ORIGINAL RESEARCH

"They Go Hand in Hand": Perspectives on the Relationship Between the Core Values of Family Medicine and Abortion Provision Among Family Physicians Who Do Not Oppose Abortion

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Introduction: **Most family physicians do not provide abortion care, despite an apparent alignment between the defined values of family medicine and provision of abortion in primary care. This study seeks to understand how family physicians themselves perceive the relationship between their specialty's values and abortion provision.**

Methods: **We conducted in-depth interviews in 2019 with 56 family physicians who do not oppose abortion in the United States. We employed a deductive-inductive content analysis approach with memos to identify key themes. This analysis focuses on participants' beliefs in the core values of family medicine and how those values relate to abortion in family medicine.**

Results: **Participants identified and described six values of the specialty they prioritized, which included relationships, care across the lifespan, whole-person care, nonjudgmental care, meeting community needs, and social justice. Family physicians in the study overwhelmingly believed that abortion aligned with family medicine values, regardless of whether they themselves provided abortion care.**

Conclusions: **Providing abortion care in primary care settings gives family physicians an opportunity to provide comprehensive care while improving access to meet community needs. As abortion care becomes increasingly restricted in the United States, family physicians can manifest the values of family medicine through integrating abortion care into their practices in states where abortion remains legal. (J Am Board Fam Med 2023;00:000–000.)**

Keywords: **Abortion, Family Medicine, Family Physicians, Qualitative Research, Values**

Introduction

Family medicine has from its inception been defined by the core values of caring for the whole person and adapting to the evolving needs of patients and communities,[1] in contrast to other medical specialties that are defined by a focus on certain organ systems or specified realms of expertise. Since family medicine's founding, these core values have been described in multiple formats over time,[1–4] with the 2004 Task

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Force for the Future of Family Medicine, defining them as providing, "continuing, comprehensive, compassionate, and personal care for their patients" and "access to what is needed for people of any and all backgrounds and life circumstances" as well as being "knowledgeable and willing to accept any type of problem and take responsibility either to provide the care or assure that care is provided by an appropriate source."[2]

Abortion provision in the primary care setting seems to align with the values of the specialty in providing whole-person, continuous care to improving access to meet community needs. This is particularly salient in areas where communities experience limited access to abortion, including in rural areas, where family physicians can be the only source of care.[5,6] Medication abortion, in particular, requires less training and equipment than aspiration abortion, and is a promising method to increase abortion access in primary care settings.[7]

Although many family physicians in the US have indicated they believe abortion is within the scope of family medicine, the majority do not provide abortion care despite managing early pregnancy loss.[8] An analysis using data from the Family Medicine National Graduate Survey in 2016 to 2018 found just 3% of family physicians were providing abortion care three years after residency.[9] There seems to be a disconnect between the defined values of family medicine and physician practice patterns related to abortion care. Given this, we conducted a qualitative study to understand how US family physicians who are not opposed to abortion view the values of the specialty and their relationship to abortion provision.

Methods

This analysis draws on a larger project that explored how communication strategies can be leveraged to support integration of medication abortion into family medicine. To focus on physicians without ethical or moral barriers to this work, we excluded individuals who self-identified as opposing abortion. We interviewed early career family physicians who graduated residency within the last ten years and family medicine thought leaders. We describe the sample as well as recruitment, data collection, and analysis in detail in previous articles focused on barriers to providing abortion care.[10,11]

Data Collection

The interview guide was designed to explore participants' conceptualization of the values of the specialty and how those values relate to abortion in family medicine. The guide included the following interview questions: "What personal values influenced your decision to become a family physician?", "What do you think are the core values of family medicine?" and, "Thinking of the values you mentioned, how do you think these relate to your beliefs about abortion in family medicine?"

Research staff obtained oral informed consent and participants completed surveys with questions about demographics, training, and clinical experience before the interviews. Recruitment ended when the research team established that the themes related to the relationship of the specialty's values and abortion provision reached saturation. This study was approved by the University of California, San Francisco Institutional Review Board (#18-26392).

Analysis

A HIPAA-compliant professional transcription service transcribed verbatim and deidentified all transcripts. Research team members read transcripts, discussed impressions with the study team, and developed a preliminary codebook. We used a deductive-inductive content analysis approach,[12] with memos to identify broad themes. Deductive coding was informed by preexisting knowledge of the defined core values of family medicine, including continuity of care and relationship-centered care. The team regularly met to discuss memos and themes derived from the transcripts to develop an understanding of participants' views on the core values of family medicine and how those values relate to abortion provision in family medicine.

Results

Between January and October 2019, we conducted in-depth interviews with 56 family physicians, including 49 early career family physicians and seven family medicine thought leaders (Table 1). Participants were from four regions of the US and the majority of the participants (77%) identified as female. Most of the participants (70%) did not provide abortion care, despite the majority (70%) having received abortion training (either aspiration, medication, or both) during residency.

Family Medicine Values

Participants in the study identified the values of the specialty that they prioritized, which included relationships, care across the lifespan, whole-person

care, nonjudgmental care, meeting community needs, and social justice.

Family physicians described themselves as "experts in relationships" (P51) and believed having trusting relationships with patients strengthened their ability to provide quality care. Participants shared stories of their patients telling them, "You are the only person I trust to do this" (P9) and, "I've never told anybody. . .three-fourths of the stuff that I just told you" (P60). Participants also reported valuing the opportunity to provide care across the lifespan and felt continuity of care distinguished family medicine from other specialties. Participants explained, "Family medicine is the only one [specialty] that you will have that continuous care from the day they were born to the day they die" (P43).

Participants viewed whole-person care as caring for the entire person in the context of their families and lives and contrasted it to treating a disease or caring for an organ system. They valued being able to meet their patients' needs by providing full-spectrum care without referring to specialists and felt their broad scope enabled them to provide whole-person care. "There is not anything that is not our problem" (P10), one participant explained.

Providing compassionate, nonjudgmental care was also considered central to family medicine; participants discussed the importance of being aware of personal bias and not allowing biases to be reflected in the care they provide. As one participant explained, "Our job is not to judge. . .our job is to provide care, and it is that person's decision" (P43).

Participants viewed the role of family physicians as being both part of the community and adapting their scope of practice based on community needs. They discussed family physicians' broad skillset as one that should be "tailored to the needs of community" (P48) and evolve over time. Although participants mentioned social justice as a core value that personally drew them to family medicine, some felt that including social justice as a core value of family medicine was overly optimistic given that the specialty is large and includes physicians with diverse views on social justice and its role in the specialty. Despite this concern, many participants shared that their reasons for being drawn to family medicine are based in equity and justice. As one participant explained, "Family medicine was probably the biggest place where I saw people interested in enacting change and caring about the patients and – and giving them full access to care" (P61).

Family Medicine Values and Abortion Provision

Participants overwhelmingly expressed the belief that abortion provision aligned with the core values of family medicine, regardless of whether they themselves provided abortion. Below we discuss themes that demonstrate how participants described the alignment between abortion and what they considered to be core values of family medicine. We indicate for each quote whether the participant had abortion training during residency (T) or not (NT) and whether they are an abortion provider (P) or not (NP). Additional quotes related to themes are included in Table 2.

Relationships

Participants felt that family physicians should be able to provide abortion care because of their relationships with patients. As one participant shared, "I think that is – again, foundational to what we do as family doctors is, by knowing patients and. . .the context of their life, we're able to counsel them and help them through those difficult decisions" (P41, NT, NP). Participants also discussed the importance of having trusting relationships with patients and described how trust enabled them to be able to support patients seeking abortion care (Table 2).

Care Across the Lifespan

Participants also expressed the importance of providing care across the lifespan and described reproductive health care as "just another piece of what we do" (P48, T, NP). As one participant explained, "We're the ones that see the patients the most, and so we should be the ones to be able to help them at all stages of their health care"(P4, T, P). Participants also discussed how common it is for family physicians to care for patients that are or will become pregnant (Table 2).

Whole-Person Care

Whole-person care was another value participants brought up when discussing abortion provision in family medicine. As one participant explained, "I think they go hand in hand. I mean, if you are going to care for the whole person. . .providing that service is just part of that. Because abortion care is part of, you know – health care" (P26, T, NP).

Non-Judgmental Care

Participants felt that including abortion care in family medicine was part of providing compassionate,

Table 1. Participants' Characteristics and Abortion Experience in 2019*

	Total Participants *n* = 56 (%)
Gender	
Women	43 (76.8)
Men	12 (21.4)
Non-binary/third gender	1 (1.8)
Race	
Asian	9 (16.1)
Black or African American	5 (8.9)
Native Hawaiian or Other Pacific Islander	1 (1.8)
White	35 (62.5)
Other	6 (10.7)
Ethnicity	
Hispanic or Latino/a/x	3 (5.4)
Non-Hispanic or Non-Latino/a/x	53 (94.6)
Age (years)	
≤30	1 (1.8)
31 to 40	45 (80.4)
41 to 50	5 (8.9)
51 to 60	4 (7.1)
>60	1 (1.8)
Regions of the U.S.[†]	
West	23 (41.1)
South	13 (23.2)
Midwest	6 (10.7)
Northeast	14 (25)
State Abortion Policy Landscape[‡]	
Hostile	20 (35.7)
Neutral	4 (7.1)
Supportive	30 (53.6)
N/A	2 (3.6)
Approximate distance between physician's clinical setting and nearest abortion clinic[§] (miles)	
<5	32 (57.1)
5 to 25	15 (26.8)
26 to 50	4 (7.1)
>50	4 (7.1)
Unknown	1 (1.8)
Abortion Training	
Aspiration and medication abortion	35 (62.5)
Only aspiration abortion	3 (5.4)
Only medication abortion	2 (3.6)
Neither aspiration nor medication abortion	16 (28.6)
Abortion services provided since graduating residency	
Aspiration and medication abortion	16 (28.6)
Only aspiration abortion	0
Only medication abortion	5 (8.9)
Neither aspiration nor medication abortion	35 (62.5)
Current medication abortion provision	
Currently provides medication abortion	17 (30.4)
Does not currently provide medication abortion	39 (69.6)
Setting of current abortion provision	
Primary care	5 (8.9)
Reproductive health clinic	10 (17.9)
Primary care and reproductive health clinic	2 (3.6)
N/A (Does not provide abortion care)	39 (69.6)

*Table adapted from *Contraception*, 2022.[11]
[†]U.S. Census Bureau, Census Regions and Divisions of the United States, 2013.
[‡]Nash E, State Abortion Policy Landscape: From Hostile to Supportive, Guttmacher Institute, 2019.
State categories were based on laws in effect as of July 1, 2020. N/A refers to areas where a state policy landscape was not available.
[§]ANSIRH, Abortion Facility Database, University of California, San Francisco, 2019. Distance was calculated using the zip code of the clinic where the provider works and the address of the closest clinic that offers abortion care in the ANSIRH Facility Database. If a provider works at multiple sites, the zip code of the furthest clinic from an abortion clinic was used.

nonjudgmental care. Participants talked about how physicians cannot let their own biases impact the care they provide, and how patients should be able to come to them to "seek appropriate medical care without worrying about being judged or ostracized" (P61, NT, NP).

Meeting Community Needs

Meeting community needs was a value reiterated by participants when discussing abortion provision. As one participant stated, "As I said, the reason family docs go into practice is to take care of communities. If the community needs abortion services, that is what they need" (P37, NT, NP). Another participant explained it was important for family physicians to provide abortion care given that "family doctors are geographically everywhere" (P10, T, P).

Social Justice

Although many participants discussed family physicians' ability to improve abortion access through abortion provision, only a few participants directly connected providing abortion to social justice. As one participant described:

Table 2. Additional Quotes on Family Medicine Values and Abortion Provision

Theme	Quote
Relationships	I think that can be a scary situation for patients and especially culturally. For a lot of the patients that I serve, sometimes abortion is not necessarily something that, you know, their family or the people around them might approve of. And so being able to come to a clinic where they know that they can trust a person in there, that it's not – nobody else is gonna find out, that they can walk in and be able to ask questions, I think is really appropriate, or really important (P20, T, NP).
Care across the lifespan	There's no more common experience that a woman has than like either being pregnant, trying not to be pregnant. . . just like pregnancy is sort of all about that. I truly then also think prenatal care and preconception care are also a part of family medicine. And an important part of family medicine. So yeah, kind of across the board. Abortion belongs, belongs there (P15, T, NP). We're the ones that see the patients the most, and so we should be the ones to be able to help them at all stages of their health care (P4, T, P).
Whole-person care	I would no more deny a patient the option of a medication abortion than I would deny a diabetic person insulin. You know, if that's what they felt was right for them and it was clinically indicated. . .I would say abortion is health care. . .This is an aspect of health care. And we owe it to our patients to provide them excellent care that is consistent with available medical evidence (P28, T, NP). Part of the reason why I chose family medicine is because I wanted to treat the whole patient so I think that, you know, saying, like, I will treat the whole patient except for this little area that I don't feel comfortable treating and I'll send that off to someone else, seems like kind of a cop out. So, I just – I think that is just another service that you can provide that just treats the whole person (P26, T, NP).
Non-judgmental care	My beliefs cannot interfere with what a patient may need. Or what a patient may require. So, I think again, there is the selflessness because whether or not I was for or against abortion, if a patient walked in and said, 'Listen, this is what I need to do that's best for me.' Then I have to take myself out of the equation and educate again, give the information, provide the service if I have that capability, because it's not about what's best for me, it's about what's best for that patient (P27, NT, NP).
Meeting community needs	I think we often feel comfortable doing things that are, that fulfill a need for our patients. And this is like a really great example of something that aligns with our value of providing access for patients (P19, T, P).
Reconciling values	It's always a very awkward experience for me when one of my patients has an unintended pregnancy and I have to refer them to someone else. . .I mean literally, I had a patient who came in for an IUD and I did a pregnancy test, she was pregnant, it was not planned. You know, obviously she's getting an IUD. And, and I think I just wish like in that moment I could've just handed her a medication. And instead, it's like well now I can't do your IUD. But I can't hand you a medication, which is much easier to do, I have to actually refer you out. And you have to call someone else. And you have to schedule an appointment and make a visit. . . .And so, it's awkward. . . I know that they would just rather see me, and know me, and talk to me, and have me write them a prescription. And so, I think it's awkward. And I think it's disrupt-it's disruptive to our relationship (P29, T, NP). I know that I have the skillset to do these [medication abortions] and it feels foolish that I can't, you know? And I, like I-I've had many patients who I've had to refer to XXX [clinic name]. And it just, it just feels silly. . . And especially at this program, right? Like we do almost every office procedure you can do. Like toenail removals. All kinds of biopsies, colpo, endometrial biopsies, like whatever it may be. And so, the fact that we refer this out is just A: totally inconsistent with the other work that we do. And then B: just doesn't seem, it just doesn't seem logical (P15, T, NP). It's very upsetting for me. For example, the one patient who felt like she financially and emotionally could not handle a child. But she did not get an abortion because she couldn't afford the abortion. . . I would love to be able to offer something else to those patients. Something that, you know, could help them through an already difficult time and not make their situation worse (P35, NT, NP).

Abbreviations: T= Trained in abortion; NT= Not trained in abortion; P= Abortion provider; NP= Non-abortion provider.

> If you have enough money, you're always gonna be able to travel to a place where you can get an abortion and get your procedure. That was true even before *Roe v. Wade*. But if you don't have those resources, then your options are much more limited, and essentially. . .you don't have the access to the full range of options for your life. And I think that - that abortion care really fits into the social justice piece of family medicine (P3, T, P).

Conflicting and Evolving Values

A few participants expressed conflicting views between their deeply held beliefs about family medicine values and difficulty supporting their patients who choose abortion. As one participant explained, "I think that the role should be to support whatever the patients want or to help them work through that decision for themselves." Despite this, she followed by saying, "So, I am not opposed to abortion

depending on, you know, what the situation is (P84, T, NP)."

Some participants' views on if they would want to provide abortion care evolved throughout the interview, reporting that participating in the interview made them want to take action to make abortion more accessible. As one participant explained:

> I really appreciate having this opportunity to talk... Sometimes you kind of know what to do, but if you talk out loud to somebody else...it gives you some clarity (P24, T, NP).

Reconciling Values and Abortion Provision

Many participants were frustrated that they were not able to provide abortion care, care they felt strongly aligned with the values of family medicine. Those who were trained to provide abortion care but could not provide this care in their work settings expressed feeling it was awkward, upsetting, and disruptive to their relationships with patients (Table 2). Participants who did provide abortion care in family medicine settings shared how providing this care helped them live up to their family medicine values (Table 2).

Others felt that by not including abortion care in the services family physicians provide, patients who need abortion care would feel stigmatized or abandoned. One participant explained:

> Because that's still creating another barrier for someone and they can be shamed, they can feel guilty. There's so many different levels – of emotion that can come from that. And we're not doing our job if we're kind of feeding into that (P22, NT, NP).

Participants agreed that at a minimum, family physicians should be able to counsel patients on abortion care. As one participant shared, "At least I would hope that our patients would feel comfortable talking with us about these issues, and I think that if they are not comfortable, then we have failed in our role" (P87, T, NP).

Discussion

Our study explored how family physicians situate abortion into the core values of family medicine. This study suggests family physicians relate to a core set of values that are consistent with the values described in the literature and by family medicine professional organizations including care across the lifespan, whole-person care, nonjudgmental care, meeting community needs, and social justice.[1–4] Findings also suggest family physicians who are not opposed to abortion believe abortion care does align with family medicine values, even among those who did not provide abortion care. Both participants who provide abortion care and those who do not discussed how not providing abortion care was a barrier to being able to live up to the values that drew them to the specialty in the first place.

These findings should be contextualized with previous studies that have found that many people prefer to go to their primary care provider for an abortion.[13,14] This preference is grounded in a desire to receive care from providers and clinics with whom there is an established, trusting relationship and continuity of care. In addition, geographically family physicians often provide care in places with limited access to specialty services,[5,15] including abortion care. Together, these contextual factors indicate that family physicians providing abortions does reflect the core values of the specialty, including relationships, care across the life course, and meeting community needs.

The discomfort many participants felt about not providing abortion care given their values raises the question of what stands in the way of providing this care for those interested in doing so. Studies have documented a range of barriers, including lack of training, legal restrictions, administrative and practice-level resistance, and logistic barriers.[16–18] Increasing efforts are being undertaken to provide support to navigate these obstacles for motivated family physicians through learning collaboratives and online resources.[19,20] The recent revision of the Food and Drug Administration (FDA) requirements for mifepristone prescribing – which eliminates the need for in-person provision – will potentially decrease the administrative and clinical burden of providing medication abortion specifically. In addition to these external barriers, we also noted in our study that some participants became increasingly motivated to provide this care through the course of the interview. This suggests that inertia around expanding scope of practice could in part be addressed by increasing conversations and engagement with family physicians about their decision making around scope of practice and abortion care specifically, including the relevance of their values.

The disconnect between the perceived alignment of abortion care with family medicine values and the fact that most participants did not provide

these services relates to an ongoing conversation within family medicine about scope of practice. The comprehensiveness of care provided by family physicians, both in the hospital and the ambulatory setting, has been documented to be declining, and family physicians' actual scope of practice is generally more limited than what many describe as their desired scope of practice at the time of graduation from residency.[21,22] This indicates that although there are the unique contextual factors impacting abortion provision, the failure to meet patient and community needs for abortion services is also connected to a broader set of questions about the nature of the specialty and the extent to which it will continue to manifest full-spectrum care across the life course.

This question is of particular relevance in the context of health care services in which there are access challenges. In these situations – which includes low/no access to abortion as well as other stigmatized care such as treatment for opiate use disorder and gender affirming care, full-spectrum practice is consistent with another identified value of the specialty, that of social justice. Social justice has been a core component of family medicine since its inception. Dr. G. Gayle Stephens, a founder of family medicine, described social justice as essential to the specialty[23] and family physicians continue to reiterate the need for family medicine to maintain its social justice roots.[24,25]

The relationship of abortion provision to social justice has become even more pronounced given the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade* and has led to state abortion bans and increased barriers to abortion access.[26] Providers who integrate abortion into their scope of practice in states where abortion remains legal can help reduce strain on abortion clinics and improve access for their patients. Because the most marginalized and under-resourced patients are those most impacted, actions taken by family physicians can have a direct impact on health equity.

A limitation of this study is that we did not include participants who self-identified as personally opposed to abortion. By excluding these participants, we did not get the full range of views on the role of abortion in family medicine among family physicians. However, as available literature suggests, family physicians are generally supportive of legal abortion,[27,28] our findings have relevance for the majority of the population of interest. In addition, compared with the general population of family physicians, our sample was younger and more likely to have received abortion training and had a higher proportion of women, which may have also impacted the results. Further research, such as interviews with a more representative sample of family physicians or surveying themes in a quantitative manner would be warranted to assess the prevalence of these values and relationship to abortion care.

Overall, our study provides insight into how family physicians who are not opposed to abortion view the values of the specialty, and how they perceive abortion care as aligning with these values. Especially in the context of increasing abortion restrictions, ongoing work to expand abortion care in family medicine is an opportunity for the specialty to manifest its core values.

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To see this article online, please go to: http://jabfm.org/content/00/00/000.full.

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