

Influence of religious beliefs in the professional practice of US gynecologists

TO THE EDITORS: A recent article published in the *American Journal of Obstetrics and Gynecology*¹ evaluated how religious beliefs influenced gynecologists' notions about when gestation begins.

The authors said that "the association between religious affiliation and beliefs about when pregnancy begins is mediated by the importance of religion in the physician's life."

That religious beliefs have a bearing on this question implies that said beliefs also affect other decisions in their professional practice. Indeed a paper² of the same team¹ indicates that only 4.4% of gynecologists¹ opposed the use of the intrauterine device. The intrauterine device prevents in some cases implantation of fertilized ovum in the uterus, which means that 96.4% of gynecologists approve a method that leads to the loss of a great number of embryos.

A similar phenomenon occurs in physicians' recommendations of emergency contraception.³ These methods prevent pregnancy approximately 50% of the time, via an antiimplantation mechanism. The fact that only 6% of US gynecologists do not approve of the use of this contraceptive method contrasts with 57% of US gynecologists believing gestation begins at fertilization.

A similar phenomenon is seen in assisted reproduction.⁴ Only about 5% of US gynecologists do not approve of the use of these techniques, although a great number of embryos are lost through their use.

That is why we believe that, for issues that carry a certain ethical weight, religious beliefs do not seem to have an influence on their recommendation; they will probably have even less influence on the "theoretical" issues, such as whether gestation begins at fertilization or implantation. ■

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The authors report no conflict of interest.

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REPLY

Aznar and Cerda¹ note that although a high percentage of physicians believe that pregnancy begins at conception, many fewer oppose interventions that may act by preventing implantation of the embryo. They conclude, "religious beliefs do not seem to have an influence on their recommendation; they will probably have even less influence on the 'theoretical' issues such as whether gestation begins at fertilization or implantation."

Our data suggest that the opposite is true: physicians' opinions about the ethics of abortion, the intrauterine device, emergency contraception, and assisted reproduction²⁻⁵ are significantly associated with physicians' religious characteristics. Yet, many obstetrician-gynecologists who indicated that they have moral objections to these interventions also indicated that they would provide them if a patient requested.

It would seem that there has been a shift, particularly in the field of obstetrics and gynecology, toward providing nondirective counsel to patients⁶ and accommodating patient requests, even for interventions to which the physician objects. Whether this shift is good for obstetrics and gynecology is a question worthy of further debate.

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