Resolution: 223
(I-22)

Introduced by: Association for Clinical Oncology, American Society for Radiation Oncology, American Society of Hematology

Subject: Criminalization of Pregnancy Loss as the Result of Cancer Treatment

Referred to: Reference Committee B

Whereas, The Supreme Court ruling in Dobbs vs. Jackson overruled Roe vs. Wade, returning an individual’s right to access abortion to state law1; and

Whereas, Each year, one in 1,000 pregnant people will be diagnosed with cancer, and there are patients who become pregnant after having been diagnosed with cancer2; and

Whereas, The most common cancers diagnosed during pregnancy are breast, lymphoma, and cervical cancer3; and

Whereas, Cancer diagnoses during pregnancy can be delayed, since symptoms like fatigue, anemia, and nausea, can be similar for both conditions4; and

Whereas, Some cancer treatments and diagnostic services can harm a fetus or cause serious birth defects and for that reason, experts recommend avoiding radiation therapy during the entire pregnancy and most chemotherapies during the first trimester; and

Whereas, Some cancer therapies should not be used during any stage of pregnancy; and

Whereas, Pregnant individuals diagnosed with cancer, or who become pregnant during cancer treatment, face difficult choices about whether to initiate, delay, or continue life-saving cancer treatment, or whether to terminate their pregnancy; and

Whereas, These medical decisions are complex because timely cancer treatment improves a person’s likelihood of survival; and

Whereas, Every patient with cancer should receive evidence-based information about all treatment options, including known side effects of those options; and

Whereas, Every patient should be able to maximize their chance for survival by receiving recommended care promptly; and

Whereas, A growing number of current and pending laws insert government into the patient-physician relationships by dictating limits or bans on reproductive health services while also

aiming to criminally punish physicians who provide services that result in the loss of a pregnancy\(^5\); therefore be it

RESOLVED, That our American Medical Association advocate that pregnancy loss as a result of medically necessary treatment for cancer shall not be criminalized for physicians or patients (Directive to Take Action); and

RESOLVED, That our AMA advocate that physicians should not be held civilly liable for pregnancy loss as a result of treatment for cancer. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/13/22

RELEVANT AMA POLICY

Criminalization of Medical Judgment H-160.954

(1) Our AMA continues to take all reasonable and necessary steps to insure that errors in medical decision-making and medical records documentation, exercised in good faith, do not become a violation of criminal law. (2) Henceforth our AMA opposes any future legislation which gives the federal government the responsibility to define appropriate medical practice and regulate such practice through the use of criminal penalties.


Preserving Access to Reproductive Health Services D-5.999

Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes 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 healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; and (8) will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at the 2022 Interim Meeting.

Citation: Res. 028, A-22

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