Unified opposition voiced on restricting reproductive care access

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What’s the news: The AMA applauds President Joe Biden’s executive order pledging to explore pathways to protect access to reproductive health care services. The AMA also joined the American College of Obstetricians and Gynecologists (ACOG) and more than 75 other medical professional societies in voicing unified opposition to legislative interference in the relationship between patients, physicians and other health professionals.

“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,” says the statement from the AMA, ACOG and the other organizations.

In his executive order, President Biden lays out a plan to:

- Safeguard access to reproductive health care services.
- Protect the privacy of patients and their access to accurate information.
- Promote safety and security of patients, physicians and other health professionals and clinics.

The AMA hopes that these steps “are clarifying and effective as we continue the critical work necessary to ensuring access to comprehensive reproductive health care,” said AMA President Jack Resneck Jr., MD.

“Physicians have been placed in an impossible situation—straining to meet our ethical duties to place patient health and well-being first, while attempting to comply with vague, restrictive, complex, and conflicting state laws that interfere in the practice of medicine and jeopardize the health of patients,” added Dr. Resneck, professor and vice chair of the University of California, San Francisco, School of Medicine’s dermatology department.

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The executive order was followed up by further guidance (PDF) from the Department of Health and Human Services (HHS) clarifying that the rights of all patients to emergency medical care—including pregnant women and others experiencing pregnancy loss—are protected under the Emergency Medical Treatment and Active Labor Act (EMTALA). This includes “life- or health-saving abortion services in emergency situations,” according to HHS.

“The federal EMTALA statute protects your clinical judgment and the action that you take to provide stabilizing medical treatment to your pregnant patients, regardless of the restrictions in the state where you practice,” the HHS guidance states.

**Why it’s important:** “For physicians and patients alike, this is a frightening and fraught time, with new, unprecedented concerns about data privacy, access to contraception, and even when to begin lifesaving care,” Dr. Resneck said.

The statement from the health professional associations notes that restricting access to care erodes the trust between patients and their health professionals, worsens existing health inequities and compounds the harm that communities with limited access to health care services already experience.

Physicians and other health professionals “who practice in good faith in these states will be subject to a similarly untenable decision: risk criminal prosecution or other civil sanctions by providing appropriate, evidence-based care in accordance with their patients’ needs and wishes or withhold safe and effective reproductive health care from patients in need,” the statement says.

“Patients form trusting relationships with their health care professionals, but when health care professionals are prevented from providing the full spectrum of care by threat of legal action, the quality and scope of care they can provide is limited—endangering both patient care and the patient–clinician relationship,” the statement adds.

Dr. Resneck also discussed implications of the Supreme Court decision in a recent Leadership Viewpoints column.

“States that end legal abortion will not end abortion—they will end safe abortion, risking devastating consequences, including patients’ lives,” Dr. Resneck wrote.

“Access to legal reproductive care will be limited to those with the sufficient resources, circumstances, and financial means to do so—exacerbating health inequities by placing the heaviest burden on patients from Black, Latinx, Indigenous, low-income, rural and other historically disadvantaged
communities that already face numerous structural and systemic barriers to accessing health care,” the column adds.

**Learn more:** In his column, Dr. Resneck notes that it is the long-held position of the AMA that “the early termination of a pregnancy is a medical matter between the patient and physician, subject only to the physician’s clinical judgment and the patient’s informed consent.”

During the 2022 AMA annual meeting, the AMA House of Delegates adopted new policy that included:

- Opposing limitations on access to evidence-based reproductive health services, including fertility treatments, contraception and abortion.
- Supporting shared decision-making between patients and their physicians regarding reproductive health care.
- Opposing any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by health care professionals with their patients.

In an amicus brief (PDF) filed with the U.S. Supreme Court in the case of *Dobbs v. Jackson Women’s Health Organization*, the case that overturned *Roe v. Wade*, the AMA—and other leading medical organizations—stated that abortion is safe medical care stemming from a decision made between the patient and the physician, subject to the physician’s clinical judgment, and the patient’s informed consent.

Explore guidance from the AMA *Code of Medical Ethics* on genetics and reproductive medicine.