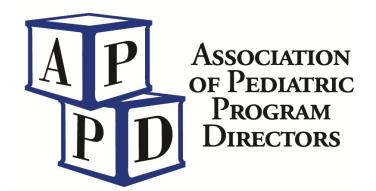


HOT TOPIC

Catherine D. Shubkin, MD HEC-C Kristin Crichton, DO MPH

APPD 2023 Annual Fall Meeting

September 21-22, 2023 Renaissance Arlington Capital View Hotel Arlington, Virginia



A CALL TO ACTION:

Transforming Pediatric Education in Response to *Dobbs v. Jackson*

APPD 2023 Annual Fall Meeting

September 21-22, 2023 Renaissance Arlington Capital View Hotel Arlington, Virginia

Disclosures



• We have nothing to disclose.



APPD 2023 Annual Fall Meeting

Acknowledgements



- Community Health & Advocacy Learning Community
 - Chair Rosemary Hunter, MD Vanderbilt University
 - Vice-chair Kira Sieplinga, MD Spectrum Health in Grand Rapids Michigan
- AAP CPTI
 - Co-Chair, Steven H. Chapman, MD, Dartmouth Health Children's
- Center for Adolescent Health & the Law,
 - Director, Abigail English, JD





Dobbs v. Jackson Women's Health Organization

June 24, 2022

Overview



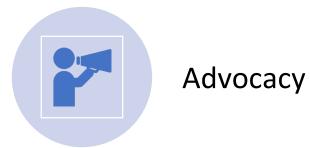
Current legal landscape



Implications for GME



Ethical implications





Legal Landscape for Abortion Restrictions & Protections in a Post-Dobbs World

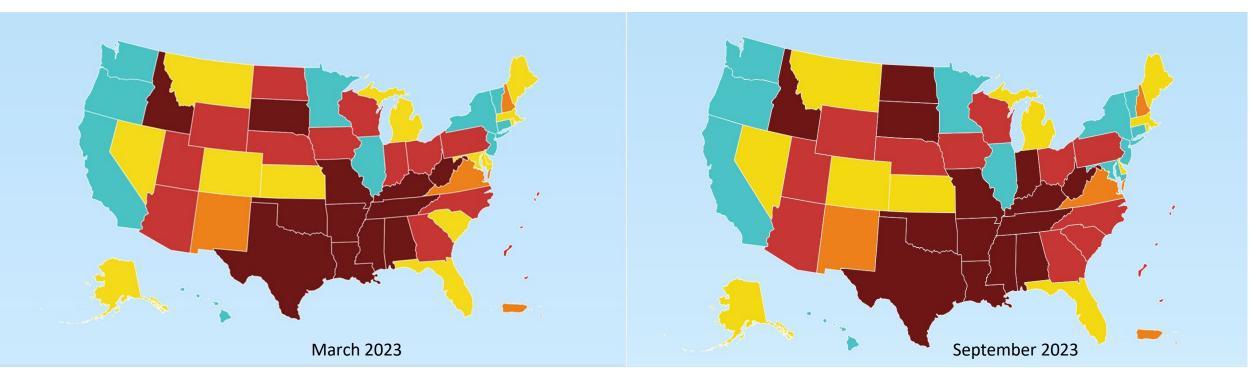
Abigail English, JD abigail.english.cahl@gmail.com



APPD 2023 Annual Fall Meeting

Legal Landscape for Abortion Post-Dobbs





Center for Reproductive Rights, After Roe Fell: Abortion Laws by State, https://reproductiverights.org

Legal Landscape for Abortion Post-Dobbs

Evolving Restrictions on Abortion

Types of bans and restrictions

- Medically unnecessary restrictions
- Bans based on gestational age
- Pre-Roe trigger bans
- Pre-Roe bans
- Total bans
- Restrictions on medication abortion
- Criminal penalties
- Civil lawsuits by individuals

Questions of interpretation

- State constitutional protection
- Absence of other protections

Legal and Ethical Questions to Consider

- Increasing potential for loss of confidentiality protection
- Heightened access barriers for young people
- Legal-ethical challenges for healthcare professionals

Dealing with Dobbs

What does it mean for pediatricians in training? What does it mean for faculty who train them?





APPD: We are not alone



New Gaps and Urgent Needs in Graduate Medical Education and Training in Abortion

Viewpoint

November 1, 2022

Implications of the *Dobbs* Decision for Medical Education

Inadequate Training and Moral Distress



SPECIAL CONTRIBUTION

Post-Roe emergency medicine: Policy, clinical, training, and individual implications for emergency clinicians

Abortion Is a Right: Perspectives of Family Medicine Physician Residents



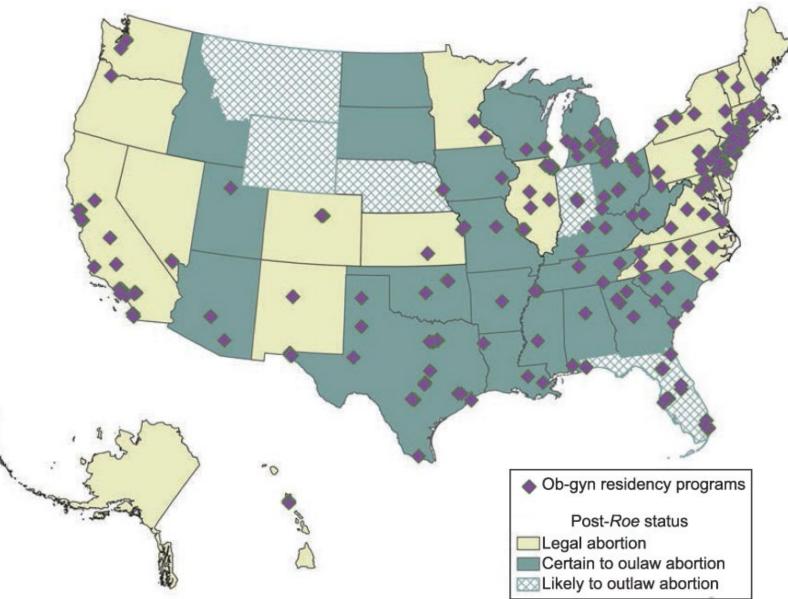
Recruitment & Retention?

September 6, 2023

The New York Times

- OB/Gyns and MFMs are shifting resulting in deserts of maternity care compounding strains on the system already impacted by economic struggles
- Thus, we will likely see an increase in infants with severe and complex congenital anomalies with poor prognoses
 - Increase NICU census and further strain these same medical care deserts

OB/Gyn Residencies by Projected Legal Status of Abortion



ACGME: OBGYN Training 2022

 IV.C.7.a).(4) Programs must provide clinical experience or access to clinical experience in the provision of abortions as part of the planned curriculum. If a program is in a jurisdiction where resident access to this clinical experience is unlawful, the program must provide access to this clinical experience in a different jurisdiction where it is lawful.

ACGME Core Competency	Impact on Pediatric Trainees
Patient Care	Inability to provide comprehensive reproductive health anticipatory guidance to adolescents.
Medical Knowledge	Failure to practice the skills needed for pregnancy options counseling using a reproductive justice lens.
Interpersonal communication	Establishment of trust with a pregnant teen and effectively communicating with the teen and the parent or guardian is at risk.

ACGME Core Competency	Impact on Pediatric Trainees
Professionalism	Moral distress when prima facie duty to holistic patient care is hindered when legal restrictions prevent medically indicated and evidence-based care.
Practice based learning and improvement	Inability to rigorously integrate evidence-based care for pregnant teens.
Systems based practice	Need to understand local restrictions and protocols for addressing adolescent pregnancy within the context of possible criminal or civil liability. Need increased exposure to advocacy training to address systemic reproductive injustice.

Educational Training— Rotations

Adolescent Health

Child Abuse

Partnerships or training in faith-based institutions

Need for away rotations

Simulation or on-line learning

Educational Training—Curricula What does every pediatrician need to know?



Educational Training—Curricula What does every pediatrician need to know?

Comprehensive reproductive health education

Options counseling for pregnancy

- Pediatric training must include knowledge of the spectrum of sexuality and gender in an inclusive and supportive health care environment
- Residents should understand adolescent decision making and how to address ethical dilemmas when patients and caregivers diverge in their desires
- Pediatric trainees should obtain education on evidence-based contraceptive counseling and all contraceptive options, including long-acting reversible contraception

- Pediatric trainees must be able to provide counseling on pregnancy options, including abortion care
- We propose that pediatricians familiarize themselves and their trainees with the basics of medication abortion and consider adding it to their practice

Educational Training—Curricula What does every pediatrician need to know?

Health Equity & Reproductive Justice Issues • Reproductive health education needs to be grounded in principles of reproductive justice

Impact of law on the practice of medicine

- Pediatric trainees will also need to receive training on the legal implications of providing abortion referrals or services in the jurisdiction(s) in which they practice.
- Pediatric educators must be trained in identifying and mitigating circumstances that lead to moral distress and teach trainees how to recognize when they are struggling and how to seek appropriate support.
- Residents will also need ethics training on the limits of conscientious objection in providing necessary medical care.

Educational Training—Mentorship What else might our trainees need?

- Faculty and Program leadership need to be able to mentor and support trainees who may be facing their own pregnancy challenges
- We need to advocate for all training sites to provide comprehensive reproductive health medical care
 - If not available, the financial resources for trainees to travel to centers that can provide that care
- We need to mentor our trainees to be resilient but prepare them for the moral dilemmas that they may face and identify ways to mitigate that stress
- Moreover, we need to mentor trainees to speak up and advocate to provide comprehensive health care, which includes abortion services, to all patients regardless of age, gender, income, geography, or race

Educational Training—Milestones & Evaluation



Ethical IMPLICATIONS

- Professional Identity Formation
- Conscientious
 Objection
- Reproductive Justice and Equity



Ethical Implications

"Abortion bans challenge the core tenets of physician professionalism & medial ethics: patient autonomy, primacy of patient welfare, social justice; patient-centered, evidence-based care; beneficence; nonmaleficence; and equity. Violations of these core medical profession principles heighten the risk of moral distress."

-Mengesha B, et al, JAMA Viewpoint 2022



Moral Injury & Moral Distress

When you know WHAT to do, but can't do it...

"Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action"

Jameston, A. 1984

What is Conscientious Objection?

The refusal to provide medically (*legally*) indicated interventions

Owing to the professional's personal, moral, or religious beliefs that the intervention is prohibited and to do so would violate the professional's own values.

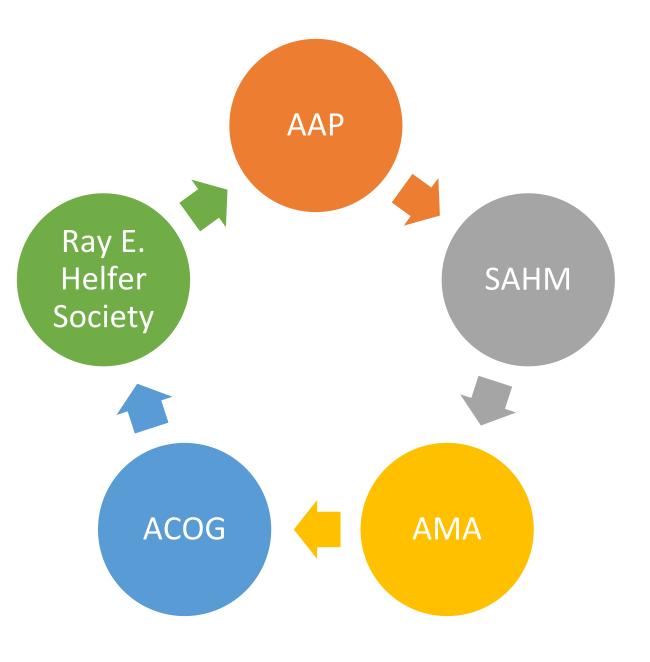


Conscientious Provision of Care

• What information is absolutely necessary for care? How do you document it?

- Providing care: In conflict with your own institution
- Providing care: In conflict with the law

Ethics from our organizations— **ALL** support comprehensive (& confidential) reproductive health care



"My Body, Whose Choice?" A Call to Advance Reproductive Justice in Pediatric Training

Tasia Isbell, MD, MPH,^{a,b,c,d} Ryan Brewster, MD,^{a,b,c,d} Taylor Soderborg, MD, PhD,^{a,b,c,d} Karina Javalkar, MD^{a,b,c,d}

Pediatrics, July 2022

Reproductive Justice



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



"We sound a national call to action for pediatric residency programs to formalize training in reproductive health and justice...The time could not be more opportune for pediatric trainees to develop the skills, knowledge, and resources to confidently serve as leaders in reproductive health."



So you are mad, what next?

ADVOCACY!

Speaking with those whose voice is not heard. Partnerships and alliances are essential. You don't need to the change world.

ADVOCACY TRAINING

- Core theme of residency education.
- Utilize the tools of a formalized advocacy curriculum & CPTI training to advance the skills of both residents and faculty.

** Lean on your advocacy faculty for faculty development**



The building blocks of advocacy

Advocacy is done with rigor and scholarship

to

Make system changes & impact

to

Improve the lives of children



Community Pediatrics Training Initiative Project Planning Tool: A Practical Approach to Community Based Advocacy



Hoffman B, Rose J, Best D, Linton J, Chapman S, et. Al, MedEdPORTAL, 2017



ADVOCACY TRAINING— Communicating the Message

- Elevator Pitch
- Writing: op-ed and opinion pieces
- Social Media
- Legislative Advocacy

Advocacy Training: Within your institution Advocate for equal access to reproductive care for trainees.

Draw support from the institution and legal representatives on what type of language to use when interacting with patients.

Utilize your government relations representative to assist with communication with legislators in your state.

Be mindful of the political climate of your state and your institution.

Counsel residents/trainees about the limitations of advocacy when your personal or professional training may be in jeopardy.

Your legislators are under tremendous political pressure. Become an ally for evidence-based medicine.



Advocacy in times of controversy

- Know the history, what's at play and what is possible
- Know the law and know the risks
- Engage with partners, don't be a lone voice

AN OHIO STORY of ADVOCACY

- June 28, 2022: 3 physicians started Ohio Physicians for Reproductive Rights
- March 2023: successfully drafted a petition to amend the state constitution to product reproductive rights
- July 2023: Collected >700,000 signatures
- November 2023: Ohio will vote!

A Message to our Patients on the Loss of Reproductive Rights

We are physicians in the state of Ohio, gravely concerned for the well-being of our ciparticularly of women and pregnant persons. With the Supreme Court's overturning on Rev. Wade and the cuncenture of Ohio Horses Bill 2008/Senate Bill 22 (As the "hear bill"), it has become painfully clear that women are now looing bodily autonomy, basic human rights, and access to fif-swing medical case.

We start stroffers in our support for the startisty and princip of the patient application relationship. Which dilary transmut mill approximation has a strong and a strong and the strong

What defines and necessitate abortion is manced. Women may require abortion in order to undergo life-preserving iterationus stock achemotherapy. Nomen may choose to how an abortion to forminate an mriskle preparater, and to be sparred the emotional angulida and physical fluer of carrying a first that cannot strive oscillate the women's some (including a child or an adolescent induced in any choose to have an abortion and the being raand impregrande. A some may choose how can abortion and by portect the fitture explanation should be required for a choice that allows a summa to enjoy the same status society as a mark freedom to preserve the leads hand wellseing.

The devices to perform an advortion should be for body to a wanna and her physician Dectors: are graphed by evidence-based nucleifs and an about one occommission to do no harm. The "beartheat HH" is an intrasioni of government on personal nutromory and will directly late to opprocession. Interso, and devide of contrast sources to some. This will dispropertionativit affect resonance of color and individuals without the financial means to other options and Will perperture the experiod powers. They are solve support this legislat is complicit in the gravitest assault on women's rights in our lifetime.

As physicians of many specialities, we are calling on Ohio Governor Mike DeWine, as well as all elected and appointed government officials in the state of Ohio, to protect the lives of women and persons capable of becoming pregnant. We call on other physicians uphold their duty to their patients and on our patients to organize for their personal bod autonomy.

We demand that Ohio House Bill 258/Senate Bill 25 be repealed. We ask our elect officials to defend the separation of church and state, to support reproductive autor to respect our basic rights to life, liberty, and the pursuit of happiness.

One Thousand Ohio Physicians

ums or mis where never our moderal operation and our necessary war or our employers. I movement with us on Twitter and instagram Gebrioreprohealth, email: <u>objereprorights@gmail.com</u> https://www.facebook.com/UhioReproHealt Obio Physicians for Reproductive Rights.

A CALL TO ACTION!

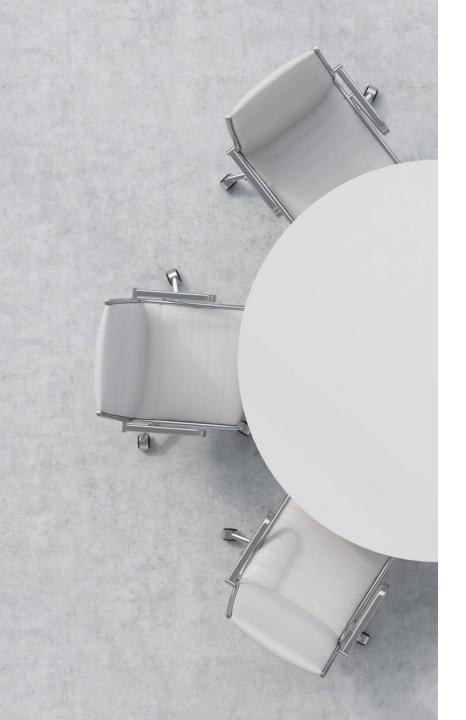
- Comprehensive reproductive health education for all general pediatric trainees.
- Education surrounding ethical and legal implications of health care.
- Community Pediatrics and Advocacy
- Mentorship & support



REPRODUCTIVE HEALTH CARE IS HEALTH CARE.

And we as pediatricians must be ready.





Learning from each other: 10 minutes

Consider best practices to address the various challenges presented by the Dobbs ruling:

- Recruitment & retention
- Curricula & rotation needs
- Advocacy & ethics



NEXT STEPS

"The way forward is with collaboration & community. There is room in this work for everyone."

--Beasley, A. Acad Med, 2022

Questions/Comments?



Academic Pediatrics Available online 1 September 2023 In Press, Journal Pre-proof ⑦ What's this? 기



Transforming Pediatric Education in Response to Dobbs v. Jackson: Empowering Adolescents to Manage Their Reproductive Choices

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- <u>Kristin.Crichton@nationwidechildrens.org</u>

Legal Resources Post-Dobbs

Dobbs v. Jackson Women's Health Org., __U.S.__, 142 S.Ct. 2228 (2022). https://www.supremecourt.gov/opinions/21pdf/19-1392 6j37.pdf

Center for Reproductive Rights. After Roe Fell: Abortion Laws by State. <u>https://reproductiverights.org/maps/abortion-laws-by-state/</u>.

Guttmacher Institute. Interactive Map: US Abortion Policies and Access After Roe. March 2023. <u>https://states.guttmacher.org/policies/</u>.

Reingold RB, Gostin LO. Roe v. Wade's 50th anniversary: new legal frontiers for safeguarding reproductive freedoms. JAMA 2023;329:877-78. <u>doi:10.1001/jama.2023.1004</u>

Resources

