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A statement on abortion by 1000 professors after the reversal of Roe v. Wade

Eve Espey, MD MPH, Stephanie Teal, MD MPH, Jeff Peipert, MD PhD

In this article, 1000 Professors of Obstetrics and Gynecology share our support for safe legal and accessible abortion care. As medical school professors entrusted to adhere to the highest standard of clinical practice, to train the future provider workforce in patient-centered, evidence-based care, and to advance our field in the acquisition of new knowledge, we stand together in our strong support of bodily autonomy and reproductive freedom, including the right to affordable, accessible, safe, legal abortion care.

Over almost the last 50 years, Roe v. Wade ensured a constitutionally protected legal right to abortion. Although subsequent state and federal laws have placed many and varied restrictions on this legal right and access has been elusive for many, safe legal abortion has been widely available in the US.

In 1972, anticipating the Supreme Court decision, 100 professors of Obstetrics and Gynecology signed on to an article applauding the decision in advance and discussing the logistics of care provision that would be required when the decision became law.[1] In this article, professors wanted to "contribute to the solution" of providing care to those newly legally able to access it. They noted that the volume could be handled if all did their share; they anticipated conscientious objection but expected that objectors would appropriately refer for needed care as those who practiced obstetrics and gynecology prior to Roe v. Wade were painfully aware from their own practices of the dire morbidity and mortality consequences of illegal care. They predicted the direction medicine was heading—from a doctor-centered perspective to a patient-centered decision-making model, noting that "It would seem inevitable that the courts will someday decide that any girl who is physically mature enough to conceive, should ipso facto, be granted the freedom to determine the fate of her pregnancies.[1]" They also noted the importance of care being made "equally available to the rich and poor."

Forty years later, in 2013, 100 professors of Obstetrics and Gynecology again signed on to an article about abortion care, noting the ways in which the original 100 professors had been both prescient in some predictions and had also seriously underestimated the political backlash of the Roe v. Wade decision[2]. These 100 professors applauded the decline in septic abortions that occurred with the legalization of abortion care. They also described the 2013 landscape of abortion care provision, marred by numerous laws and regulations to restrict access and require non-evidence based counseling and medical practice, stigma for both providers and patients, and lack of funding that disproportionately affects low income and patients of color. This paper was a call to action to refute legislative restrictions, to continue to train learners and to have the ability to provide evidence-based information.

Only nine years later, we are compelled to write again as the Supreme Court has reversed the right to bodily autonomy for women that has been in place for almost 5 decades with a disastrous decision for individual and public health. We 1000 professors write to support evidence-based medicine including access to safe legal abortion care and to deplore the politicization of medical care, care that should appropriately be in the realm of the patient and provider. Like the views held in the two prior articles, we 1000 professors believe that patients should make their own decisions about their reproductive health and providers should be without political interference, stigma-free and respected for offering evidence-based care. We are 1000 professors strong, indicating the widespread support of our medical community for accessible equitable care.

Instead, we are going backward, back to a lack of federal protections and onerous and non-evidenced based state-level restrictions, like the state criminal abortion laws of the mid-nineteenth century. We have collectively forgotten the wards of septic abortion patients and the misery and death that accompanied illegal abortion. We have declined to learn from the 59 countries that have liberalized their abortion laws. The United States is among only three other countries (Poland, El Salvador, and Nicaragua) that have reversed abortion rights and restricted access to abortion. Our country has one of the worst maternal mortality rates among developed nations: 25 maternal deaths for every 100,000 live births.[3] This ratio is more than double that of most other high-income countries. The Supreme Court decision, like the many state-level restrictions that came before the reversal of Roe, disproportionally impact marginalized people and persons of color. When forced to carry an unwanted pregnancy to term, individuals are four times as likely to live below the poverty line. In addition, we can expect an increase in both infant and maternal morbidity and mortality in the years ahead with widening health inequities.

Patients in states with comprehensive bans are already experiencing the consequences. As of this writing the authors have cared for pregnant patients driving hundreds of additional miles in a state of terror lest anyone helping them be reported to authorities by legal vigilantes; patients treated with doubt and suspicion when they present with miscarriage bleeding; patients with lethal fetal anomalies searching for doctor's appointments, gas money, and housing before their pregnancy progresses further; and patients with life-threating ectopic pregnancies receiving delayed care due to confusion about their right to be treated. Seeking to provide evidence-based care for the patients we've dedicated our lives to serve, we and our colleagues are at the mercy of laws that are unclear about what emergency is life-threatening "enough" to allow a legal abortion.

We also must consider the impact of this ruling on the workforce and training of health care providers. Abortion training is an Accreditation Council for Graduate Medical Education (ACGME) requirement for Obstetrics and Gynecology residency accreditation. Now, many programs will struggle to meet this standard. Half of the Obstetrics and Gynecology residency training programs in the U.S. will have no or inadequate abortion training opportunities.[4] Who will be trained to evacuate the uterus in a patient with a septic abortion in the second trimester, or severe preeclampsia at 19-weeks gestation, or in a patient with an 18-week anencephalic fetus with no chance for survival? Women's lives will be put at risk; some will die unnecessarily.

The decision to continue a pregnancy is a deeply personal one, and one that should be carefully considered in consultation with a health care provider who adheres to principles of reproductive ethics with respect for patient autonomy. Our state and federal government should not interfere with the patient-provider relationship. This group of 1000 professors fully supports a person's right to choose whether or not to continue a pregnancy. In the interest of evidence-based medical care, human rights and public health, we condemn the Supreme Court's decision and stand by our patients as we join a host of colleague professional organizations to advocate for comprehensive healthcare that includes access to safe and legal abortion.

Note that those signing below are representing their own personal opinions and not necessarily those of their institution.

References

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4. AAMC News. How the repeal of Roe v. Wade will affect training in abortion and reproductive health. Accessed August 1, 2022 at https://www.aamc.org/news-insights/how-repeal-roe-v-wade-will-affect-training-abortion-and-reproductive-health.

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