

Res. A-07-19

TITLE: Decriminalization of Abortion Provision

Introduced by: Ariel Franks, MD and Alison Block, MD

WHEREAS, the American Academy of Family Physicians (AAFP) supports efforts to protect physician autonomy and the patient physician relationship without unnecessary interference by legislative authorities¹, and

WHEREAS, one in four women in the United States will have an abortion by the age of 45², and

WHEREAS, several studies internationally show that access to safe abortion significantly decreases maternal morbidity and mortality³, and

WHEREAS, the AAFP has resolved that it supports a woman's access to reproductive health services and opposes nonevidence-based restrictions on medical care and the provision of such services⁴, and

WHEREAS, first trimester abortions have a very low rate of complications requiring hospitalization, approximately 0.5% or less⁵, making them one of the safest office procedures physicians perform, and

WHEREAS, targeted regulation of abortion providers (TRAP) bills severely limit abortion providers, with provisions including but not limited to: requiring facilities providing abortion care meet the same standards as ambulatory surgical centers⁶, and prohibiting physicians from providing abortions if they do not have direct admitting privileges to or affiliation with a hospital⁷, and

WHEREAS, studies have shown that there is no difference in the complication rates between procedures performed in outpatient clinics versus in ambulatory surgical centers⁸, indicating these limitations are medically unnecessary, and

WHEREAS, physicians should act in the best interest of the patient using evidence-based practices, and this ethical practice should not be criminalized⁹; therefore be it further

RESOLVED: That the CAFP propose to the AAFP that they endorse all ACOG statements that oppose legislation that targets family doctors who provide abortion services, and

RESOLVED: That the CAFP propose that the AAFP issue a position paper against the practice of criminalizing physicians for providing abortion care.

Speaker's Note: While CAFP has not formally endorsed the American College of Obstetrics/Gynecology's statements, CAFP has extensive policy on reproductive health issues, including the policies below that refer to pregnancy and termination of pregnancy. Adoption of this resolution would not be in opposition to current policy.

Determination by the Board on the methods of "propose that the AAFP ..." would be required.

TERMINATION OF PREGNANCY

The CAFP believes physicians should seek, through extensive education and patient counseling, to decrease the number of unwanted pregnancies. However, should a woman become pregnant, it is her legal right to make reproductive decisions, including the decision to carry the pregnancy to term or to have a safe, legal abortion.

The CAFP endorses the concept that abortion should be performed only by a duly licensed physician in conformance with standards of good medical practice as determined by the laws and regulations governing the practice of medicine in that locale.

No physician shall be compelled to perform any act which violates his/her good judgment or personally held moral standards. In these circumstances, the physician may withdraw from the case so long as the withdrawal is consistent with good medical practice.

The woman considering an elective abortion should be informed adequately of the potential health risks of both abortion and continued pregnancy. The physician should also provide to the pregnant patient either:

Information regarding: financial and other assistance available to her; financial and other assistance available to the child; and the availability of licensed and/or regulated adoption agencies; or

Resources where such information can be obtained. *COD 2/93*

TERMINATION OF PREGNANCY – EDUCATION

Support and recommend that programs offer training of medical students, residents and new physicians in the basic skills of termination of pregnancy, and encourage medical training institutions to provide such training.

Support the education of medical students, residents and new physicians regarding the need for physician providers of termination of pregnancy, and the medical and public health importance of access to safe termination of pregnancy.

Support the concept that no physician or other health professional shall be required to perform any act violative of personally held moral principles. *B-12-95, 1/95 CoD*

Recommend Family Medicine Residency Programs provide residents with annual up-to-date lectures in all evidence-based contraception and pregnancy options counseling. *B-7-05, 4/05 CoD*

Recommend Family Medicine Residencies consider adopting an “opt out” policy on abortion training, in which medication and aspiration abortion would be included in residency curriculum, but residents may choose not to participate if they are opposed to performing abortions. *B-7-05, 4/05 CoD*

CAFP endorses the principle that women receiving healthcare paid for through health plans funded by state or federal governments should be provided with access to the full range of reproductive options when facing an unintended pregnancy.

CAFP urges the AAFP to engage in advocacy efforts to overturn the Hyde Amendment that bans federal funding for abortions. *ER-02-08 CoD 3.8.08*

TERMINATION OF PREGNANCY – Access to Mifepristone. Joined a lawsuit by the American Civil Liberties Union against the Food and Drug Administration (Graham T. Chelius, MD on behalf of himself and his patients; Society of Family Planning, on behalf of its members and their patients; California Academy of Family Physicians, on behalf of its members and their patients; and Pharmacists Planning Services Inc., on behalf of its members and their patients v. Don J. Wright, MD, MPH, in his official capacity as Acting Secretary, United States Department of Health and Human Services, et al) to discontinue the REMS on mifepristone. 4/17 BoD

REMS / MIFSPRISTEONE. The California Academy of Family Physicians (CAFP) endorses the principle that the REMS classification on mifepristone is not based on scientific evidence and limits access to abortion care. BoD 4.12-13.18

Fiscal Note: These actions would have minimal fiscal requirements.

No Additional Information Provided by the Author

¹ American Academy of Family Physicians. Infringement on Patient Physician Relationship.

<https://www.aafp.org/about/policies/all/infringement-relationship.html>

² Jones RK, Jerman J. Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014. *Am J Public Health.* 2017;107(12):1904-1909.

³ Haddad LB, Nour NM. Unsafe abortion: unnecessary maternal mortality. *Rev Obstet Gynecol.* 2009;2(2):122-6.

⁴ American Academy of Family Physicians. Congress of Delegates. Resolution No. 504: Support the Women's Health Protection Act. <https://www.aafp.org/about/governance/congress-delegates/previous/2014/resolutions/newyork-c.mem.html>

⁵ White K, Carroll E, Grossman D. Complications from first-trimester aspiration abortion: a systematic review of the literature. *Contraception.* 2015;92(5):422-38.

⁶ Guttmacher Institute. Targeted Regulation of Abortion. January 2019. *Guttmacher Institute* (<https://www.guttmacher.org>; <https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>)

⁷ see endnote 5.

⁸ Roberts SCM, Upadhyay UD, Liu G, et al. Association of Facility Type With Procedural-Related Morbidities and Adverse Events Among Patients Undergoing Induced Abortions. *JAMA.* 2018;319(24):2497-2506.

⁹ American Academy of Family Physicians. Criminalization of the Medical Practice.

<https://www.aafp.org/about/policies/all/criminalization.html>