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Reproductive rights in the United States: acquiescence is not a strategy

Laura J. Esserman & Douglas Yee

Scientific and medical conferences should not be held in states that ban abortion, as such bans put the lives of women at risk.

It has been over a year since the US Supreme Court decided that women have no constitutional right to abortion and returned the issue to individual states. Although the majority of US citizens support a woman's right to decide to terminate a pregnancy, 16 of the 50 US states have now essentially eliminated access to abortion.

As physicians engaged in women's health, we maintain that abortion is a part of healthcare and that restricting access to abortion further exacerbates healthcare disparities. Bans have a negative impact on women's health and can lead to lethal complications associated with pregnancy and inappropriate management of failed pregnancy, and risk worse outcomes for health conditions including breast and other cancers[1].

We, and others[2], have urged our fellow physicians and scientists not to attend meetings in states that have abortion bans and that subject healthcare providers to criminal prosecution for helping a woman obtain an abortion. We further call on medical societies to refrain from hosting conferences in states that restrict access to reproductive health services and move these conferences to states that fully recognize and support the rights of women and their healthcare providers.

We do not take these actions lightly. Since our original letter on this topic appeared, we have received both positive feedback and criticism[3]. Several have argued that science should not mix with politics and therefore this is not 'our issue'. We could not agree more about mixing science and healthcare with politics. However, if politicians pass laws dictating what care should be delivered in the exam room, then physicians must advocate for scientific and medical evidence using all methods available to influence that legislation. Politicians are putting ideology ahead of women's health.

Criminal offense

Since the overturning of *Roe v. Wade* by the *Dobbs v. Jackson's Women's Health* decision, at least 16 states have introduced laws making abortion illegal, some with few or no exceptions based on medical need, including the life of the mother. Some have even begun to track women who leave those states seeking services in places where abortion remains legal. In some states, it is now a criminal offense for individuals and medical professionals to play any part in helping a woman have or obtain an abortion. This includes a range of activities, from providing transportation to a facility to giving professional medical advice, interpreting radiologic images[4] or even simply informing women of their options in the face of pregnancy. It is difficult to see how this is not an issue for all of the medical profession.

For a great many American women, abortion is healthcare. For those with a cancer diagnosis, ectopic pregnancy or pre-viable premature rupture of membranes, for example, abortion can be a necessary, even life-saving part of their care plan. An unwanted pregnancy can also impact a woman's life and well-being and economic status, a strong indicator of health[5,6]. A recent study estimated that approximately 64,000 pregnancies have resulted from rape and sexual assault from July 2022 through January 2024 in the 14 states with total abortion bans at that time. In the 16 months following the ban, it is estimated more than 26,000 rape-related pregnancies occurred in Texas alone[7].

In 1992, US Supreme Court Justice Harry Blackmun (in a separate opinion in *Planned Parenthood v. Casey*) recognized the risks faced by pregnant individuals and their need for autonomy to make their own reproductive choices; the majority opinion preserved American women's right to reproductive freedom: "These matters, involving the most intimate and personal choices a person may make in a lifetime, choices central to personal dignity and autonomy, are central to the liberty protected by the Fourteenth Amendment… the liberty of the woman is at stake in a sense unique to the human condition and so unique to the law. The mother who carries a child to full term is subject to anxieties, to physical constraints, to pain that only she must bear."

Maternal mortality and shared decision making

Access to obstetrical care varies state by state, and maternal mortality rates vary as much as 14-fold across the United States, from 4.5 per 100,000 in California to 58 per 100,000 in Louisiana[8]. Maternal mortality rates are 2.6 times higher for Black women than for white women (69.9 versus 26.6 per 100,000)[9,10]. With such disparate mortality rates state to state, and where the highest maternal mortality rates are associated with abortion bans as well as a failure to expand Medicaid[8,11,12], this issue should not be left to the states. The quality of a woman's care should not be defined by geographic location. The medical community should take a strong stand against any legislation that can exacerbate maternal mortality in general, and disparities specifically. Given equity and inclusion priorities for clinical trials and care, the inequity that the ban on abortion creates should be a call to action[1].

As breast cancer physicians, we are women's healthcare providers and advocates for our patients. Access to family planning, reproductive choices and the full range of reproductive health services is fundamental to women's health and well-being. If a young woman who is pregnant develops breast cancer, the options for care include pregnancy termination. HER2-directed therapy and newly approved treatments for triple-negative cancer are contraindicated during pregnancy. If a tumor is found early in pregnancy, a long delay could be life threatening. Table 1 presents some of the many similar circumstances in which an abortion might be the best medical option.

In 2024, all medical professionals should be in support of fundamental access to healthcare services for all. This is not simply a political issue — it is an issue of equality, dignity, respect and equity. In states restricting abortion access, the physician's responsibility to counsel patients honestly and provide evidence-based care is undermined.

Table 1 | Medical reasons for abortions

Condition	Complication	Reason for abortion
Cancer	Cancer diagnosis during pregnancy	To enable the use of curative agents that would be harmful for the fetus, such as trastuzumab, immunotherapy or combination chemotherapy in leukemia
Serious chronic renal, cardiac and pulmonary disease	Cardiomyopathy, pulmonary hypertension, renal failure, hypoxia, death and others	An induced abortion before viability can be life saving for the mother
Pre-viable hypertensive disorders of pregnancy, such as pre-eclampsia, eclampsia or HELLP (hemolysis, elevated liver enzymes and low platelets) syndrome	Complications can be life threatening to the mother	Induced abortion before viability protects maternal life and health
Interstitial ectopic pregnancy (tubal, cornual, cervical or cesarean scar)	Hemorrhage and death	Tubal pregnancies are not viable and tubal rupture is lethal, but some state laws do not recognize ectopic pregnancy as an exception to abortion restriction, and obstetricians in states that criminalize abortion may be afraid to act before rupture, which threatens the mother's life
Failed pregnancy, including spontaneous incomplete and missed abortion (miscarriage)	Hemorrhage; requires dilation and curettage	For management of hemorrhage, but could be confused for aiding or abetting an abortion
Pre-viable preterm premature rupture of membranes (PPROM)	Sepsis, hemorrhage, hysterectomy	To prevent death of the mother; this is a nonviable pregnancy, with abortion needed to prevent loss of the mother's life
Lethal or life-limiting congenital anomalies based on abnormal genetic testing or ultrasound results detected later in pregnancy (such as trisomy 13 or 18, renal agenesis, anencephaly, severe CNS anomalies)	Conditions are incompatible with life of the fetus	To mitigate the maternal risks of ongoing pregnancy in the setting of extremely unlikely neonatal survival
Fetal demise		To mitigate the maternal risks of ongoing pregnancy in the setting of fetal demise
Hyperemesis	Dehydration and hospitalization	To end the condition
Unplanned pregnancy	A range of complications including economic hardship, living below the poverty line, interruption of education, carrying a pregnancy from sexual assault and staying in an abusive relationship	To end an unintended and unwanted pregnancy, avoid complications of pregnancy and potential maternal mortality, and provide opportunity for the woman to make the best decision for herself and her family

We fully recognize that a patient's religious beliefs may result in their choice to forgo a lifesaving medical procedure such as blood transfusion or organ transplant; it is entirely the patient's right to refuse treatment. Yet it cannot be the state's right to refuse and criminalize effective, safe and life-saving treatment. These decisions must be shared and made with the patient.

Economic impact of conferences

How might healthcare providers concerned about abortion access help restore the legal right to an abortion? National and international conferences attracting tens of thousands of people each year have an economic impact. These conferences can be moved from states that have abortion bans to states that do not. Pharmaceutical, biotechnology and device companies can also take a lead by choosing to support venues in states upholding women's access to all reproductive care services and encouraging meeting organizers to start moving their meetings now. It is important that physicians and leaders send a message that the restrictions on both women and physicians are not acceptable.

In a recent commentary, Gross et al. posed the question clearly: "Is it a slippery slope for societies to take a meaningful stand in support of abortion access?"[2]. To this, they answered, "On the contrary: it is the reluctance of professional societies to take a stand that would be a slippery slope — toward condoning unjust restrictions on access to abortion care." This reluctance condones restrictions that stem from either personal beliefs or misinformation. There are many reasons for abortion, and many complex situations that should be managed by physicians with appropriate training. The stakes are high, and the decision not to end a pregnancy can be extremely destructive for the mother (https://go.nature.com/3U16iBC) and can lead to physical, and life-altering circumstance, including death of the mother.

Education and training

Texas has led the way in criminalizing abortion and criminalizing physicians who engage in shared decision-making or in providing information. The state has written these laws with a vigilante provision allowing fellow Texans to sue neighbors, friends and acquaintances who obtain or even assist someone obtaining an abortion. Justice Sonia Sotomayor has called this measure "a flagrantly unconstitutional law engineered to prohibit women from exercising their constitutional rights and evade judicial scrutiny." The goal of this law is to intimidate, harass and frighten medical providers into denying women a procedure that may be medically necessary. It puts providers' livelihoods and their families at risk of violence[13], as shown by anti-abortion activists 'doxxing' (a form of cyberbullying) and threatening physicians who provide or support access to abortions.

These laws are also having a chilling effect on where obstetricians are willing to train and practice, further decreasing access to prenatal care in some states[14]. The recent case of Kate Cox in Texas is a clarion call for change. When she was 20 weeks pregnant, Cox learned that her fetus had trisomy 13, a condition fatal at or shortly after birth. She filed a suit in Texas so that an abortion could be performed under an "exception" to the current Texas Law. Carrying the child to term could have threatened Ms. Cox's ability to have another child. The District Court ruled in her favor, stating: "The idea that Ms. Cox wants desperately to be a parent, and this law might actually cause her to lose that ability is shocking and would be a genuine miscarriage of justice." After this ruling, the Texas Attorney General immediately contacted nearby hospitals, threatening them with prosecution under Texas law if the pregnancy was terminated. The Attorney General's threat to all women and healthcare providers shows a complete disregard for the medical facts and lack of compassion for the affected family. Ms. Cox had the resources to leave the state to get the healthcare she needed. But people without means would not. Physicians should not turn a blind eye to laws that are unjust, discriminatory and interfere with patient care. Patients deserve our support. Are we not complicit if we refuse to take a stand?

If physicians stay silent, restrictions on reproductive rights are likely to continue to escalate, with the most recent example being the Alabama Supreme Court ruling threatening in vitro fertilization. Contraception has been raised as the next target by some legislators[15]. Recently, a federal court in Texas ruled that the US Food and Drug Administration (FDA) approval of mifepristone, made 20 years ago, should be overturned[16]. Mifepristone has been used by 2.5 million women and is safer than common drugs such as penicillin or sildenafil (Viagra). This ruling could impact national law by overruling the FDA. The courts should not decide what are and what are not medically safe and effective procedures and treatments — this is the real slippery slope, one greased by our collective inaction.

Taking a stand

We have heard from many deeply concerned clinicians and scientists, young and old, who feel powerless to do anything about these laws and fervently support efforts to move major meetings. Some have expressed concern that they or colleagues might face a life-threatening situation should a complication of a pregnancy occur while they are attending a meeting in a state with a ban in place. Female trainees and junior faculty of reproductive age and in early stages of pregnancy attend meetings that are formative for professional advancement. They should not be put at risk. Investigators should not be put in a position where they must compromise their values and possibly their health to advance their careers. This puts a disparate and unequal burden on women.

Physicians have a powerful voice when we act together and make a statement that we will conduct our meetings in states that support full healthcare rights for women. We can make our voices heard by deciding not to promote the economy of states that have placed themselves in direct conflict with medicine's role in promoting women's health and public health writ large. Leaders in medicine have the power to choose where to host and attend conferences about health and education. A number of societies have now taken action, moving their meeting venues, including the Society of Critical Care Medicine, the American Association of Immunologists and The American College of Obstetricians and Gynecologists, the latter reacting to member concerns that they could be arrested for presenting their work[17].

While some state legislatures are passing restrictive abortion laws, several statewide referendums have guaranteed the right to abortion in state constitutions. These ballot measures, frequently passed by large majorities, further demonstrate where public opinion stands on women's right to abortion. We hope that voters in states that have enacted abortion bans will make their position clear at the ballot box. Physicians can support these efforts by making it clear that states that undermine women's health and public health measures will not be supported by medical conferences. We urge all organizations and companies that sponsor conferences to join us.

Laura J. Esserman[1] ✉ **& Douglas Yee** [2]
[1]Department of Surgery, University of California, San Francisco, San Francisco, CA, USA. [2]Masonic Cancer Center, University of Minnesota, Minneapolis, MN, USA.
✉e-mail: laura.esserman@ucsf.edu

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