

# A Response From Dr Martina Hennessy

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“We do not provide a *specific* course in abortion, but then neither do we provide specific courses in IVF, sexual assault, miscarriage and a great many other things. To do so would be to reduce our understanding of the patient to a series of specific experiences. This is not appropriate at the undergraduate level. Even at postgraduate level where the subject is more appropriately placed, we must ensure that our understanding of best practice does not become overly contextual and remains patient centred.”

Dr. Martina Hennessy

The emphasis within the undergraduate curriculum should (correctly, I believe) be on the importance of a patient centred approach to Reproductive Health, rather than on any single procedure or intervention. Teaching and learning in Reproductive Health is comprehensively delivered as part of the fourth year rotation in Obstetrics and Gynaecology. A sample of some of the important learning outcomes is shown below. These learning outcomes should form the underlying principles to our interactions with any woman in relation to her reproductive health. They should also be relevant to partners where appropriate.

- Learn about ethics and law in Obstetrics and Gynaecology.
- Understand the importance of consent and confidentiality in clinical practice.
- Develop a patient-centred approach to practice.
- Understand the indications, mode of action and side-effects of all methods of short-term, long-term and emergency contraception.
- Demonstrate an individualised approach to discussing contraception with patients.
- Develop an awareness of the importance of the multidisciplinary team in patient care

- Develop problem-solving and critical thinking skills
- Outline the investigation and management of couples presenting with infertility.
- Understand the care of patients undergoing gynaecological procedures.

In addition, reproductive choice and the professional, legal and ethical issues relevant to that for patients and healthcare providers in Ireland and globally are addressed at different stages throughout the course from PBL in 1<sup>st</sup> year to jurisprudence in the 4<sup>th</sup> year. Note for example the second year lecture entitled “Ethics of reproductive medicine”. Communication skills, consent, and patient safety are all issues relevant to this topic; our intention is that the principles associated with these topics and the skills needed to apply them should be increasingly familiar to students, irrespective of the context, as they progress towards graduation. Similarly, the aftercare of a woman who has had a termination of pregnancy would likely be similar to that aftercare any woman would require following an early ending of pregnancy irrespective of spontaneous or planned.

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provide specific courses in IVF, sexual assault, miscarriage and a great many other things. To do so would be to reduce our understanding of the patient to a series of specific experiences. This is not appropriate at the undergraduate level. Even at postgraduate level where the subject is more appropriately placed, we must ensure that our understanding of best practice does not become overly contextual and remains patient centred.

Our primary objective is to produce competent and caring medical graduates who will contribute to innovation and excellence in their specialty (whatever that is), maintain a capacity for lifelong learning and exemplify the empathic skills required to address the problems they face in their practice and in their engagement with the most vulnerable in our society and the broader community. More importantly, we hope they will have a strong commitment to the ethical dimension of medicine and healthcare and an ability to use a comprehensive framework to engage in ethical issues both in their practice (wherever that is) and in society.