

Professionalism & Reproductive Justice:

Understanding the Legal Framework surrounding Reproductive Healthcare and our Unconscious Bias

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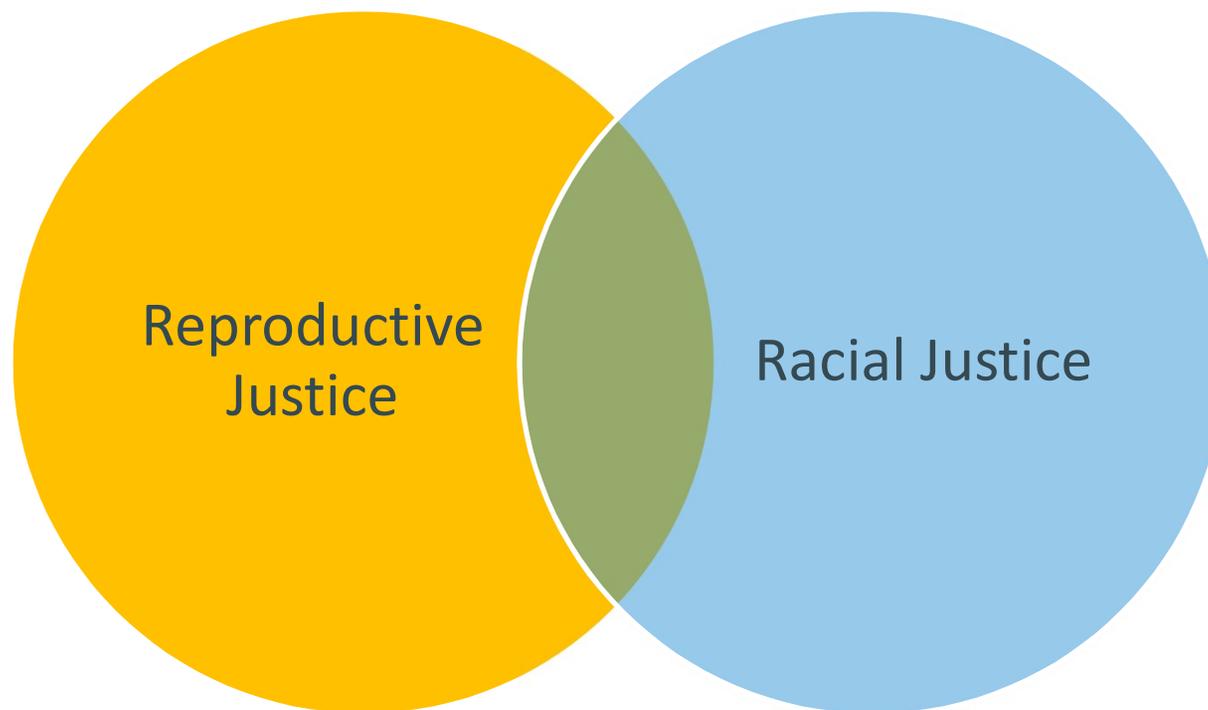
Disclosures

- No financial disclosures

Objectives

- Overview of Reproductive Healthcare
- Origin of values and beliefs and how they influence professionalism
- OHSU Conscientious Objection Policy
- Explore our own conscious and unconscious bias
- Reflections and self-awareness





The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

An illustration of a diverse group of women of various ethnicities, ages, and styles. Some are wearing hijabs, some are wearing glasses, and some are making peace signs. The background is a mix of purple, blue, and pink. A semi-transparent white box is overlaid in the center, containing the text.

Abortion is common

1 in 4

Picture Source: Vectorstock.com; statistics Guttmacher

U.S. Abortion Patients

INCOME

75% poor or low income

RELIGION

62% religiously affiliated

FAMILY SIZE

59% already have a child

AGE

60% are in their 20s (only 12% are teens, of which 4% are minors)

RACE

39% White

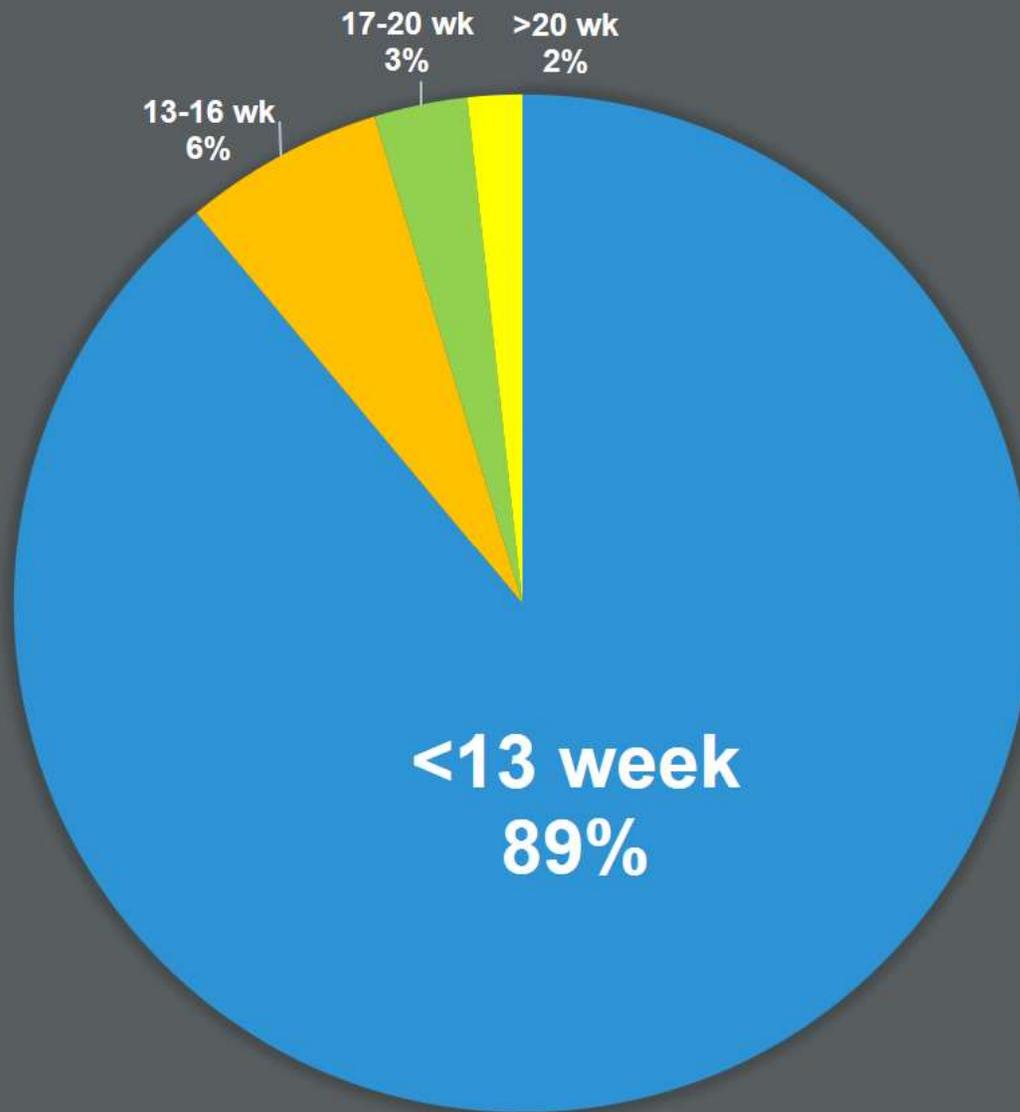
28% Black

25% Hispanic

6% Asian/Pacific
Islander

3% Other

Abortions in Oregon by gestational age



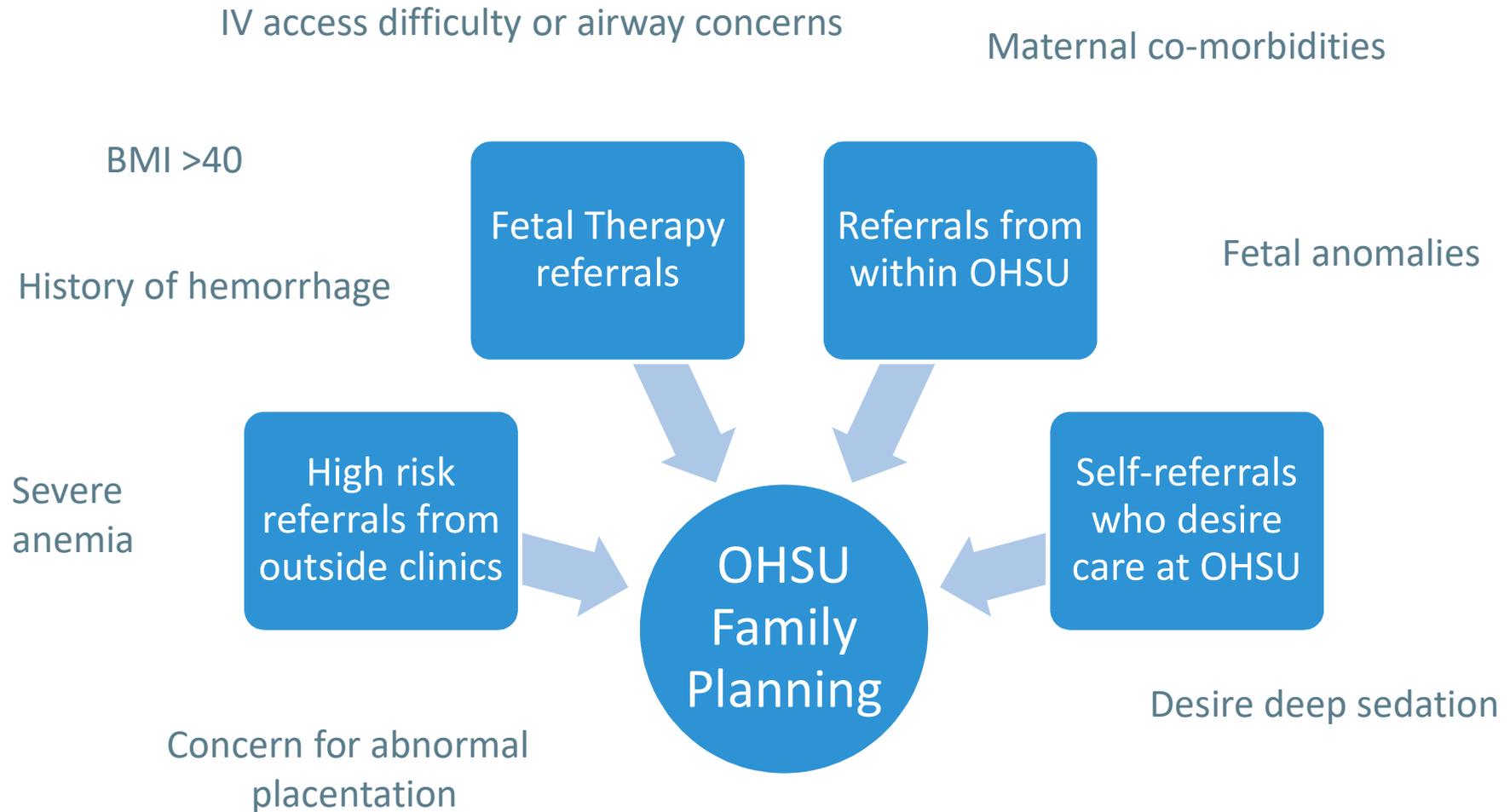
Abortion is safe

Condition	Death per 100,000
Abortion	0.41
Miscarriage	1
Marathon	0.6-1.2
Dental procedures	0-1.7
Plastic surgery	0.8-1.7
Childbirth	23

Abortion Restrictions

- Do not decrease the rates of abortion
- Increase the proportion of later abortion
- Increase the proportion of unsafe abortion
- Exacerbate disparities in maternal health

Who seeks care at OHSU?



Reasons for pregnancy termination

- Fetal anomalies (OHSU Fetal Therapy Program)
- Maternal condition:
 - Worsening cardiac disease
 - Severe depression
 - Abnormal placenta location
 - Drug dependence
 - Life circumstances (taking responsibility to have a baby would be a mistake):
 - Interfere with education, work or ability to care for dependents
 - Can't afford a baby
 - Don't want to be a single parent

HIPPA applies – it's not relevant to your care



Delays in abortion care

- Genetic or fetal anomaly diagnosis
- Barriers to care
 - Racial/ethnic/SES disparities
 - Insurance access, cost
 - Geographic
 - Education
 - Legal
- Life, Job, Relationship changes
- Physical or mental health conditions
- Lack of symptoms, using contraception, recent delivery
- Lifechanging nature of pregnancy



Dobbs vs. Jackson Women's Health Organization

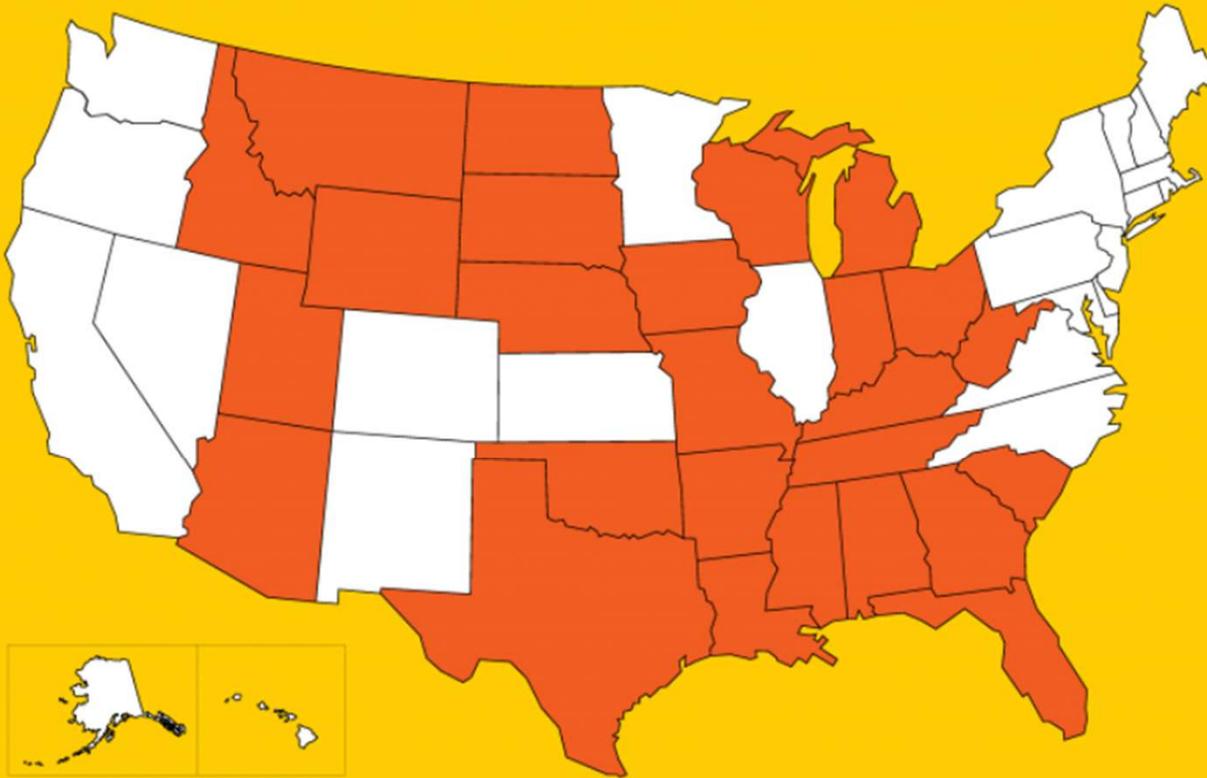
- Mississippi's law banning abortion after 15w
 - Provisions for risk to life
 - Provision for severe fetal anomaly
- Designed to OVERTURN Roe v. Wade
- Dec 1: SCOTUS heard oral arguments
 - Appeared poised to uphold ban
 - Uncertain if will overturn Roe or viability clause

Federal Laws

- *Roe v. Wade*, 410 U.S. 113 – 1973
 - Protects right to privacy
 - Overturned 6/24/22
 - Individual states get to decide abortion legality

GUTTMACHER INSTITUTE

If the U.S. Supreme Court overturns or guts *Roe v. Wade*, 26 states are certain or likely to ban abortion



guttmacher.org

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Oregon Reproductive Health Environment

- Contraceptive coverage
- Pregnancy and postpartum coverage for all
- Transgender and gender-affirming care



Oregon Reproductive Health Equity Act (RHEA)

- Codifies legal right to abortion in Oregon
- Bans discrimination in reproductive healthcare delivery
- Abortion coverage
 - Private health insurance
 - State funds for abortion for anyone <250% FPL
 - Coverage for undocumented individuals
- Coverage for contraceptive services

Restrictions Worsen Socioeconomic Outcomes

Turnaway Study

If denied abortion, more likely...

- To live in poverty up to 4 years after denial
- To be unemployed
- To rely on public assistance
- To parent alone
- To have contact with abusive partner
- To have lower mean child development scores
- To have children living in poverty

https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf





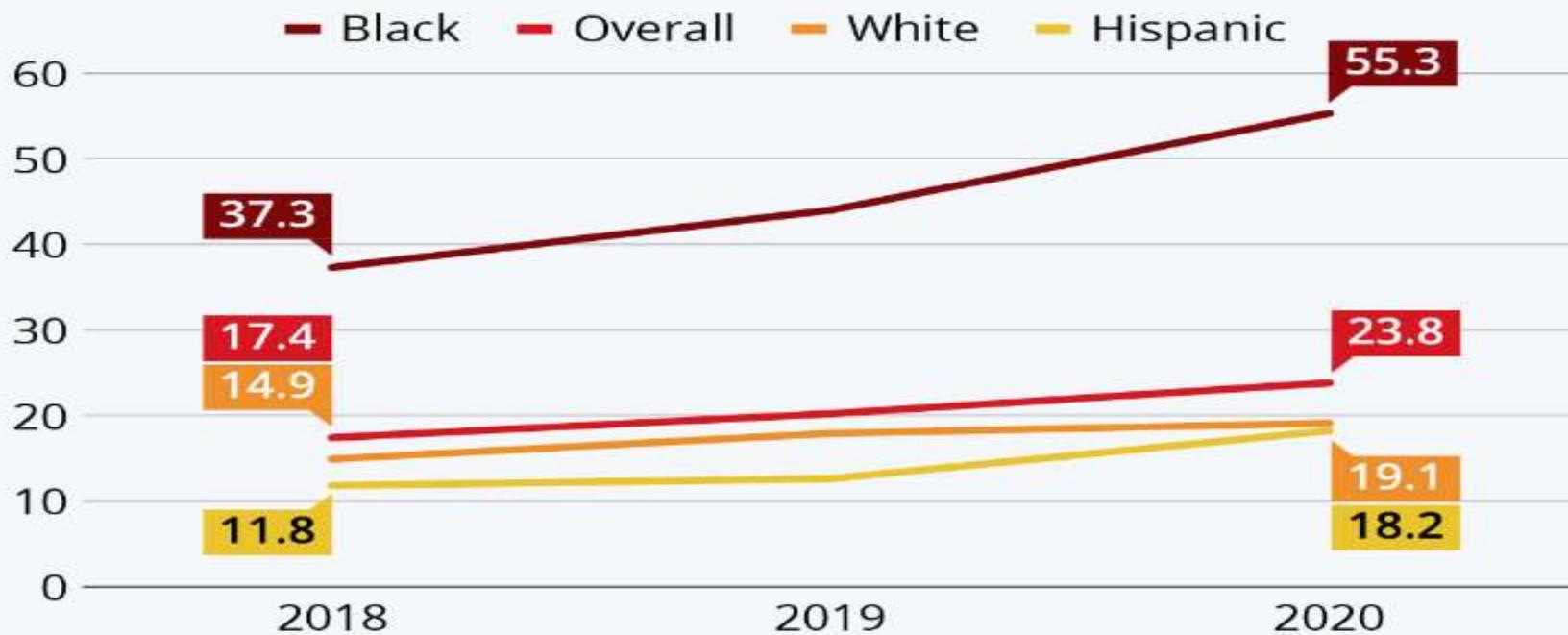
For Her, for Me, for You
NEVER AGAIN

NEVER

NEVER AGAIN

The Uneven Burden of U.S. Maternal Mortality

Pregnancy-related deaths in the United States per 100,000 live births (by race/ethnicity of mother)



Non-Hispanic Black/white mothers

Sources: CDC, National Vital Statistics System



Values Clarification



Professional Behavior in Medicine

- Respect, compassion, accountability, altruism
- Patient-centered care:
 - Put aside personal values and self-interest (self-awareness) in order to prioritize the culture, family, and values of patients
 - Treat patient with respect, shared decision making, empathetic communication
 - Improves patient satisfaction, increased adherence
 - Reflect the language that the patient uses

Where Do Our Values and Beliefs come From?

- Family
- Friends
- Partner/relationships
- Social groups
- Spiritual/religious beliefs
- Personal experiences
- Professional experiences
- Stage in life

Why it is important for health care professionals to examine our values?

In spite of our efforts at objectivity, we all hold personal values that can influence how we respond to our patients. Sometimes these values are very clear to us and are easily articulated. Others exist at a deeper level, so that we don't necessarily recognize the influence they have on our behavior and judgments as health care providers. Further, one's values may change in response to life experiences and your encounters with patients and colleagues may influence your beliefs without your having much of a chance to reflect on these changes.

Benefits of Exploring Our Own Beliefs

- More comfortable
- More supportive, more empathy
- More professional, respectful
- Prioritize patient autonomy and decision making
- Less burnout

How do our experiences and values shape our beliefs about

- Pregnancy
- Abortion
- Parenting
- Adoption
- Planning pregnancy
- Preventing pregnancy
- Family size and composition

OHSU Conscientious Objection Policy



What is conscientious objection according to OHSU?

- The refusal to provide or assist in providing a legally available, medically recognized intervention or treatment within the scope of an HC workforce member's professional practice because providing it would be contrary to his/her beliefs.

OHSU Healthcare Conscientious Objection Policy cont.

Members with objections must provide

- **medically appropriate patient care**, including in life-threatening, emergent, or urgent situations, until an alternate member is available
- **continue to care** for that patient until transfer of care can be implemented
- **May not refuse Indirect Involvement** in any Intervention.

Direct versus Indirect involvement

- **Direct Involvement:** intervention/activity that has an immediate effect on the treatment of a condition.
- **Indirect Involvement:** Supporting and/or secondary involvement in the treatment; activities which support the treatment of a condition (assessments, testing, monitoring, counseling, implementing a care plan, etc.), including:
 - Provision of care prior to initiation of an intervention (e.g. admission procedures), preparing the OR, preparatory services, etc
 - Provision of follow-up care, pain medication, post-intervention care that is medically indicated for the care/comfort of patient
 - Providing education materials, appropriate referrals in timely manner
 - Pain control or other care or treatment that is medically appropriate after a patient has received one of the interventions from another member of staff

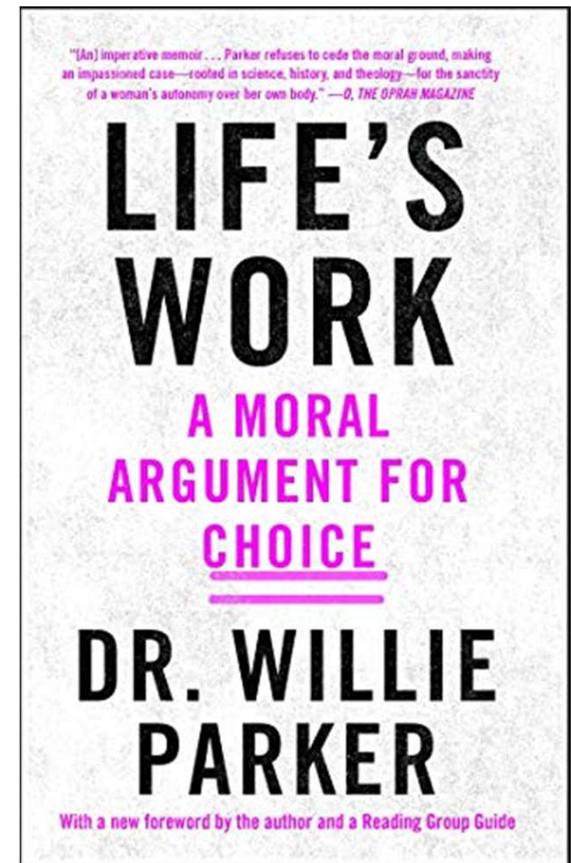


Conscientious Objection vs. Provision

- Conscientious Provision:
 - Providing medical care “for reasons of conscience”
 - Placing patient’s interests above your own
- Conscience compels abortion provision just as it compels refusal to offer abortion care... where does this leave us?

Moral Case for Abortion

- OBGYN who changed career to provide abortion
- Awakening while listening to "I've Been to the Mountaintop" - Martin Luther King Jr.
- Parable of the Good Samaritan
 - Rather than "If I stop to help this man, what will happen to me?" Asked "If I don't stop to help this man, what will happen to him?"



Ethical and moral positions that allow for grey areas

- Abortion care has a lot of grey areas
- Gradualist position
 - There is a difference between 7 week abortion and 23 week abortion
 - Permitted increasing discomfort, grief or loss with later abortions
 - Acknowledge the complexity of individual's lives, especially those seeking second (and third) trimester abortion
 - Simultaneously acknowledge the value of early human life and be patient-centered

Institutional Refusals

- Religious Hospitals
 - 10 out of the 25 largest hospital systems are Catholic

How Catholic hospitals can put women having miscarriages in danger

POLITICS 06/10/2016 01:57 pm ET

Lawsuits Target Catholic Hospitals For Refusing To Provide Emergency Miscarriage Management

The ACLU is suing hospitals that delay helping women in life-threatening situations.

Woman dies after abortion request 'refused' at Galway hospital



Impact of Refusals

- Concerns for women facing refusals and their care:
 - Compounds stigma
 - Can cause delays or threatens access
 - Can lead to unsafe medical care and maternal morbidity/mortality
 - Abnormal pregnancies: miscarriage and ectopic pregnancies

Breakout Session



Ground Rules:

- **One voice, one mic**
 - Only one person speaks at a time
- **Step up, step back**
 - WAIT (Why Am I Talking?)
- **Respect**
 - We are here to learn from each other, not to change minds
 - Respect everyone, including yourself
- **Confidentiality**
- **Be present**
 - Turn off cell-phones and devices and put them away



Case Scenario #1

- Termination for fetal anomalies
 - Patient is a 30 yo G1. Planned this pregnancy and partner and her are excited to start a family. They received a non-fatal fetal diagnosis at 22 weeks and have chosen to terminate.

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- Termination for fetal anomalies
 - Patient is a 30 yo G1. Planned this pregnancy and partner and her are excited to start a family. They received a non-fatal fetal diagnosis at 22 weeks and have chosen to terminate.
 - Do your feelings change if:
 - Age, other children, unplanned, feeling hesitant/scared/not supported/un-partnered; fetal diagnosis (genetic, structural, prognosis, fatal), gestational age

Case Scenario #2

- Termination in someone with prior abortion
 - Patient is a 28 yo G4P0. She is 6 weeks. This is her 4th time getting an abortion.

Case Scenario #2

- Termination in someone with prior abortion
 - Patient is a 28 yo G4P0. She is 6 weeks. This is her 4th time getting an abortion.
 - Do your feelings change if:
 - Age, other children, no prior abortions, gestational age, other situational details

Case Scenario #3

- Termination in someone who declines birth control
 - Patient is a 22 yo G1 who presents with unplanned pregnancy at 10 weeks requesting an abortion. Declines birth control.

Case Scenario #3

- Termination in someone who declines birth control
 - Patient is a 22 yo G1 who presents with unplanned pregnancy at 10 weeks requesting an abortion. Declines birth control.
 - Do your feelings change if:
 - Age, prior pregnancy history, gestational age, contra-indications to birth control, partner status/sexual activity intentions

Return to Large Group



Do your feelings change based on

- Patient age
- Gestational age
- Relationship status
- Job status or aspirations
- Number of other children
- Family or partner support
- Anomalies, viability
- Fetal sex
- Other

Reflections

Choose one of the following statements that have meaning for you and that you would like to complete. Please complete the statement according to how you feel now.

- My personal feelings about abortion are _____
- My professional responsibilities regarding abortion are _____
- I may not agree with _____, but I can respect _____
- I feel better equipped to _____
- One thing I will commit to trying or doing is _____
- My ideas about _____ have changed because _____
- I still do not fully understand _____
- I still want to explore _____
- What I have learned here makes sense, but _____
- When I think about abortion, I still feel conflicted about _____
- Because of this workshop, I will _____
- Something I want to remember is _____

Abortion is health care



World Health Organization



Conclusions

Abortion is...

- common and safe
- routine, essential healthcare
- needed to decrease health disparities in maternal morbidity and mortality
- Not protected federally
 - Oregon to get more referrals
 - Need for innovative delivery models to increase access



Fellows
2022-2023



Acknowledgements

- Oregon Health & Science University
 - Division of Family Planning
 - <https://www.ohsu.edu/school-of-medicine/ob-gyn/family-planning-program>





Thank You

Post-Roe Presentations

- More anomalies
- Self harm

Why is Oregon unique?

- 1 of 16 states plus District of Columbia
 - Protects the rights to have an abortion
- 1 of 7 states plus District of Columbia
 - State funding of abortions
- 1 of 4 states plus District of Columbia
 - Codifies the right to abortion
 - 2017 Reproductive Health Equity Act
 - Without restrictions or state interference
 - Considered essential health services
- 2021 Portland allocated \$200,000 for Texas individuals needing care in Oregon
- 2022 Oregon allocated \$15 million to advance Reproductive Health Equity



OHSU Healthcare Conscientious Objection Policy cont.

In accordance with Oregon statutory requirements, alternative work arrangements in response to Conscientious Objections that apply to **Direct Involvement** in the following interventions **must** be honored:

- Providing care according to the provisions of the Oregon Death with Dignity Act;
- Withholding or withdrawing of life sustaining treatments, including artificial nutrition and hydration;
- **Termination of a viable pregnancy**; or,
- Writing or filling certain prescriptions for the specific interventions listed above.