

RESOLUTION NUMBER: C- 05

REFERRED TO: Reference Committee on Public and Occupational Health

SUBJECT: Principles for Pregnancy Termination

SUBMITTED BY: Gregory Tarasidis, MD

1 **WHEREAS;** in *Dobbs v. Jackson Women’s Health Organization* the Supreme Court
2 overturned *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992) by holding that the
3 Constitution of the United States does not confer a right to termination of pregnancy; and

4 **WHEREAS;** the issue of termination of pregnancy is divisive in the physician community
5 as there is not a consensus among physicians on such services; and

6 **WHEREAS;** as a body of medical professionals, it is reasonable to focus on necessary
7 medical care instead of delving into personal opinions regarding the termination of pregnancy; and

8 **WHEREAS;** physicians support preservation of the life and/or health of the mother and
9 addressing fetal anomalies that exist in unborn children which are fatal to the mother or child; and

10 **WHEREAS;** the SCMA already has policy supporting physicians’ right of conscience in
11 providing medical care and opposing criminalization of physicians for providing medical care, as
12 stated in Resolution D-10 in 2021 provided here for reference:

13 First, that the SCMA supports right of conscience legislation and/or government
14 actions. Physicians practice medicine in accord with their own well-considered, ethical,
15 moral and religious beliefs. In non-emergent situations, if a physician cannot offer medical
16 care for reasons of conscience, then the physician should recommend that the patient
17 receive care from another provider.

18 Without limiting personal beliefs, physicians also respect the civil liberties of
19 others, and do not support discrimination against individuals based on an individual’s sex,
20 sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin,
21 or age.

22 Second, that the SCMA opposes legislation and/or government actions that would
23 criminalize physicians for providing evidence-based medical care within (1) the accepted
24 standards of care according to nationally recognized professional practice guidelines, (2)
25 the scope of a physician’s training, and (3) professional judgment.

26 Third, the SCMA opposes any attempt from physician employers to discriminate
27 against physicians for adhering to the above protections in providing care to patients; and

28 **WHEREAS;** the SCMA adhered to Resolution D-10 and passed right of conscience
29 legislation to support and protect physicians, and opposed legislation that criminalizes physicians
30 for providing medical care; and

31 **WHEREAS;** the term evidenced-based medical care is utilized in many ways, and the
32 decision not to support criminalization for physicians providing evidence-based medical care does
33 not infer that the SCMA supports any specific organizations definition of evidence-based medical
34 care for termination of pregnancy; and

35 **WHEREAS;** physicians further agree that when a physician’s medical judgment must be
36 reviewed, it should be done so by the South Carolina Board of Medical Examiners, not law
37 enforcement; and

38 **WHEREAS;** physicians further agree that patients have a right of privacy to discuss
39 medical care options with a physician and the patient-physician relationship is sacred; therefore,
40 be it

41 **RESOLVED;** our SCMA recognizes that:

42 (1) A physician exercising medical judgment for the termination of pregnancy to
43 preserve the life or health of the mother or in cases of a fetal anomaly should not
44 be criminalized; and

45 (2) If a physician’s medical judgment is to be reviewed, it should be by the South
46 Carolina Board of Medical Examiners, not law enforcement, to be considered for a
47 disciplinary sanction if it is found that the physician acted outside reasonable
48 medical judgment; and

- 49 (3) Any legislation on termination of pregnancy should protect a physicians' ability to
50 provide care when there is a risk of death or substantial and irreversible impairment
51 of a major bodily organ or function of a pregnant woman or the fetus; and
- 52 (4) Any legislation on termination of pregnancy should protect the patient-physician
53 relationship to privately discuss medical care.

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