%) of the physicians also answered a question regarding the number of children after which most of their female patients sought contraceptive advice. Of the physicians replying to the question, 11% reported that their patients generally sought contraceptive advice before the birth of the first child, 61% reported that they generally sought it after the birth of the first child, and 36% reported that they usually sought

advice after two or more children. Of the physicians that answered the above question and had received requests for abortion nearly all had regular patients who waited until after their first child to consult them for contraception, whereas of the physicians who received no abortion requests, one-fourth reported that their women patients usually sought contraceptive advice *before* the birth of their first child.

Looking now at data concerning the parity of women actually requesting abortion, we noted that the women requesting abortion help from physicians who had received between one and four abortion requests had an average of 1.8 living children each. By contrast, women requesting abortions from physicians who had received more than four requests had an average of 2.3 living children each. Apparently, physicians who have received many requests have patients who are in greater need of contraception.

Opinion of Physicians Regarding Value of Abortion Law Change to Black Women

In reply to the question as to whether a more liberal abortion law would benefit black women, 82% of the physicians said "yes," 12% said "no," 2% didn't know, and 5% did not reply to the question. In reply to the same question, 77% of the physicians in general practice, 80% in psychiatry, 86% in internal medicine, 92% in obstetrics, and 100% in pediatrics said "yes." There was no correlation between the age of the physician or the number of abortion requests he had received and whether he responded positively to the above question.

Of the physicians in favor of a more liberal abortion law, 14% said "no," to the above question, and all of the physicians who did not favor any change in the present abortion law also replied that a more liberal abortion law would not benefit black women. Of those physicians who did not feel that liberalization of the abortion law would benefit black women, 75% were, nevertheless, in favor of such change. In fact, half of them were in favor of abolition of the law as it refers to physicians.

Although the majority of the doctors answered "yes," some doctors qualified their answers in the following manners: 1) A more liberal abortion law would benefit a black woman only if the cost of an abortion was not too high; 2) it would allow

a black woman opportunities that the economics of the present situation allows a white woman. Also, it was pointed out (and it is a point well taken) that race is not the important factor. Finally, two doctors pointed out that, even if an abortion were readily obtainable at a reasonable cost, many black women would refuse one, as having a child has many important ramifications for a black woman (related to her needs).

Characteristics of Women Requesting Abortions

Of the 182 women whose age was reported, 36% were less than 20, 53% were 20-34 and 12% were 35 and older. The results were similar to those in the state wide study except that in that study a lower percentage (47%) of the women were in the age range 20-34 years. Of the 185 women whose marital status was reported, 39% were married, compared with 42% in the statewide study; 42% were single, 15% were separated and 4% were divorced, a total of 61% who were unmarried compared with 58% in the statewide study. Of the 279 women whose ethnic group was reported, 84% were black, compared with 12% in the state study. Of the 243 women whose economic status was reported, 37% were classed as indigent, compared with 14% in the statewide study. However, 51% of the 603 black women in the statewide study were classed as indigent.

Younger and older women tended to inquire about abortions more from physicians in general practice, whereas women in the age range 20-34 tended to seek abortions from specialists, i.e., 46% of the women 20-34 years old saw physicians in general practice, compared with 62% of the women less than 20 years old, and 35 and older. Of the 182 women whose age was reported, 70% requested abortions from physicians 50 years old and older. There was a marked tendency for the women less than 20 years old to seek abortions from the older physicians (83%).

A majority of married women (58%) sought abortions from obstetricians while 61% of unmarried women sought abortions from general practitioners. A minority (47%) of married women inquired about abortions from physicians 50 years old and older compared with 80% of unmarried women.

As for economic status, 41% of the non-indigent women saw obstetricians whereas only 13%

of the indigent women saw obstetricians. Contrariwise, 48% of non-indigent women saw general practitioners, compared with 76% of indigent women. Surprisingly, a slightly higher per cent of indigent women saw psychiatrists (8%) than of non-indigent women (3%). Only 11% of indigent women requested abortions from physicians under age 50, while 33% of non-indigent women did so.

The race of women requesting abortion affected choice of physician; 43% of black women saw obstetricians, compared with only 23% of white women. Conversely, 48% of black women saw general practitioners, while 60% of white women did so. Only 3% of black women consulted a psychiatrist, compared with 13% of white women. The race of the women made no difference regarding the age of physicians consulted.

Needed Changes in Abortion Services

The last question was open-ended: "If a liberalized abortion law were passed, what changes in medical services do you see as being necessary to provide service to indigent women?" Responses covered a wide range of needs which are summarized here:

1. Standards: Standards and eligibility criteria need to be established.

2. Financial Aspects.

a. Keeping costs low: Costs need to be low or zero; should certainly be no more than the usual D and C.

b. Insurance financing: Expenses of abortion should be covered by commercial insurance, by Blue Cross-Blue Shield, and by Medicare, as a curettage for any other reason would be.

c. Government financing: Abortion should be considered as another function of medical care for which responsible government medical assistance programs, including Medicaid, should be authorized to defray the necessary expenses.

3. Facilities.

a. Hospitals: Need to increase the number of short-term hospital beds, and increase the hospital facilities for performance of abortions.

b. Clinics: Gynecology clinics need to expand their facilities and services to provide for first trimester abortions. New outpatient facilities and/or free-standing clinics need to be established.

c. Physician's office: Should be available for non-surgical procedures.

4. Patient Relationships and Counseling.

a. Professional procedures: There should be no committee or consultations for elective abortions, which

should be a decision between the physician and his patient.

b. Coercion: Abortion should not be urged upon indigent women or welfare clients, but should be a voluntary procedure available to them like any other medical procedure so that they are not required to bear an unwanted child.

c. Conscientious objection: A physician should have the privilege of not doing abortions if he objects to doing them.

d. Information centers: Agencies serving the indigent, including family counseling services, should provide information about abortion to their clients.

e. Referral and follow-up: Agency personnel should help clients with appointments, accompany them where necessary to assure that they obtain needed services promptly, and provide follow-up to be sure any needed post-abortion care is provided.

f. Psychiatric counseling: Should be available both to patients and to professional personnel as needed.

Number of Requests for Abortion

It was possible to estimate the total number of requests for abortion that were received in one year by physicians who were members of the Detroit Medical Society on the basis of the number of inquiries for abortion that were received in a six month period by the respondents in this study. The total number of requests reported was 539, and the average per physician was 8.7.

The average number of requests received by each specialty was multiplied by the total number of physicians in that specialty in the Detroit Medical Society, producing a projected total of 1691 requests in a six month period or 3,382 requests for abortion per year to the physicians belonging to the Detroit Medical Society. It was also possible to project the number of requests received by the estimated 300 black physicians in the state. Using the average of 6.0 requests per black physician found in the statewide study and multiplying by 300, we projected a total of 1800 requests in a six month period, or 3,600 requests for abortion per year to black physicians in the state of Michigan. Comparison of these two figures appeared to confirm the likelihood that the statewide study underestimated abortion requests to black physicians.

Using data from the statewide study, and from the 1970 census, we calculated that 1.6% of the 155,300* fertile black women exposed to, but not seeking pregnancy in Michigan had inquired about abortions from black physicians in the state in a

year. We further calculated that another 1.4% of such black women had inquired about abortions from non-black physicians in the state during a year. Hence, a total of 3.0% of fertile black women exposed to, but not desiring pregnancy, sought an abortion during a year in Michigan. The comparable figure for all of the 1,301,000* such Michigan women, including blacks, was only 2.2%.

We made similar calculations for Wayne County alone, using data both from the statewide study and from this study. We calculated that 3.6% of the 113,889* fertile black women exposed to, but not wishing pregnancy in Wayne County sought an abortion in a year. This figure was composed of 2.5% who inquired from members of the Detroit Medical Society, and 1.1% who sought abortions from other physicians, black and non-black. The comparable figure for all of the 356,329* Wayne County women, including blacks, who were fertile and exposed to, but not desirous of pregnancy, was 3.5%.

Black women were inquiring about abortion from physicians at a slightly higher rate than non-black women in Wayne County, and at a slightly lower rate than non-black women in the rest of the state (this difference would have been less if there had not been underreporting from black physicians in the statewide study). Neither difference was statistically significant. On the other hand, the difference in rate of requests for abortion in Wayne County compared with the rest of the state was highly significant statistically, for blacks and non-blacks taken separately, and for all women.

Another way of examining the physicians' experience with abortion requests was to look at the number of requests per 1000 live births. We calculated the following rates:

	<i>Wayne County</i>	<i>Rest of State</i>	<i>All Michigan</i>
Black	247	73	192
Non-black	231	156	176
All women	236	150	178

Differences between black and non-black rates were statistically significant only outside of Wayne

* Following Campbell's findings,⁴ we assumed that 13% of women age 15 through 44 were sterile, 5.5% were seeking pregnancy, and 12% were not exposed to the risk of pregnancy.

County, and we think these were an artifact of low reporting from black physicians in the statewide study. Differences between Wayne County and the rest of Michigan were highly significant for both black and non-black rates. We concluded that about one pregnant black woman in four asked for an abortion in Wayne County, compared with less than one pregnant black woman in ten, and one pregnant non-black woman in seven, elsewhere in the state.

DISCUSSION AND CONCLUSION

The overwhelming majority (96%) of the members of the Detroit Medical Society who replied to the questionnaire favored a more liberal abortion law,* as did black physicians replying to the statewide questionnaire. But almost half of the respondents from the Detroit Medical Society favored elimination of abortion from the criminal code as it referred to physicians compared to one third of all the physicians replying to the statewide survey.

For the physicians responding from the Detroit Medical Society, attitudes favoring repeal of the abortion law were positively correlated with physicians who: 1) were older (50 and over); 2) were in psychiatry; 3) were in pediatrics; 4) were in general practice; and 5) had received more than 30 requests for abortion.

Attitudes favoring simply replacing or revising the abortion law were positively correlated with physicians who: 1) were younger; 2) were in obstetrics and gynecology; 3) were female; and 4) had received between one and four requests for abortion.

Not only did a large majority of physicians responding from the Detroit Medical Society favor a more liberal abortion law but most of them perceived that a more liberal abortion law would benefit black women. Some physicians pointed out that this would be true only if the cost of an abortion were not too high. This perception of benefit to black women does not mean that members of the Detroit Medical Society were insensitive to charges of "genocide" leveled by some black leaders against family planning programs, particularly those programs that label black women and poor women as "target populations." It does

mean simply that along with their clear recognition of undesirable motivations on the part of some proponents of family planning, they also recognize the overriding need of black and indigent women for medically safe family planning and abortion services, for protection of their health and family life.

The study showed that physicians belonging to the Detroit Medical Society received a higher rate of requests for abortion than any other group of physicians in the state. They constituted only 1.7% of all the physicians in the state and 5% of the physicians in Wayne County, yet they received 11% of all the requests for abortion in the state, and 27% of all the requests for abortion in Wayne County. They were serving a larger percentage of the black and indigent population in Wayne County and more of these women were requesting abortions. Approximately 84% of the women requesting abortions from them were black and 37% were indigent. A more important fact than the race of a woman requesting an abortion was that significantly more indigent women were requesting abortions from physicians in the Detroit Medical Society than from other physicians. In Wayne County, 14% of all the women that requested abortions were indigent. However, approximately 72% of these indigent women inquired about abortion from members of the Detroit Medical Society.

As for the characteristics of women seeking abortions, the majority of the women who inquired about abortion from physicians in the Detroit Medical Society were 20 to 34 years old, unmarried, non-indigent and black. Of the women less than 20 or more than 34 years old, unmarried indigent and white, the majority sought the services of general practitioners, while most married women and non-indigent women sought the services of obstetricians.

The age, marital status and race of the women seemed to affect their decision to seek an abortion and their choice of physician less than urban residence and low economic status. The old idea that indigent women do not ask for abortion is thoroughly erased by this study.

Physicians who received a high number of abortion requests received them from women with higher average parity than was true of physicians who received a low number of requests. Consistent with this observation, fewer of the physicians who

* The Detroit Medical Society is on record as being unanimously in favor of a resolution supporting a more liberal abortion law.

had received abortion requests had patients who sought contraceptive services before the birth of the first child, than was true of physicians who had received no abortion requests.

The members of the Detroit Medical Society responding to this questionnaire were well aware of the changes that would need to occur in medical services if a liberalized abortion law were passed in order that services might be provided to indigent women. This is significant, since they were receiving such a high proportion of all the requests for abortion from the indigent, and there is such a large indigent population in Wayne County. Clearly, the physicians of the Detroit Medical Society will need assistance, presumably from governmental sources, in order to provide for the great number of indigent patients who will depend on them to provide abortion services when Michigan's abortion law is changed.

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LITERATURE CITED

1. SERENA, B. and P. SULLIVAN, J. STACK, R. SMITH and J. W. ELIOT. Attitudes toward Michigan's Abortion Law and Experience with Requests for Abortion of Michigan's Physicians. *Michigan Medicine*, April 1971; 309-316.
2. GEBHARDT, P. H., and W. B. POMEROY, C. E. MARTIN and C. V. CHRISTENSON. *Pregnancy, Birth and Abortion*, Harper & Brothers, New York, 1958.
3. SCHWARTZ, G. E. and M. S. LAWRENCE. Selected Characteristics of the Members of the National Medical Association: Preliminary Findings. *J.N.M.A.*, 62:2, 1970.
4. CAMPBELL, A. A. Role of Family Planning in the Reduction of Poverty. *J. Marriage and Family*, 30: 236, 1968.

BALTIMORE'S PROVIDENT HOSPITAL'S MEALS ON WHEELS

Meals On Wheels, an organization currently delivering meals to thousands of elderly and incapacitated clients who are unable to shop for and prepare their own food, will soon be expanding their services in the northwest Baltimore area. The service will be operated from the new, modern facilities at Provident Hospital. Meals will be delivered daily by volunteers. The very small fee that is charged for this service is within the reach of everyone, including those who receive pensions, disability benefits, or welfare funds as their sole means of support. Some Meals On Wheels clients receive the service after they have been discharged from the hospital, beginning when they arrive home and terminating when they are again able to prepare their own meals.

NEW INSTRUMENT FOR CATARACT REMOVAL

A new instrument for eye surgery that may greatly simplify the removal of cataracts has been developed by National Aeronautics and Space Administration researchers at the Lewis Research Center, Cleveland, working with a prominent ophthalmologist, Dr. William J. McGannon.

The small hand-held instrument uses a combination of high frequency vibrations with a small pumping mechanism to liquify and remove cataract and lens material effectively. It has been tested successfully on the eyes of animals. The instrument makes only a small puncture in the eye and would minimize the problem of stitching in most cases. It is about the size of an electric toothbrush, small and light enough to be held in the hand and can be easily manipulated by the surgeon during an operation.