

DOCTORS AS MESSENGERS: MOBILIZING PHYSICIANS ACROSS ALL MEDICAL SPECIALTIES TO RESPOND TO STATE-LEVEL ABORTION RESTRICTIONS

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States have seen an alarming number of abortion restrictions up for legislative deliberation in the past several years. Physicians can often provide compelling testimony when these state legislatures consider health issues. While it is important that abortion-providing physicians serve as educators to the legislature and the general public about the safety of abortion, their testimony is often dismissed as being biased, or representing a professional or financial conflict of interest. Additionally, abortion providers often fear harassment and violence when speaking publicly about their work. Because non-abortion providing physicians do not face this same level of risk, they are well-positioned to advocate on behalf of abortion access. Furthermore, there are many health care providers whose patients may need an abortion and who benefit from abortion being legal and accessible. Therefore, the burden of advocating against state-level abortion restrictions should be shared amongst all health care providers, not solely those who provide abortion services. We explored the willingness of non-abortion providing physicians from a range of medical subspecialties to advocate for access to abortion.

We recruited Michigan physicians from a range of specialties, who were known by the study team to personally support abortion rights. We conducted three focus groups and four individual interviews with physicians representing 8 medical subspecialties and a range of practice settings. These conversations were audio-recorded, transcribed and analyzed for thematic content.

Nearly all physicians recalled a time when a patient(s) required abortion services. Many physicians had previously consulted with abortion providers regarding mutual patients with complicated medical conditions, or treated women for complications from abortion in the emergency department. All participants recognized the dismal consequences for their patients if abortion was no longer legal or accessible. While these experiences would be valuable in legislative debates, participants did not realize the importance of their own experiences and believed they lacked the proper expertise to serve as advocates. Other barriers to advocacy included time scarcity, maintaining political neutrality, risk of alienating their patients, students and colleagues, risk of losing their job and becoming targets of harassment and/or violence. Despite initial reservations, most participants indicated a willingness to participate in advocacy given the appropriate guidance and support. Many participants expressed a willingness to work for abortion access within their professional medical societies immediately after the focus groups, and asked for tools and resources to do so.

Developing allies among non-abortion providing physicians and health care providers more broadly, may be an important strategy to protect abortion access and limit the amount of state-level abortion restrictions. Strategies to engage this group include: helping caregivers realize that their unique experiences and expertise are indeed relevant to policy debates, and supporting mobilization within subspecialty medical societies. Future work will determine willingness to engage in advocacy among other health care providers, including nurses, midwives and PA's, and will develop the specific supports and toolkits required for all of these groups to participate in advocacy efforts.