First, Do No Harm

The opinion piece by Dr. Jeremy Wilber in the September/October edition of Common Sense has the potential to cause harm, due to non-secular and misleading information regarding abortion.

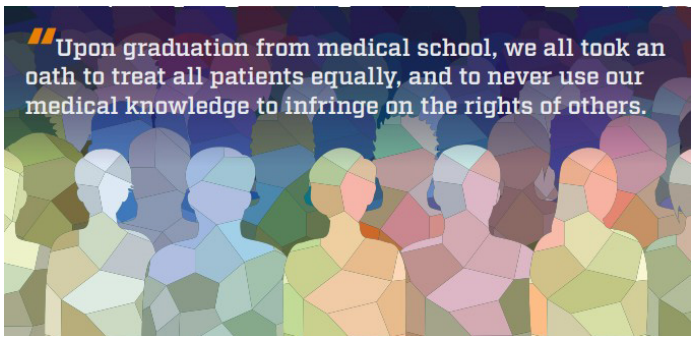
BACKGROUND

Pregnancy is not a benign state. As of 2019, the United States has the highest maternal mortality rate of developed countries, which has steadily increased from 7.2 deaths per 100,000 births, to 17.6 deaths per 100,000 births, since the CDC started collecting data in 1987.[1] Comparatively, the risk of death from a legal abortion is markedly less than childbirth (0.6 deaths per 100,000 abortions).[2] The mortality rate from unsafe abortion procedures is as high as 13%.[3] Surveillance data from the U.S. showed that, pre-Dobbs, elective abortions decreased by 11% over the previous ~10 years, and first trimester abortions accounted for >93% of all abortions.

While later-trimester abortions do have a higher complication rate, abortions after 20 weeks account for less than 1% of all abortions.[4] These numbers do not take into account the known complications from spontaneous abortions, ectopic pregnancies, and other non-viable pregnancies.

Contrary to the claims in Dr. Wilber's opinion, abortion access has been shown to improve the mental health and well-being of women, both short and long-term, via multiple studies. Conversely, being denied abortion access detracts from mental health.[5] The article cited by Dr. Wilbur regarding mental health and abortion prominently features the work of Dr. Priscilla Coleman, whose criticisms of the UCSF Turnaway study were retracted due to competing interests and lack of objectivity.[6] Despite being used in the Dobbs v. Jackson decision, Dr. Coleman's work has faced a significant amount of scrutiny for improper conclusions relating to abortion and mental health outcomes.[7]

As emergency physicians, we are the gatekeepers of pregnancy-related complications. Pregnancy related ED visits comprise a significant percentage of all ED visits,[8] with approximately one in three women visiting an ED during their pregnancy.[9,10] Our patients that are already marginalized (including, but not limited to, people of color, low socio-economic status, immigrants, and people with disabilities) are more likely to feel the impact of the Dobbs decision and have increasingly limited access to abortion care, emergency care, and reproductive services in general.[11] This includes not only abortion care, but access to high quality birth control and board-certified OB-GYNs. The Hyde Amendment restricts women who receive federally funded healthcare (e.g. Medicare, Medicaid, federal military plans) from being covered for abortion



care, and most U.S. states do not provide additional funding for abortions. Pre- and post-natal care, which has a higher risk of death and disability than abortion, is covered federally.

DISCUSSION

It is still too soon to numerically describe the burden that the Dobbs v. Jackson ruling has had on emergency departments and the incidence of post abortion complications. We anticipate seeing increased complications of abortions (spontaneous, elective, or unsafe), ectopic pregnancies, and unwanted/high risk pregnancies, as well as the potential for legal consequences for providing evidence-based treatments well within the standards of care.[12] It will be years before the objective evidence shows what we know subjectively: the Dobbs decision takes away bodily autonomy, human rights, and self-determination. Limiting access to abortion is not a moral issue, nor a religious one, but one that fundamentally affects the physical and mental well-being of women, and complicates our role as physicians providing safe, just, and equitable care.

While we support the rights of others, including the rights to free speech, free press, and freedom of religion, we also support evidence-based medicine, bodily autonomy, patient safety, and reproductive freedom. Physicians must be able to use their judgment to provide appropriate medical care, free from fear of prosecution or the opinions of others. Upon graduation from medical school, we all took an oath to treat all patients equally, and to never use our medical knowledge to infringe on the rights of others. To provide unsubstantiated perspective in lieu of evidence-based care undermines the physician, the physician-patient relationship, and our specialty in the house of medicine.

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