

Stewardship of Reproductive Healthcare in South Carolina April 2024

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No Financial Disclosures

- Chair, ACOG South Carolina Section

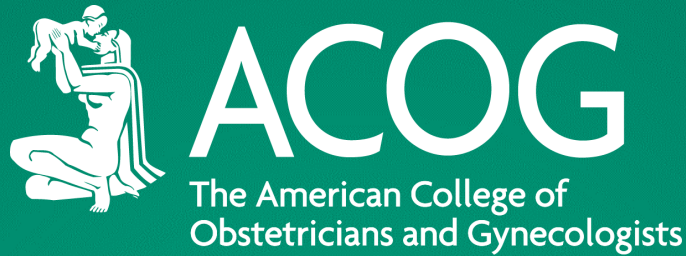
Objectives

- **Understand immediate and long-term consequences of abortion bans on reproductive health**
- **Recognize how abortion bans harm the ability to practice evidence-based medicine in all fields of medicine**

Abortion Defined

- 1 in 4 women use abortion care in their lifetime
- Threatened Abortion
- Spontaneous Abortion
 - 28% of all fertilizations
- Missed Abortion
- Procedure Abortion – 46%
- Medication Abortion –
 - 54% in the US, 74% in SC





News Releases

Jul 7, 2022

More Than 75 Health Care Organizations Release Joint Statement in Opposition to Legislative Interference

Our patients need to be able to access—and our clinicians need to be able to provide—the evidence-based care that is right for them, including abortion, without arbitrary limitations, without threats, and without harm.

American Medical Association; American Academy of Family Physicians; American Academy of Pediatrics; American Board of Internal Medicine; American Board of Surgery; American Board of Anesthesiology; and over 75 more

Setting the Stage – The SC Abortion Ban

SC law = abortion is illegal after detectable fetal cardiac impulses

- ‘Lethal’ fetal anomalies
- ‘Life-threatening’ maternal illness
- Rape and Incest – but only up to 12 weeks and only if reported to law enforcement
- Discriminates against mental health conditions

Medication Abortion is Legal in South Carolina

- 74% of all terminations (up to 10 weeks)
- SC does not allow medication abortion by telemedicine.

SC Abortion Restrictions Still in Effect



<https://states.guttmacher.org/policies/south-carolina/abortion-policies>

- State mandated counseling 24 hours prior to abortion procedures (does not have to be in person)
- Ultrasound required at least 1 hour prior to the abortion procedure; must offer for patients to hear fetal cardiac activity
- Parental consent needed
- Bans the use of telehealth for medication abortion
- Only physicians can provide abortions and not other qualified health care professionals

The 6-week Abortion Ban Criminalizes the Practice of Medicine

- FELONY (criminal) penalty
 - \$10,000 fine
 - 2 years imprisonment
- Potential disciplinary action by the SC Medical Board and loss of medical license
- Vague, confusing laws are incongruent with standard of care medicine and practice guidelines
 - Paralyzing for physicians
 - Threatening and deadly for patients
 - Discouraging for trainees

The SC Abortion Ban Does Not Change the Standard of Care



ACOG Statement of Policy

All people should have access to the full spectrum of comprehensive, evidence-based health care.

Abortion is an essential component of comprehensive, evidence-based health care.

As the leading medical organization dedicated to the health of individuals in need of gynecologic and obstetric care, the American College of Obstetricians and Gynecologists (ACOG) supports the availability of high-quality reproductive health services for all people and is committed to protecting and increasing access to abortion.

ACOG Statement of Policy September 2023

AMA Statement of Policy

Delegates to the Meeting of the American Medical Association (AMA) House of Delegates adopted policies opposing the criminalization of pregnancy loss resulting from medically necessary care, supporting expanded access to abortion care, and more.....

“Caught between good medicine and bad law, physicians struggle to meet their ethical duties to patients’ health and well-being, while attempting to comply with reckless government interference in the practice of medicine that is dangerous to the health of our patients,” AMA president, Dr. Jack Resneck said.

“Under extraordinary circumstances, the ethical guidelines of the profession support physician conduct that sides with their patient’s safety and health, acknowledging that this may conflict with legal constraints that limit access to abortion or reproductive care.”

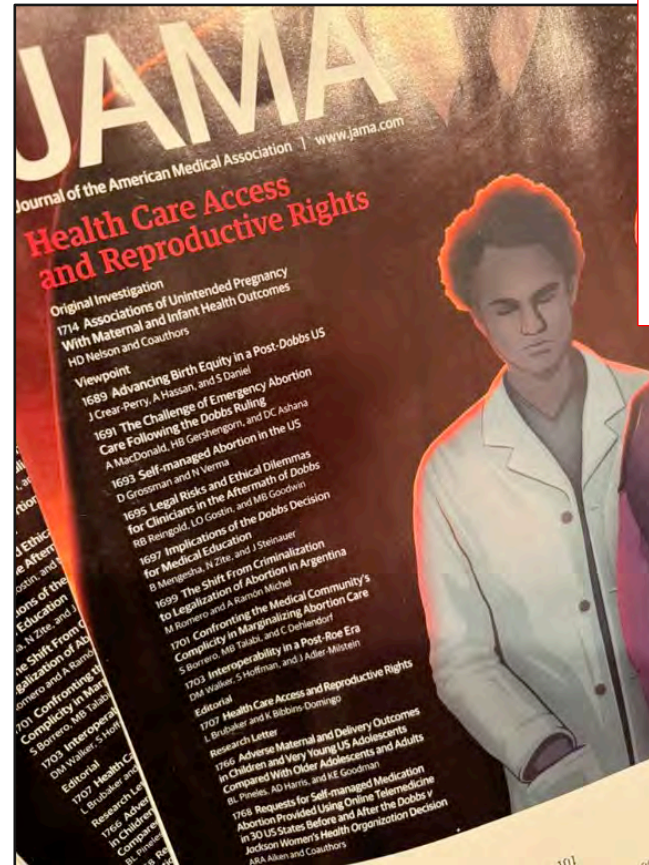
SCMA Statement on Abortion – Annual Meeting 2023

RESOLVED; abortion is a recognized component of healthcare in certain circumstances and the SCMA opposes any criminalization of physicians for acting within the standard of care.

RESOLVED; if a physician's medical judgment is to be reviewed, it should be by the South Carolina Board of Medical Examiners, not law enforcement, to be considered for a disciplinary sanction if it is found that the physician acted outside the standard of care.

Your reference committee recommends that Resolution C-2, Abortion as a Component of Health Care, be adopted as amended

Major Medical Journals Agree: Abortion is Essential Healthcare



Hospital Lawyers and Criminal Defense Lawyers

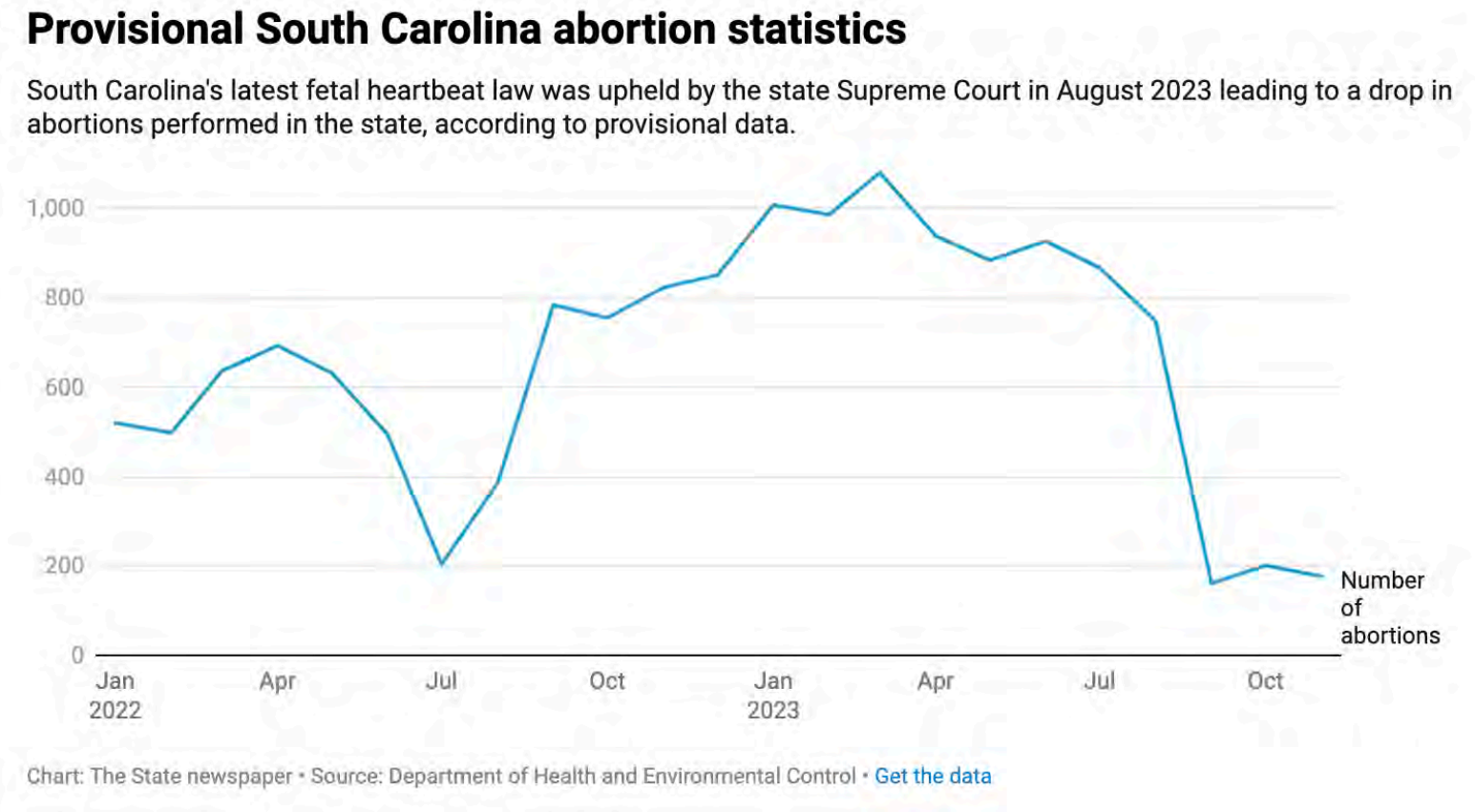
- Lawyers who advise someone to 'commit a felony' are conspiring to commit a crime and also risk jail
- The legislative language (and intent) is not clear
- There is no case law precedent
- Based on 'reasonable medical judgement' = purposefully vague and makes the 'criminal' define the crime
- Lawyers talk in "degrees of risk"



In August 2023, 748 abortions were performed in South Carolina. That month the state Supreme Court ruled the six-week abortion ban was constitutional and can be enforced. In September 2023, only 161 abortions were performed in the state, a 78% drop month to month.

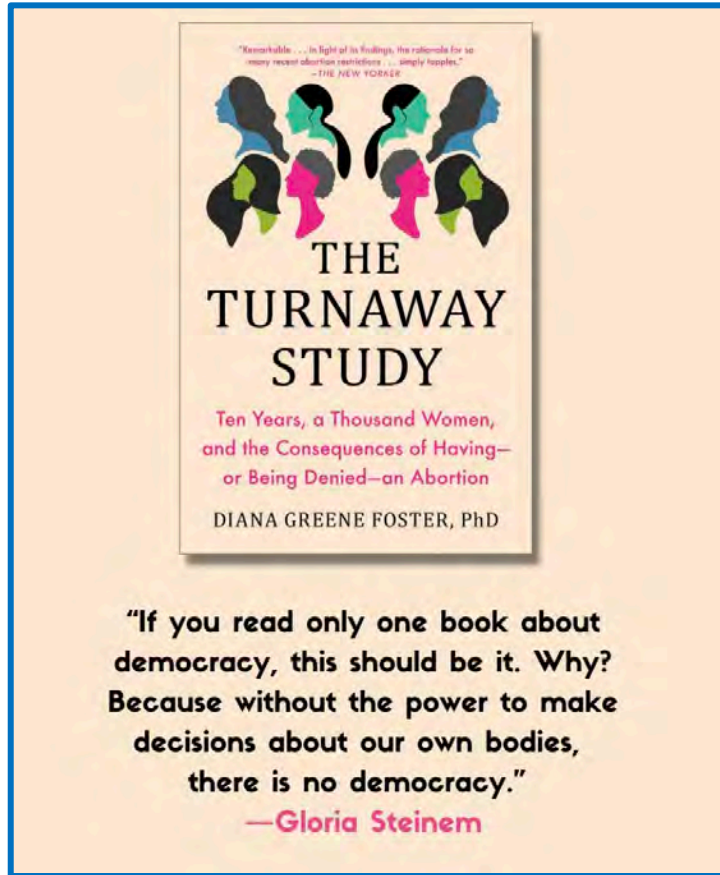
Provisional South Carolina abortion statistics

South Carolina's latest fetal heartbeat law was upheld by the state Supreme Court in August 2023 leading to a drop in abortions performed in the state, according to provisional data.



March 2023	1080
April 2023	939
May 2023	884
June 2023	927
July 2023	867
August 2023	748
September 2023	161
October 2023	201
November 2023	177
Decemeber 2023	207

The Turnaway Study - ANSIRH has published **more than 50 scientific papers** in peer-reviewed journals using data from the Turnaway Study.



- **Women who receive a wanted abortion:**
 - Are more financially stable;
 - Set more ambitious goals;
 - Raise children under more stable conditions; and are
 - More likely to have a wanted child later.

Denying a woman an abortion creates economic hardship and insecurity which lasts for years.

Women turned away from getting an abortion are more likely to stay in contact with a violent partner. They are also more likely to raise the resulting child alone.

The financial wellbeing and development of children is negatively impacted when their mothers are denied abortion

Giving birth is connected to more serious health problems than having an abortion.



How Does an Abortion Ban Change Things?

- Harms patients
- Harms physicians
- Harms trainees
- Decreases Access to care
- Increases health disparities
- Allows Legislative Interference in the Practice of Evidence Based Medicine
- Perpetuates Maternal Mortality
- Dissuades Attraction and Retention of Medical Professionals

Abortion is an Essential Component of Healthcare

- ACOG recognizes that it is our responsibility, as the experts on reproductive health care and leaders in advocacy on behalf of our members and the patients they serve, to have a clear, patient-centered position on abortion that steadfastly opposes legislative interference in the practice of medicine and the criminalization of our members for providing evidence-based care.
- Questions about whether and when patients can access needed medical care should be removed from the political arena and returned to the patient and their trusted health care professional.
- It is unacceptable for doctors and health care professionals to be punished, fined, or sued and face imprisonment for delivering evidence-based care.
- Laws are a blunt instrument that cannot encompass the complexity of medicine or people's lives. ACOG trusts patients and their families, supported by their clinicians, to make informed, thoughtful decisions about their pregnancies and health care without legislative interference.

ACOG Policy of Abortion September 2023

ACOG Supports Full Spectrum Reproductive Healthcare

- People should be able to access abortion care where and when they need it.
- People may have complex feelings about abortion care, but it is critical that patients be able to access abortions if it is right for their families, their health, and their lives.
- Abortion care is often misrepresented for political or ideological reasons, especially when it is provided later in pregnancy.

ACOG Policy of Abortion September 2023

How to Talk with Physicians Who are Opposed to Abortion

The vast majority of obstetrician–gynecologists, around 95%, would help a patient in need of an abortion in some way, regardless of the obstetrician–gynecologist’s personal feelings.

- Abortion can be a complicated topic for some. The decision whether to have an abortion may be a complex one. It is for these very reasons that this decision should be left to a patient and their trusted health care professional.
- Doctors must be able to provide unbiased, factual information to patients regarding reproductive health care options.
- People must be able to use their expertise in their own lives to make decisions for themselves and their families.
- <https://www.acog.org/advocacy/abortion-is-essential/come-prepared>

Finding Consensus for Medical Practice

with special thanks to:

Dr. Amy Crockett

Dr. Tricia Seal

Dr. Angela Dempsey

Patient counseling

6 Week Ban

Section 44-41-630

(B) Except as provided in Section 44-41-640, Section 44-41-650, and Section 44-41-660, no person shall perform or induce an abortion on a pregnant woman with the **specific intent of causing or abetting an abortion if the unborn child's fetal heartbeat has been detected** in accordance with Section 44-41-330(A). A person who violates this subsection is guilty of a felony and, upon conviction, must be fined ten thousand dollars, imprisoned for not more than two years, or both.

Physician Practice

Permits discussion of abortion with patients.

Permits referrals for abortion care

Maternal Medical Exemptions

6 Week Ban

Section 44-41-640.

A) It is not a violation of Section 44-41-630 if an abortion is performed or induced on a pregnant woman due to a medical emergency or is performed to prevent the death of the pregnant woman or to prevent the serious risk of a substantial and irreversible impairment of a major bodily function, not including psychological or emotional conditions, of the pregnant woman.

Physician Practice

“Medical emergency” means in reasonable medical judgment, a condition exists that has complicated the pregnant woman’s medical condition and necessitates an abortion to prevent death or serious risk of a substantial and irreversible physical impairment of a major bodily function,

This may be (1) life threatening, (2) urgent or (3) stable clinical settings.

Treatment of unborn fetus

6-week Ban

Section 44-41-640.

(3) A physician performing a medical procedure pursuant to item (1) shall make reasonable medical efforts under the circumstances to preserve the life of the pregnant woman's unborn child, to the extent that it does not risk the death of the pregnant woman or the serious risk of a substantial and irreversible physical impairment of a major bodily function of the pregnant woman, not including psychological or emotional conditions and in a manner consistent with reasonable medical practices.

Physician Practice

No change in clinical care to “preserve the life of the pregnant woman's unborn child” when doing so presents an increased risk to the patient or when neonatal resuscitation would be considered futile.

Continue following the best standards of fetal and neonatal palliative and hospice care.

Ectopic Pregnancy and Miscarriage

6-Week Ban

Section 44-41-640

(2) It is presumed that the following medical conditions constitute a risk of death or serious risk of a substantial and irreversible physical impairment of a major bodily function of a pregnant woman, **not including psychological or emotional conditions: molar pregnancy, partial molar pregnancy, blighted ovum, ectopic pregnancy, severe preeclampsia, HELLP syndrome, abruptio placentae, severe physical maternal trauma, uterine rupture, intrauterine fetal demise, and miscarriage.** ... The enumeration of the medical conditions in this item is not intended to exclude or abrogate other conditions that satisfy the exclusions contained in item (1) or prevent other procedures that are not included in the definition of abortion.

Physician Practice

Continue to treat all ectopic pregnancies according to the standard of care; this includes cervical ectopic pregnancies, cesarean scar ectopic pregnancies, cornual ectopic pregnancies, heterotopic pregnancies and ectopic pregnancies located in the adnexa and abdomen.

Treatment with Mifepristone is the standard of care, it can still be used for this purpose.

Contraception

6-Week Ban

Section 44-41-640

(E) It is not a violation of Section 44-41-630 to use, sell, or administer a contraceptive measure, drug, chemical, or device if the contraceptive measure, drug, chemical, or device is used, sold, prescribed or administered in accordance with manufacturer's instructions and is not used, sold, prescribed or administered to cause or induce an abortion.

Physician Practice

No new restrictions on prescription of contraceptive drugs and devices, including emergency contraception.

Rape and Incest

6-Week Ban

Section 44-41-650.

(A) A physician may perform, induce, or attempt to perform or induce an abortion on a pregnant woman after the fetal heartbeat has been detected in accordance with Section 44-41-630 if:

(1) the pregnancy is the result of **rape**, and the probable gestational age of the unborn child is not more than twelve weeks; or

(2) the pregnancy is the result of **incest**, and the probable gestational age of the unborn child is not more than twelve weeks.

(B) A physician who performs or induces an abortion on a pregnant woman based on an exception contained in this section must report the allegation of rape or incest to the sheriff in the county in which the abortion was performed. The report must be made no later than twenty-four hours after performing or inducing the abortion, may be made orally or otherwise, and shall include the name and contact information of the pregnant woman making the allegation.

Physician Practice

Abortion may be provided up to 12 weeks gestational age for women reporting rape or incest

Physicians must report identifying information to county sheriff's office

Bias in the Law

- Abortion is legal up to 12 weeks for Rape and Incest Victims
 - even with fetal cardiac activity
 - Why?
- Abortions being reserved for those who 'deserve' them,
 - Did not become pregnant due to consensual sex.
 - Pregnancy as punishment
- A pregnant person must first prove they were violated to obtain a needed abortion
 - Women's bodies are not their own to control

Fatal Fetal Anomalies

6-Week Ban

Section 44-41-660.

(A) It is not a violation of Section 44-41-630 if an abortion is performed or induced on a pregnant woman due to the existence of a **fatal fetal anomaly**.

(B)(1) A person who performs or induces an abortion based upon the existence of a fatal fetal anomaly shall make written notations in the pregnant woman's medical records of:

- (a) the presence of a fatal fetal anomaly;
- (b) the nature of the fatal fetal anomaly;
- (c) the medical rationale for making the determination that with or without the provision of life-preserving treatment life after birth would be unsustainable.

Physician Practice

Other States use “life limiting” or “medically futile”

Plan to generally follow Louisiana statute:

- Achondrogenesis
- Acrania
- Acardia
- Body stalk anomaly
- Campomelic dysplasia
- Craniorachischisis
- Meckel-Gruber syndrome
- Ectopia cordis
- Exencephaly
- Holoprosencephaly
- Iniencephaly
- Osteogenesis imperfecta (Type II)
- Renal agenesis (bilateral)
- Short rib polydactyly syndrome
- Sirenomelia
- Thanatophoric dysplasia
- Triploidy

ACOG Guidance:

“Understanding and Navigating Medical Emergency Exceptions in Abortion Bans and Restrictions”

- *“ACOG has long affirmed that medical knowledge is not static... Fundamentally, there is no one-size-fits-all law that can take every individual, family, or medical condition into account, making legislative interference in the practice of medicine incredibly dangerous.”*

<https://www.acog.org/news/news-articles/2022/08/understanding-medical-emergency-exceptions-in-abortion-bans-restrictions>

Intent

6-Week Ban

Section 44-41-640

(D) Medical treatment provided to a pregnant woman by a physician which results in the accidental or unintentional injury or death of her unborn child is not a violation of Section 44-41-630.

Physician Practice

Should be - No changes to physician practice.

But fear and harassment have paralyzed medical care, pharmacy care.

Contraception

6-Week Ban

Section 44-41-640

(E) It is not a violation of Section 44-41-630 to use, sell, or administer a contraceptive measure, drug, chemical, or device if the contraceptive measure, drug, chemical, or device is used, sold, prescribed or administered in accordance with manufacturer's instructions and is not used, sold, prescribed or administered to cause or induce an abortion.

Physician Practice

No restrictions on contraception

**No restrictions on emergency
contraception/morning after pill**

Protect Patient Confidentiality

6-Week Ban

Section 44-41-670.

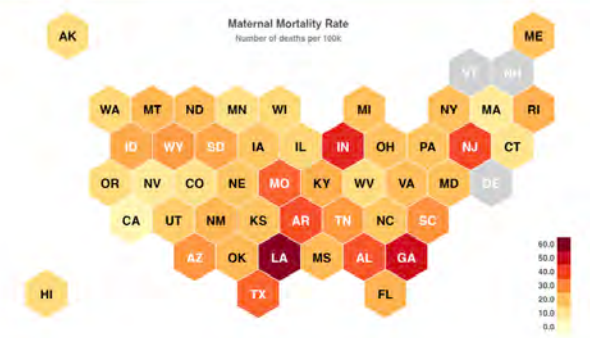
A pregnant woman on whom an abortion is performed or induced in violation of this article may not be criminally prosecuted for violating any of the provisions of this article or for attempting to commit, or conspiring to commit a violation of any of the provisions of the article and is not subject to a civil or criminal penalty based on the abortion being performed or induced in violation of any of the provisions of this article.

Physician Practice

Physicians are criminalized.

Patients are not criminalized.

Pregnancy is not a Benign Condition & Abortion is SAFE



- The mortality rate associated with abortion is low (0.6 per 100,000 legal, induced abortions),
- Risk of death associated with childbirth (Maternal Mortality) in USA is approximately 32.9 per 100,000 pregnancies, up from 23.8 in 2020
- **Maternal Mortality in South Carolina is 32.3 per 100,000 births, ranking in the top ten of worst states to give birth, and has increased for women of color to 69.1**

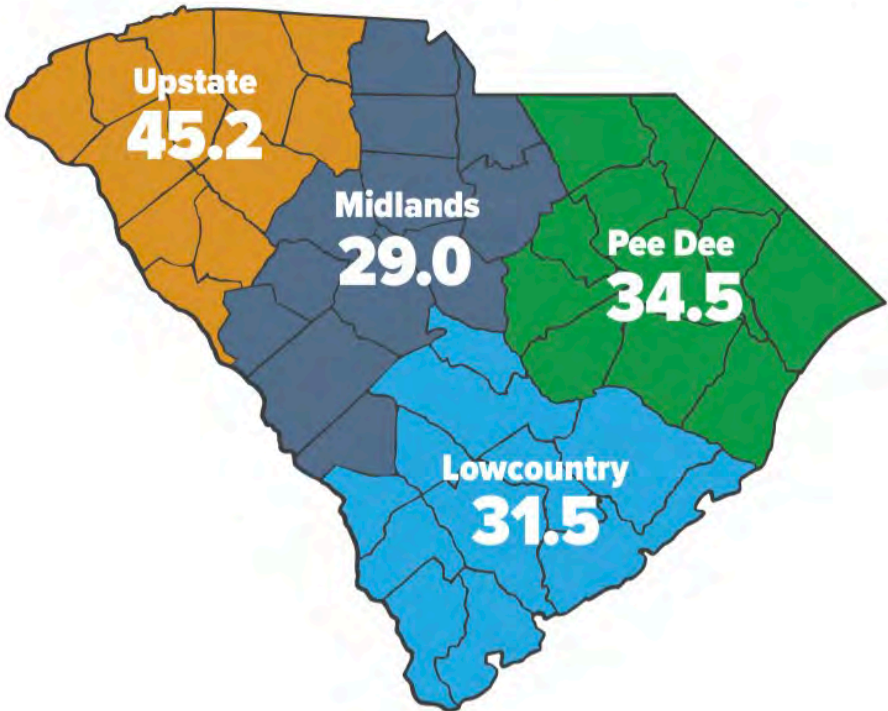
Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol* 2012;119:215–9. (Level III) [[PubMed](#)] [[Obstetrics & Gynecology](#)]

Hoyert DL. Maternal mortality rates in the United States, 2020. *NCHS Health E-Stats*. 2022.
DOI: <https://doi.org/10.15620/cdc:113967>.

2024 SC Maternal Mortality Review Committee Legislative Brief

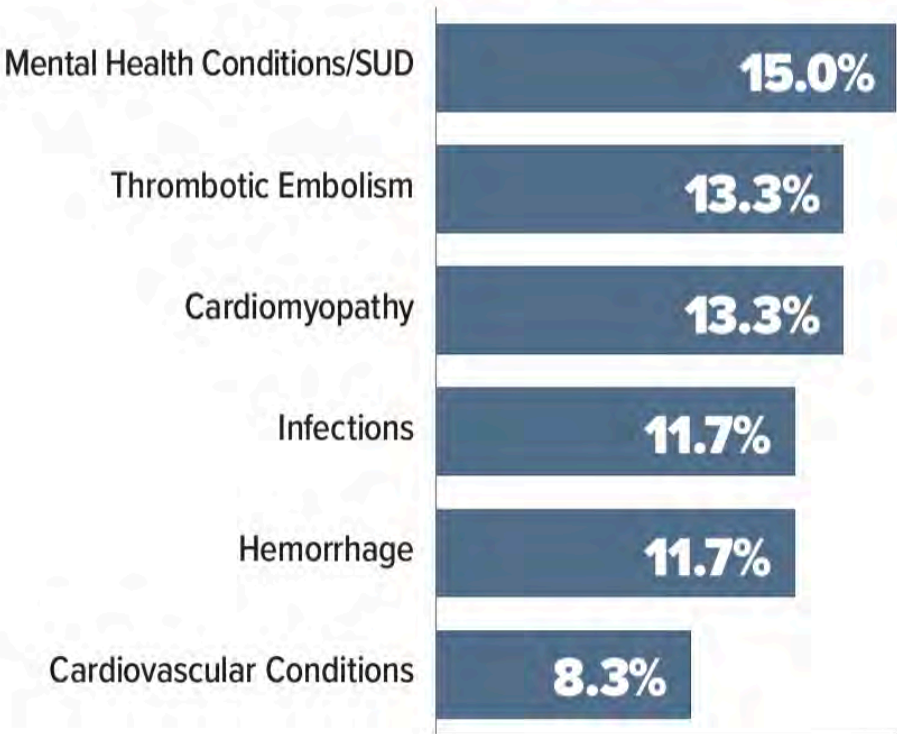
Pregnancy-Related Mortality Rate, by Region

Rate per 100,000 live births; 2018-2020



Leading Causes of Pregnancy-Related Deaths

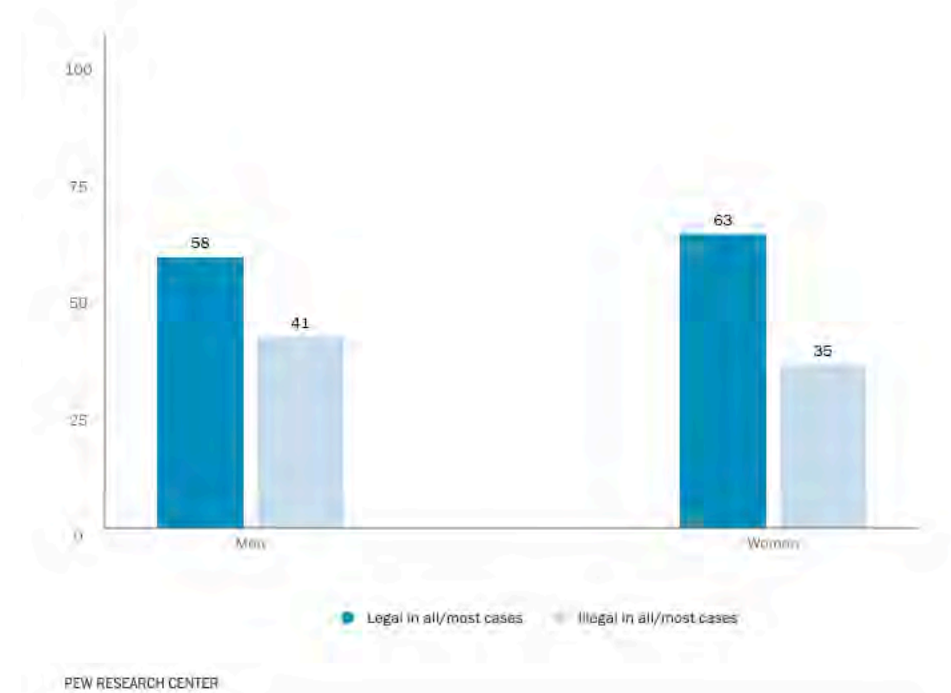
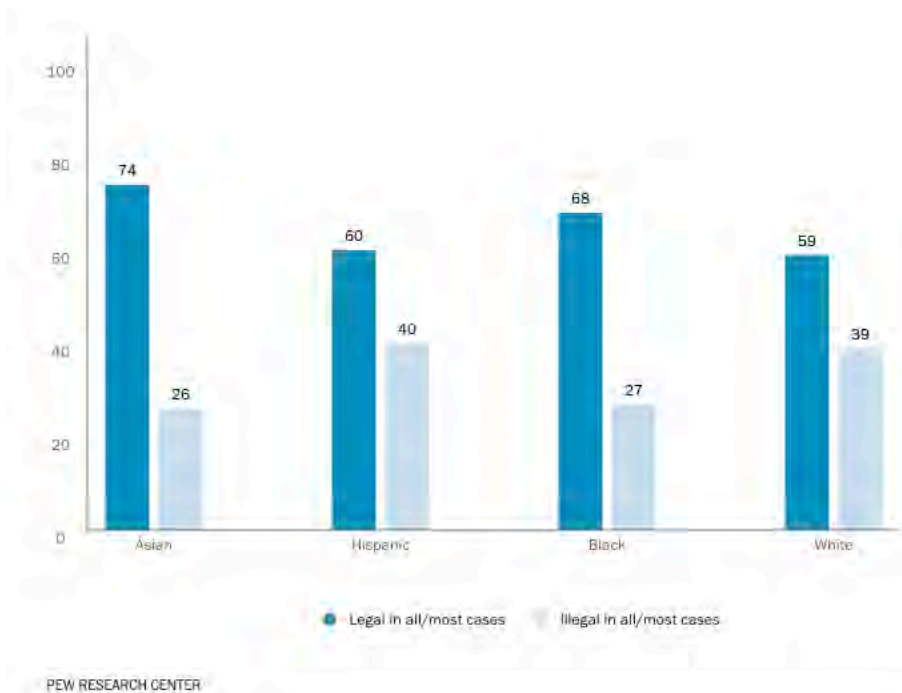
Percent of pregnancy-related deaths; 2018-2020



Public Opinion on Abortion- *Favorable*

Pew Research March 2024

- **62% say abortion should be legal in all or most cases**, while 36% say it should be illegal in all or most cases.



Consequences of Abortion Bans and Personhood Laws

- **Medical – morbidity and mortality, diminishes medical profession**
- Legal – implications for IVF, taxes, criminal statutes, constitutional rights
- Economic – decreased economic mobility
 - Denying a woman an abortion creates economic hardship and insecurity which lasts for years.
 - Women turned away from getting an abortion are more likely to stay in contact with a violent partner. They are also more likely to raise the resulting child alone.
 - The financial wellbeing and development of children is negatively impacted when their mothers are denied abortion.
 - Giving birth is connected to more serious health problems than having an abortion.
- Personal – accountability for personal choices is integral to the growth of humans

Abortion Bans Endanger Actual Lives - Experiences of Physicians and Patients

- Medications not available to women of reproductive age
 - Medications for MAB under suspicion
- Miscarriages not treated appropriately, people not seeking care
- Mistrust - Menstrual history not shared due to fear of 'tracking'
- Dilation and Curettage (D&C) -
 - “You can’t do that because that surgery is illegal now.”
 - Lack of surgical training for residents
- Fracturing physician practices
- Transfers of care due to 'discomfort' – taxing tertiary referral centers

Abortion Bans Endanger Actual Lives - Experiences of Physicians and Patients

- Ectopic pregnancy has cardiac activity – ‘can we operate?’
- Contraceptive Failures
- PPRM patients – not adhering to the standard of care
- Cancer patients; no surgery/chemo available
- Increase in BTL requests – surgical risk, availability
- Law Enforcement harassment
- Criminal Defense Attorneys
- Mental Health Discrimination

Abortion Bans Endanger Medical Training and Health Systems

- Abortion training opportunities are required for accreditation of residency programs
 - SC programs already sending residents out of state, with its accompanying licensure and logistic issues.
- Female students/residents with forced pregnancy
 - Leave of absence, childcare during clerkships, forgo medical degree.
 - Contributes to the current physician shortage.

Abortion Bans Endanger Medical Training and Health Systems

- Medical education degraded if abortion skills can not be taught
 - Puts personal beliefs/ideology over patient beliefs about what is best for themselves given risks/benefits
 - Can't perform informed consent- physicians afraid
 - 'Carve outs' for exceptions do not address individual patient circumstances, beliefs, priorities
- Health care system is predominantly staffed by females
 - Already short-staffed, health systems suffer as a larger fraction of the workforce is forced to be pregnant, have complications, or travel for abortion care.

Abortion Bans Endanger Availability of all Physicians in SC



- Recruiters struggling to get physicians to consider coming to SC because of the overt legislative interference in the practice of medicine
 - Climate of hostility, criminalization towards doctors and other health care workers
- Right of conscience to provide care according to training
 - Evidence-based, standard of care option as approved by all major medical societies
 - Tom L. Beauchamp & James F. Childress, *Principles of Biomedical Ethics* (8th ed. 2019).
 - AMA Code of Medical Ethics, *Principles of Medical Ethics* (adopted June 1957; revised March 2024)
 - ACOG Committee Opinion No. 819, *Informed Consent and Shared Decision Making in Obstetrics and Gynecology* (2021),

Abortion Bans Endanger Availability of all Physicians

Los Angeles Times

Column: As professionals flee antiabortion policies, red states face a brain drain

- Chaos and delay on our health care teams
 - Detracts time and resources from other patient care, professional pursuits
 - Patient perceive the confusion, leads to distrust
 - ‘Carve outs’ for exceptions seeks to stigmatize abortions

<https://www.propublica.org/article/abortion-doctor-decisions-hospital-committee>

South Carolina Abortion Bans Discriminate Against Mental Health

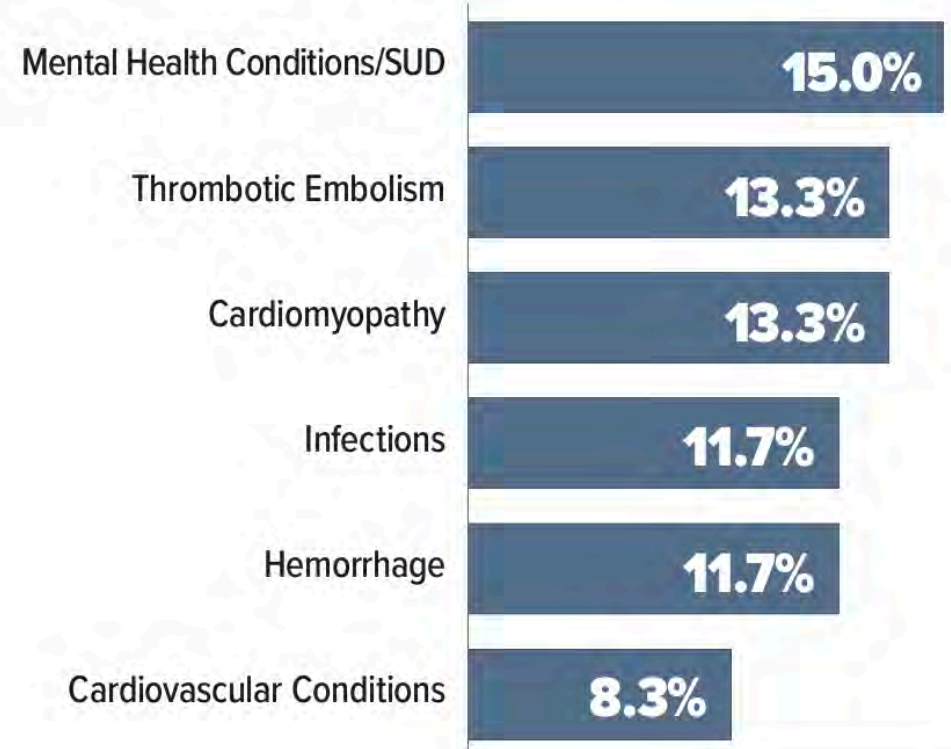
Section 44-41-640

(2) It is presumed that the following medical conditions constitute a risk of death or serious risk of a substantial and irreversible physical impairment of a major bodily function of a pregnant woman, **not including psychological or emotional conditions**:

Minimizing mental health impacts patients with schizophrenia, bipolar disorder, severe depression, post-traumatic stress disorder, etc.

Leading Causes of Pregnancy-Related Deaths

Percent of pregnancy-related deaths; 2018-2020



Negatively Affects all Medical Specialties

CLINICAL
IMAGING

PATIENTS & PRACTICE, POLICY & EDUCATION | VOLUME 95, P62-64, MARCH 2023

Antibortion laws and reproductive health information in nuclear medicine

Michael Oumano • Elizabeth Dibble

Published: January 02, 2023 • DOI: <https://doi.org/10.1016/j.clinimag.2022.12.009> • [Check for updates](#)

This Issue Views **5,600** Citations **1** Altmetric **27**

Medical News & Perspectives

October 12, 2022

Threats to Evidence-Based Care With Teratogenic Medications in States With Abortion Restrictions

Rita Rubin, MA

JAMA. 2022;328(17):1671-1673. doi:10.1001/jama.2022.11489



Medical News Website



Medical News Website



AAD

JAAD

Journal of the
American Academy of Dermatology

COMMENTARY | VOLUME 87, ISSUE 5, P1225-1226, NOVEMBER 2022

The Supreme Court abortion ban impact on dermatology

Jenna Yousif, BA • Taylor Adlam, MD • Jane M. Grant-Kels, MD • Mehdi Farshchian, MD, PhD

Published: July 18, 2022 • DOI: <https://doi.org/10.1016/j.jaad.2022.07.026> • [Check for updates](#)

July 13, 2022

Reproductive Rights in Neurology—The Supreme Court's Impact on All of Us

Sara C. LaHue, MD^{1,2}; Dawn Gano, MD, MAS^{1,3}; Riley Bove, MD, MSc^{1,2}

[» Author Affiliations](#)

JAMA Neurol. 2022;79(10):961-962. doi:10.1001/jamaneurol.2022.3347

This Issue Views **2,994** Citations **0** Altmetric **42**

Viewpoint

August 15, 2022

The Pediatrician in the Post-Roe Landscape

Tracey A. Wilkinson, MD, MPH¹; Julie Maslowsky, PhD²; Elise D. Berlan, MD, MPH^{3,4}

[» Author Affiliations](#)

JAMA Pediatr. 2022;176(10):967-968. doi:10.1001/jamapediatrics.2022.2868

Full
Text

The US Supreme Court decision in the *Dobbs v Jackson* case has the potential to instantly destabilize the landscape of reproductive health care access for adolescents and young adults (AYAs). With federal legal protection to abortion access no longer in place, states will permit varying degrees of access, creating challenges for both AYAs and pediatricians alike. Many of the new restrictions are occurring in states where AYAs' reproductive health care access is already restricted and unintended pregnancy rates are higher than average.¹

Negatively Affects all Medical Specialties

> [JAMA Psychiatry](#). 2023 Feb 8. doi: 10.1001/jamapsychiatry.2022.4962. Online ahead of print.

Abortion Restriction and Mental Health

Katherine L Wisner ¹, Paul S Appelbaum ²

Affiliations + expand

PMID: 36753289 DOI: [10.1001/jamapsychiatry.2022.4962](#)

No abstract available

> [Acad Emerg Med](#). 2022 Dec;29(12):1414-1421. doi: 10.1111/acem.14609. Epub 2022 Nov 3.

Post-Roe emergency medicine: Policy, clinical, training, and individual implications for emergency clinicians

Margaret E Samuels-Kalow ¹, Pooja Agrawal ², Giovanni Rodriguez ¹, Amy Zeidan ³, Jennifer S Love ⁴, Derek Monette ¹, Michelle Lin ⁵, Richelle J Cooper ⁶, Tracy E Madsen ⁷, Valerie Dobiesz ⁸

Affiliations + expand

PMID: 36268814 PMCID: PMC9772035 (available on 2023-12-01) DOI: [10.1111/acem.14609](#)



Journal of the American College of Cardiology

JACC Journals | JACC | Archives | Vol. 81 No. 7 Previous | Next

Overturing *Roe v. Wade*: Increased Prevalence and Economic Impacts of Congenital Cardiac Defects GET ACCESS

Cardiovascular Medicine And Society

Ashwin Palaniappan, David Blitzer, Emile A. Bacha, and Brett R. Anderson

J Am Coll Cardiol. 2023 Feb, 81 (7) 703-704

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Editorial > [Cureus](#). 2022 Nov 14;14(11):e31506. doi: 10.7759/cureus.31506. eCollection 2022 Nov.

Abortion Is a Right: Perspectives of Family Medicine Physician Residents

Anita Vasudevan ¹, Briga Mullin ¹, Reece Fenning ¹, Guille Freschl ¹, Jacqueline Mostow ², Hannah Bogen ³, Aljane Whitaker ³, Zach Anderson ⁴, Alex Su ⁵, Seethim Naicker ⁵, Yvonne Chow ⁶, Jennifer Tsai ⁶, Basilia Oseguera ⁷, Justin Chin ⁷ ⁸

Affiliations + expand

PMID: 36540456 PMCID: [PMC9754741](#) DOI: [10.7759/cureus.31506](#)

Free PMC article

Abortion Bans Directly Harm Physicians



- Providers have been forced to shift the care or services they provide, relocate, or cease offering care altogether, despite their training and expertise.
- Right of conscience to provide care according to evidence based medicine and standard of care options has been trampled.
- Training opportunities in reproductive health care in restrictive states have severely diminished and become even more difficult to access.

Abortion Bans are Undermining Medical Education and Training

- Medical students are missing out on core competencies due to abortion bans and restrictions.
- Many training rotations and electives in other areas of family planning, such as contraception and fertility care, were canceled.
- 60% of medical students said they were unlikely to apply to residency programs in states that restrict abortion, with applications for residency programs in states with abortion restrictions falling by 3%, with OB-GYN residency programs seeing a 5.2% drop in application volume.
- In a 2023 survey of graduating residents from residencies with Ryan Residency Training Programs, 17.6% of residents indicated that the Dobbs decision changed their location of intended future practice or fellowship plans.



Abortion Bans Erosion of the Provider Workforce is Hurting Patients



- 35% of were affected by health care staffing shortages, and nearly three out of four adults who tried to obtain health care in the previous six months experienced delays in receiving care.
- Robust research demonstrates that when people seek abortions but are denied care, there are short- and long-term harms across nearly all dimensions of their lives:
 - from decreased health and well-being,
 - to lower educational and career attainment,
 - to higher risks of poverty,
 - to negative effects on any current and future children.
 - Increased risks of maternal mortality and morbidity

IVF in South Carolina

- A preventative bill that explicitly states any form of a fertilized egg that exists outside the uterus would not be considered an unborn child has been
 - (filed H. 5157) after the Alabama Supreme Court decided to consider frozen embryos as people, ruling that “unborn children are children.”
- S.C. Fetal Heartbeat Act raises questions about what could be considered an “unborn human.”
- The fetal heartbeat bill lists that “unborn child” means “an individual organism of the species homo sapiens from conception until live birth.” Conception is then defined as “fertilization of an ovum by sperm”.
- For several years in a row, the SC legislature has introduced some type of ‘personhood bill’, which would “convey all constitutional rights to a fertilized egg’

IVF in South Carolina

- “The Alabama Supreme Court’s opinion in *LePage* undermines critical reproductive health care. Treating frozen embryos as legal persons undermines the rights of people in this country to make decisions about family building, including what to do with frozen embryos created via IVF. All around us, access to reproductive medical services is coming under attack.”
 - *American Society for Reproductive Medicine, Press Release March 2024*

Abortion is

- ✓ **safe**
- ✓ **lifesaving**
- ✓ **common**
- ✓ **necessary**
- ✓ **essential health care**



ACOG

acog.org/AbortionIsEssential

SCAN ME



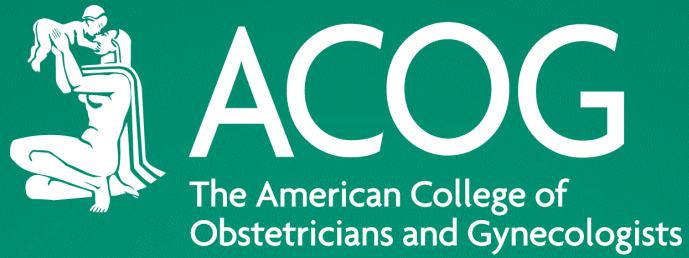
Call to Action



1. Donate to abortion funds.
<https://www.carolinaabortionfund.org/>
<https://palmettostateabortionfund.com/>
2. Follow Jessica Valenti on *Abortion, Everyday* daily newsletter
<https://jessica.substack.com/>
3. Learn how to provide abortion care
<https://rhedi.org/topic/aspiration-abortion/>
4. Advocate with your state chapter of your medical association
5. Become knowledgeable about abortion laws in South Carolina.
<https://reproductiverights.org/maps>
<https://www.scwren.org/take-legislative-action/>

Points of Thought

- Bodily autonomy is a basic human right and basic tenet of medical care. All other rights are derived from this one. If you don't own your own body, all other rights are diminished.
- In no other context is it expected for a person to use their body, under duress or force, to sustain or support potential life or treatments for others. Abortion bans are uniquely biased against women, particularly women of color.
- What is your reaction to the criminalization of your colleagues for taking care of their patients according to every leading medical organization and medical journals?



Thank you

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