Features

Chroniques

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Anne Mullens

In brief

DR. GARSON ROMALIS, A VANCOUVER PHYSICIAN who performs abortions, was shot and severely wounded by an unknown assailant 3 years ago. In this article he tells Anne Mullens about the incident and its aftermath. The shooting, which has since been linked with the attempted murder of 2 other abortion providers, has not changed Romalis' views on the importance of the procedure. Today his major concern is that young physicians will be too frightened to provide an essential and legal service. He is working to convince medical students of the need to continue providing abortions.

En bref

LE Dr GARSON ROMALIS, MÉDECIN DE VANCOUVER qui pratique des avortements, a été gravement blessé par un agresseur inconnu qui a utilisé une arme à feu il y a trois ans. Dans cet article, il raconte à Anne Mullens l'incident et ses séquelles. L'attaque, qu'on a reliée depuis à la tentative d'assassinat dont ont été victimes deux autres médecins qui pratiquent des avortements, n'a pas incité le Dr Romalis à changer d'idée sur l'importance de l'intervention. Ce qu'il craint surtout aujourd'hui, c'est que les jeunes médecins aient trop peur de fournir un service essentiel et légal. Il cherche à convaincre les étudiants en médecine de la nécessité de continuer à pratiquer des avortements.

Three years ago, Dr. Garson Romalis became the first of 3 Canadian physicians who perform abortions to be shot through a window by an unknown assailant. For a brief time during his long and arduous recovery from the near-fatal shooting, the Vancouver obstetrician and gynecologist wondered whether he should continue performing abortions. Concerned friends and colleagues were worried that he had planned to return to the field, and he wondered if they were right. "I was never a crusader on this issue," says Romalis. "I just did my best looking after one patient at a time."

After the shooting, "I thought that maybe it wasn't worth it."

Eventually he talked things over with his wife and daughters, and decided to return "to see how it went." A good part of his motivation came from remembering why he had started providing abortions in the first place.

Like many physicians who perform abortions in Canada and the US, Romalis has practised medicine when abortion was legal and illegal. This is a phenomenon dubbed "the greying of the abortion provider," which means many doctors dedicated to providing safe, legal abortion do so because they remember what things were like when abortion was a crime. They remember patients who died or were injured because of illegal abortions.

For Romalis, 60, the memories include a young woman who died following a septic abortion in 1960, when he was a second-year medical student at the University of British Columbia. She had aborted herself with slippery elm bark and Romalis was asked to provide the clinical pathological correlation. "I had never heard of slippery elm bark," he recalls. With a friend he went to Vancouver's skid row and purchased some as a visual aid for his presentation.

"Slippery elm is not sterile and frequently contains spores of *Clostridium*. It is called slippery elm because when it gets wet it feels slippery, and this makes it easier

to slide slender pieces through the cervix, where they expand, dilate the cervix, produce infection and provoke abortion," Romalis said. After using the bark, the young woman developed overwhelming sepsis. The postmortem examination found multiple abscesses in her brain, lungs, liver and peritoneal cavity. "I will never forget her," says Romalis.

He served his internship and obstetrics/gynecology residency at Cook County Hospital in Chicago in the mid-1960s. In those days a ward was dedicated exclusively to septic complications of pregnancy. Each day 10 to 30 septic-abortion patients were admitted to the 40-bed ward; stretchers often lined the halls. Each morning, the 2 incoming interns mixed up 40 to 60 litres of IV fluid containing tetracycline, oxytocin and ergometrine to prepare for the day's influx.

Six feet of protruding bowel

There was a maternal death about once a month, usually from septic shock associated with hemorrhage. "I will never forget a 17-year-old girl lying on a stretcher, with 6 feet of small bowel protruding from her vagina. She survived. I will never forget the jaundiced woman with liver and kidney failure who was in endotoxic shock and had a hematocrit of 4. We were unable to save her."

Romalis was originally drawn to his specialty because he loved delivering babies. When he entered practice in Vancouver in 1972, a few years after Canada's abortion laws were liberalized, he joined 3 partners who believed strongly in reproductive choice. They were frequently referred patients who needed a therapeutic abortion and over the years the procedure became a substantial part of his practice. In the mid-1970s, when a US report revealed that maternal mortality had dropped significantly since the legalization of abortion, Romalis sent the paper to Dr. David Boyes, a founder of BC's Papanicolaou smear program, to ask whether he thought the data were correct. Romalis says Boyes replied that the numbers were straightforward and "it suggests that politicians, with a few strokes of a pen, have saved more lives than we have with 25 years of effort screening for cervical cancer."

That is the reason Romalis has stayed committed to providing a medical service that some colleagues find either distressful, repugnant or wrong — a service that on occasion has caused other physicians to leave the doctors' lounge when he enters. It is a service that still carries a stigma even though it has been legal in Canada for 28 years and even though polls show that most Canadians are pro-choice.

"Providing abortions can be very stressful, but I feel I do a lot of good, that I am saving women's lives and making their lives better," Romalis said during an interview in his small Vancouver office. Although he looks fit and healthy and now walks without a noticeable limp, the bullet that tore through his thigh 3 years ago, shattering his femur and leaving a 15-cm-wide hole, has left permanent muscle, nerve and vascular damage. He cannot sit for long and he has to stand frequently and move about to relieve discomfort. After extensive rehabilitation he returned to work part time in mid-1996.

He is convinced that the gunman who hid behind his house and shot him through his window while he ate breakfast is the same person, or a member of the same group, who shot Dr. Hugh Short through a window of his Ancaster, Ont., home on Nov. 10, 1995, and Dr. Jack Fainman through the window of his Winnipeg home on Nov. 11, 1997. He is convinced that the criminal is an anti-abortionist who was aiming to kill and who received help from fellow conspirators in tracking and locating the doctors. A $100 000 reward is still outstanding for information leading to the arrest of the person who shot Romalis.

Romalis and his wife have made a habit of leaving Canada for a vacation in the weeks around the anniversary of his shooting, so they did not learn of Fainman's shooting until Romalis phoned home the night before his return to Canada to talk with his daughters. "They were reluctant to tell me, and when I got off the phone I told my wife and she began to cry. It brought it all back to her."

A bullet through the breakfast nook

It was 7:10 am on Nov. 8, 1994, when the first shot came through the window of his breakfast nook and blasted a hole in Romalis' left thigh; he knows the time because he looked at his watch as the force of the hit pitched him forward on to the floor.

He thinks the fall saved him, because a second shot went through the back of the chair he had been sitting in an instant earlier. He is reluctant to discuss the horror-filled minutes that followed — it is both too personal and too painful. He had to struggle to fashion a tourniquet around his thigh with his bathrobe belt to stanch a geyser of blood spurting from the grapefruit-sized wound. He also feared that the gunman at any moment might break into the house to kill him or harm his family, so he dragged himself along the kitchen floor to get out of view of the window. He yelled to his wife to stay upstairs and call an ambulance.

When he thought he might lose consciousness and let the tourniquet fall loose, and after it appeared that the shooter had fled, he called his wife for help. She raced downstairs and held the bathrobe belt tight until police and ambulance personnel arrived, 5 minutes after receiving the call.

"Fortunately I live in a community with excellent emergency services," he says. In the hospital he underwent an 8-hour operation. The postoperative course was

rocky, with numerous complications during a 10-week hospitalization. He underwent extensive physiotherapy and must still exercise daily to keep his mobility. He also was treated for post-traumatic stress disorder and depression following the shooting. Because of permanent blood stains marking the grouting of the kitchen tiles and the terrible memories, their house became too difficult for Romalis and his wife to live in. They have since moved. "It has been a very difficult time for me and my family."

Romalis knows the shooting has made him an unwitting celebrity for the pro-choice cause, but he has rarely used his high profile. He has spoken in support of BC's bubble-zone legislation, which prevents anti-abortion picketing within a certain distance of an abortion clinic, and has recently written to politicians about the need for similar federal legislation to protect doctors and patients from harassment and possible physical danger, particularly now that a third doctor has been shot.

Our greying abortion providers

Today Romalis is concerned that the climate of fear caused by the shootings, when combined with the lack of training and personal commitment among young doctors who share none of the memories that motivate their older colleagues, is making many of his colleagues increasingly reluctant to perform abortions. That is why he arranged a day-long symposium for medical students and agreed to speak to *CMAJ* about his concerns.

"Almost all abortion providers are senior gynecologists like me and we have seen firsthand to what extent women will go to end a pregnancy, whether abortion is legal or illegal. We have lived the whole history of the abortion-rights movement and we know what happens when it is not available in a medically safe and respectful environment. But we are all retiring soon. I feel I have an obligation to ensure that the next generation will have the knowledge and skills they need."

Romalis stresses that sexuality education and widespread promotion of contraception are essential and should receive much greater emphasis, but despite the best efforts to prevent unwanted pregnancy, safe abortion services will always be needed.

He recognizes that some doctors who believe in reproductive choice are genuinely frightened. "One young woman tearfully told me that she intended to be a family

"They don't really understand what used to be"

Early last year, while doing daily physiotherapy exercises on a treadmill, Dr. Garson Romalis played a video to help pass the time. *From Danger to Dignity* is a powerful depiction of the struggle to legalize abortion in the US, and as he watched it struck Romalis that he had lived through those turbulent years and that many of his personal experiences mirrored those depicted in the video. "I know this history," he says, "but the medical students and residents who were born after the law was changed don't really understand what used to be."

Romalis then realized that he must share his experiences with the next generation. "Termination of pregnancy is one of the most commonly performed procedures in North America, but at this time there is virtually no formal education on abortion issues in most medical schools.

"Medical students are taught about rare diseases that most doctors will never see in their lifetime, but they'll learn nothing about something that I guarantee every doctor, whether family physician or a specialist, is going to see: a patient who is pregnant and doesn't want to be."

That morning, Romalis decided that the best way to begin to provide this education would be through a voluntary, day-long symposium for University of British Columbia medical students. The idea was quickly embraced by the dean of medicine, Dr. John Cairns; the Department of Obstetrics and Gynecology agreed to sponsor and subsidize the program. Romalis had no difficulty forming a planning committee, which had members from the department, the BC Women's Health Centre and 2 freestanding Vancouver abortion centres. The committee requested and received enthusiastic support from medical students, who sat on the planning committee and had considerable input into the program's content.

The Oct. 19 symposium drew 134 registrants, including 72 medical students. Security was tight: all handbags and briefcases were examined at the door, and uniformed and plainclothes police officers guarded Romalis and patrolled the crowd. The security measures proved unnecessary — there were no protestors or threats of violence.

During a panel discussion involving Lynn Smith, the former dean of law at UBC, Romalis told of his personal experiences while Smith discussed the legal history of abortion in Canada.

Keynote speaker Philip Darney, a professor of gynecology from the University of California at San Fran-

physician in a small town and she felt it was important she be able to provide abortions. But she was afraid."

Romalis cannot reassure young doctors that there is nothing to worry about, but he can offer advice: do not list a home phone number and address, and be particularly security conscious in mid-November. Remembrance Day week seems to have special significance for the criminals behind the attacks.

Even before the attempted murder, Romalis was harassed by anti-abortionists who put nails on his driveway, picketed his house and sent his neighbours flyers stating: "Do you know who your neighbour is?"

Since the shooting he has been advised to vary his daily routine, refrain from having his picture taken or printed, and to sit away from windows unless the shades are drawn.

Romalis is concerned that details of his story might further frighten physicians from providing abortions, but that is not the message he wants to send. "I want to convey that there is a lot of professional satisfaction in providing this service. Yes, doctors should be security conscious, but if they take the precautions advised by experts the risks are not unacceptably high. I am careful, but I am not afraid."

He stresses that these acts of violence must be condemned by society. "Having to put up with intimidation and abuse because one provides a legal, essential and common medical procedure should not be part of the price of practising medicine. This is not simply about 3 guys getting shot — these are acts of terrorism designed to frighten doctors into stopping performing abortions and they threaten the health of women. Every effort must be made to catch the perpetrator and see him punished."

He applauds the recent formation of a national task force to pursue the person, or persons, behind the shootings. "I think it is overdue, but if adequate funding and personnel are provided there is a much greater chance that the criminal will be caught."

Romalis says abortion will never be made illegal again. "Too many women have been the beneficiaries of safe, legal abortions to ever allow the clock to be turned back. The 'antis' have lost in the courts of law and they have lost in the court of public opinion, and now I am afraid that in their frustration they are lashing out in a violent way. But terrorism will never triumph. Terrorist acts hurt people and make us temporarily uncomfortable and fearful, but they will not change the determination of the pro-choice majority." ❓

cisco, spoke about abortion's global context and noted that its legalization in the US has decreased the maternal-mortality rate more than any single development since the advent of antibiotics for puerperal infection and blood transfusions for hemorrhage.

In the US, abortion is the most commonly reported surgical procedure, with approximately 340 abortions for every 1000 births. (Canada's ratio, according to Statistics Canada, is approximately 200 abortions per 1000 births.) Darney said these ratios put the US and Canada in the middle between the countries of Eastern Europe, where abortion is considered a means of family planning, and those in Western Europe, where contraceptive use is so effective that abortions, even though readily available, are not used as frequently.

Other topics included counselling about abortion and other options, techniques for performing early and late abortions, and nonsurgical abortions. Dr. Ellen Wiebe, a Vancouver family physician, discussed the use of methotrexate and misoprostol to induce abortions. She has provided more than 2000 medical abortions using this protocol in her office since 1993, and more than 90% of her patients aborted without surgery. Since the failure rate increases for fetuses of more than 7 weeks' gestation, an ultrasound test must indicate a pregnancy of less than 50 days' duration, Wiebe says. "When a woman decides between a medical and surgical abortion, she must understand that a medical abortion may take weeks, involve extra visits, ultrasounds and blood tests, and that it may fail."

Wiebe says 85% of her patients are satisfied with the experience and say they would choose a medical abortion if faced with the same problem again. "They say it was more private and more natural, and that they preferred being at home with the support of their partner." Women who would choose a surgical abortion next time found the uncertainty, the time involved and the pain and bleeding too difficult.

The symposium received high evaluations from the students who attended, with more than 92% rating the presentations at 4 or 5 on a scale of 1 to 5. "Several positive results flowed from the symposium," says Romalis. "The students who attended now realize how important abortion education is and how important it is that it should be included in the formal medical school curriculum. Many have suggested that we run this symposium yearly."

After the symposium several students established a UBC chapter of Medical Students for Choice, and one of their upcoming activities will be to petition curriculum planners to include abortion education. Romalis would like to take his message elsewhere: "We would be happy to help other medical schools if they are interested in putting on a similar symposium."