In The Shadows

As the number of doctors willing to perform abortions declines, concern has arisen over the ability of women to receive competent care.

BY SIGRID BATHEN

On the morning of Dec. 13, 1996, a 27-year-old Barstow woman named Sharon Hamptlon started out with her mother on a 90-mile drive through the California desert to keep her appointment with an abortionist. The place she came to was called A Lady's Choice Women's Medical Center in Moreno Valley, one of a dwindling number of medical clinics in her area that still performs abortions. And while this abortion would be slightly riskier than most because she was in her second trimester, Hamptlon just tried to stay focused on getting through the ordeal. Christmas, after all, was in less than two weeks.

Hamptlon's physician that day was Dr. Bruce Steir, a San Francisco general practitioner. Well known at abortion clinics throughout the state, Steir, 66, traveled regularly to such cities as Redding, Santa Rosa, Chico, and Sacramento, performing abortions in regions where local physicians willing to do the procedure are increasingly hard to come by. Several clinic directors would later describe Steir as "a wonderful doctor," and speak of his dedicated services in the 25 years since women were given the legal right to terminate their pregnancies.

But unbeknownst to Hamptlon, Steir also had an eight-year history of complaints lodged against him. Moreover, at the time Hamptlon walked through the clinic doors, he was on probation with the state medical board.

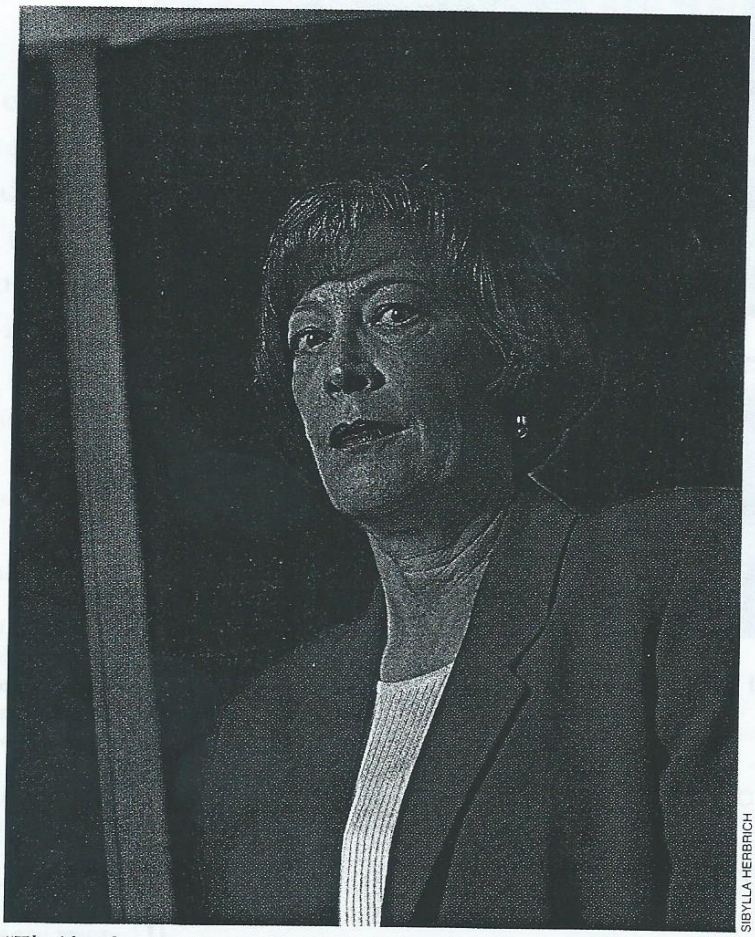
Under the terms of that action, he was not to practice without specific board approval or supervision by another physician. In 1994, the board moved to revoke his probation, citing numerous instances of abortion complications involving perforated uteruses and bowels, often during second trimester procedures. In 1995, the state filed a formal complaint charging incompetence in six abortions, three of which caused the women to have hysterectomies. But it was the Hamptlon case that would draw the kind of attention that Steir had never seen before. It also would result in a charge of second-degree murder.

The procedure in question began normally. But within a few moments, according to a later statement by the ultrasound technician, Nancy Myles, Steir hesitated and said, "I think I pulled bowel." Prosecutors would later point out that the bowel cannot be reached without perforating the uterus. Soon after the procedure, clinic employees observed Hamptlon vomiting and shivering, with a distended abdomen. Although her mental state was listed as "not alert" and she was complaining of pain, Hamptlon was discharged and taken to her mother's car in a wheelchair. Meanwhile, Steir left the clinic to catch a plane back to San Francisco. Hamptlon died three hours later.

Ten months later, in February 1997, Steir was charged with second-degree murder. "We believe it's essentially a malpractice case," says Steir's attorney Doron Weinberg.

The case marks one of the first times a medical board investigation has resulted in a homicide charge. And while there are those who argue the charge is politically motivated, it also has raised to a new level concerns that not enough competent doctors are currently doing abortions.

In fact, the number of facilities offering the controversial procedure has dropped significantly in recent years, leaving a stunning 84 percent of



SIBYLLA HERBRICH

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American counties with no abortion provider. And while that figure is lower in California— 33 percent— the dearth of willing providers is still seen as a problem.

"There is a tremendous shortage of providers, a tremendous lack of access," says Dr. Carole Joffe, a sociologist at the University of California at Davis who has written several books on abortion.

Of course, there are those who would maintain that this decline is a good thing, and that it says something positive about the ethics of doctors. But for women who are determined to terminate their pregnancies, lack of access can also have serious consequences. "Anything that serves to delay an abortion past the first trimester makes it much riskier, more difficult, with a higher rate of complication," says one OB/GYN, who asked not to be named.

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The shrinking number of physicians willing to perform the procedure has led to another development as well: the birth of the so-called "circuit rider," abortion doctors who travel hundreds of miles driving or flying from one clinic to the next. The majority travel with a kind of quiet anonymity, reluctant to bring unnecessary attention to themselves. Their phone numbers are often unlisted, and more often than not they ask that their names be changed in the newspapers and magazines that quote them, even when making totally innocuous comments. To some, though, their existence suggests just how unappealing the work of an abortionist has become.

"The seemingly obvious cause [for the decline in abortion doctors] is the violence," says Joffe. "People gunned down at abortion clinics by terrorists, clinic

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blockades, stalking."

Dr. Felicia Stewart, a former Sacramento OB/GYN, says she understands the choice made by some doctors to discontinue performing abortions. During the 1970s and 1980s, Stewart and her former husband, also a Sacramento OB/GYN, had a thriving private practice and were co-directors of the local Planned Parenthood. Their home was picketed by anti-abortion protesters. They also began receiving threatening calls.

"The idea that someone would actually call and threaten your life on the phone, threaten to kill your children, was a stunning, daily presence that affected our family life," recalls Stewart, 55, who served two years as a deputy assistant secretary for population affairs in the US Department of Health and Human Services, and is now director of reproductive health programs for the Kaiser Family Foundation in Menlo Park.

Like many physicians of her era, Stewart saw firsthand the results of illegal abortions. As a young intern at Cambridge City Hospital in Boston, in fact, she was on duty when a comatose woman, married with two small children, was admitted with severe complications from a botched illegal abortion. "She died in my arms," Stewart recalls, noting that, because they were afraid, both the woman and her husband delayed coming in until it was too late. "My memory of her haunts me to this day," Steward adds.

Performing abortions never was for the faint of heart. Dr. Trent MacKay recalls how, in the 1970s, the stigma associated with legal abortions was so intense that many physicians simply agreed among themselves not to perform them. "I remember towns in Northern California where, literally, there was a gentleman's agreement" among the physicians. "Abortion certainly hasn't been a high-prestige or well-remunerated procedure."

But it's the "circuit riders" like Steir who are generally perceived to be the most stigmatized of today's abortion doctors. "They're a strange group of people," ventures one physician, who asked to remain anonymous. "Not every last one, but generally speaking. If there were some highly skilled aspect of medicine they could do, they wouldn't be doing this."

Of course, militant groups such as Operation Rescue have done nothing to enhance the allure of the field either. Indeed, they have turned abortion into a procedure that is perhaps as dangerous for doctors as it once was for patients. "Medicine is basically a conservative profession," says Joffe, who wrote about the efforts of some doctors to perform abortions in her book, *Doctors of Conscience*, published in 1995. "Issues of sexuality are very difficult, and medicine in general doesn't like controversy. You can medicalize some issues and take away the controversy, but abortion will always be tied to social movements."

Of the physicians who continue to perform abortions, most are OB/GYN's or family practice physicians, and do so as a routine part of their care for women. But there also are physicians like Steir who do little else. Many of these circuit riders are older doctors, veterans of the pre-*Roe* days who witnessed the deadly results of illegal abortions. According to one recent report by the Kaiser Family Foundation, which studies reproductive health issues, half of all physicians who perform abortions today are over age 50, and 13 percent of the abortions performed in the same study were done by doctors aged 65 or older.

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But while cases like Steir's are bound to get publicity, most of the doctors in the business of terminating pregnancies are both competent and dedicated professionals, maintains Patricia Anderson, executive director of the Berkeley-based Medical Students for Choice. Most, trained as OB/GYN's, "worked in emergency rooms, saw women dying because of illegal abortions, and decided they were not going to allow this to occur," Anderson says. "There was a feeling . . . that it's a hard job, a dirty job, but somebody has to do it."

One of those early post-*Roe* doctors was Trent MacKay. He was a medical student at the UC San Francisco Medical School when abortion was still illegal. While doing his residency at UCSF, he treated patients for problems stemming from illegal abortions well after the *Roe v. Wade* decision came down. Still, he adds, "there was a tremendous amount of optimism back then, and an assumption that the battle had been fought and won."

But now at 53, MacKay is a lot less sanguine and he wonders whether the lack of doctors willing to provide abortions shows that the medical community has grown insensitive to the issue.

The concern was further underscored in a 1995 study of family practice physicians, published in the professional journal *Family Planning Perspectives*. According to the study, the majority of OB/GYN residents had no intention of ever performing abortions, and only 5 percent said they would ever perform them.

The lack of interest in providing abortions is even more evident in medical school curricula. In 1992, MacKay and his wife Andrea, an epidimiologist, conducted a study for the Guttmacher Institute. Among their findings: While 26.3 percent of US OB/GYN residency programs in 1976 routinely offered first-trimester abortion training, only 12.4 percent offered the same training in 1992. At the medical schools that do teach the procedure, moreover, the training is "optional," which to already overworked residents may be tantamount to not offering it at all.

"Family physicians are . . . ill-prepared to provide one of the most common surgical procedures in the United States," the authors concluded. "This has particularly grave consequences for women living in nonmetropolitan counties. Even if a family medicine resident is highly motivated to receive training in abortion, our results show it is unlikely that his or her program has such training available or is able to provide it elsewhere."

The pattern is not very different in California. At UC Davis Medical School, for example, a spokeswoman says the training is optional. And at Stanford University Medical School, a spokeswoman, in response to an inquiry, left this terse message: "The people I've talked to here are very hesitant to answer basic questions. Folks who do abortions

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do so at great personal risk, and don't want to comment on what kind of training we offer here."

But even when training is required as it is at UC San Francisco Medical School, many physicians later choose not to perform abortions in their practices. In fact, a follow-up study showed that only half of UCSF's graduates do so. One commonly-cited deterrent is fear. Another is the objections raised by partners. And others say it is simply more efficient to refer patients to clinics.

Can this shortage be eased any time soon? For those who hope that it can, the steady growth of a national organization called Medical Students for Choice serves as a reason for cautious optimism. Founded in 1993 after the murder of a prominent abortion doctor in Florida, the organization now has 4,000 members— three-fourths of them women— in some 100 medical schools. "More and more medical students and residents are women," says Philip Darney, a professor of obstetrics and gynecology at UCSF, "and more and more are faculty OB/GYNs. These young women are idealistic, and less likely to be intimidated."

Shelley O'Neill, for one, was so committed to the cause that she took a year off from her medical studies to do national organizing for the Berkeley-based Medical Students for Choice. The chapter she organized at her medical school now has 60 members, half of them men.

"They want this information," she says of her fellow medical students, "whether or not they choose to provide abortions. They want it to be a mainstream part of medicine, rather than a marginal one."

For the time being, though, it's the circuit riders who are, for better or for worse, carrying the excess load.

Earlier this year, as a result of the Steir case, state Senator Ray Haynes (R-Riverside) introduced legislation that would place greater restrictions on abortion clinics. He calls it the "drive-by abortion" bill. Meanwhile, Steir himself has pleaded not guilty and remains free on bail.

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