



NARAL
Reproductive Freedom & Choice

LEADING MEDICAL GROUPS OPPOSE OBSTACLES TO ABORTION

The American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Women's Association (AMWA) have all opposed obstacles that impair women's access to safe abortion services. Medical professionals understand the serious health risks created by state-mandated obstacles to legal abortion.

THE AMERICAN MEDICAL ASSOCIATION

The American Medical Association (AMA), which represents 294,000 members, supports the position that "the early termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent, and the availability of appropriate facilities."¹ In a report published in the *Journal of the American Medical Association*, the AMA found that mandatory waiting periods and other obstacles that delay abortion increase associated health risks and costs, as well as decrease providers' willingness to perform the procedure.²

In addition, the AMA takes a strong stand against attempts to interfere with the freedom of communication between physician and patients:

It is the policy of the AMA . . . to strongly condemn any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient . . . [and] to vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients about medical care and procedures or which interfere with the physician-patient relationship.³

The AMA has also found that parental consent and notice laws "appear to increase the health risks to the adolescent by delaying medical treatment or forcing the adolescent into an unwanted childbirth."⁴ The organization takes the position that although physicians should encourage minors to discuss their pregnancy with their parents, they should not be forced to require minors to obtain parental consent before having an abortion:

Physicians should not feel or be compelled to require minors to obtain consent of their parents before deciding whether to undergo an abortion. The patient – even an adolescent – generally must decide whether, on balance, parental involvement is advisable. Accordingly, minors

should ultimately be allowed to decide whether parental involvement is appropriate.⁵

The AMA opposes restrictions on the public funding of abortion services and “reaffirms its opposition to legislative proposals that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population.”⁶

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

The American College of Obstetricians and Gynecologists (ACOG), which represents 43,000 members, has adopted a policy on abortion stating: “ACOG supports access to care for all individuals, irrespective of financial status, and supports the availability of all reproductive options. ACOG opposes unnecessary regulations that limit or delay access to care.”⁷

ACOG recognizes that the issue of confidentiality creates significant barriers to access to health care for adolescents and that certain laws and regulations constraining the confidentiality of the patient-physician relationship are “unduly restrictive and in need of revision as a matter of public policy.”⁸ ACOG takes the position that “[u]ltimately, the health risks to the adolescents are so [co]mpelling that legal barriers and deference to parental involvement should not stand in the way of needed health care.”⁹

In addition, ACOG opposes bans on abortion procedures because of their interference with the decision to terminate a pregnancy as well as their potential to “outlaw techniques that are critical to the lives and health of American women.”¹⁰ The vague descriptions used in bans on abortion procedures do not identify a specific medical procedure, and “could be interpreted to include elements of many recognized abortion and operative obstetric techniques.”¹¹

THE AMERICAN MEDICAL WOMEN’S ASSOCIATION

The American Medical Women’s Association (AMWA), which represents 10,000 women physicians and medical students, supports “the position that the decision to continue or interrupt a pregnancy belongs to the pregnant woman, in consultation with her physician.”¹² AMWA believes in a woman’s right to choose abortion without government intervention, legal consequence, or restrictions placed on her physician’s judgment.¹³

AMWA understands the importance of having full access to abortion services, and opposes bills that require or proscribe specific medical advice to pregnant women, require waiting periods or parental consent for minors’ abortions, ban specific abortion procedures, and criminalize assisting a minor across state lines for the purpose of obtaining an abortion.¹⁴

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Endnotes

1. American Medical Association, "Right to Privacy in Termination of Pregnancy," *Policy Compendium 1997*, sec. 5.993, at http://www.ama-assn.org/apps/pf_online/pf_online?f_n=resultLink&doc=policyfiles/HOD/H-5.993.HTM&s_t=termination+of+pregnancy&catg=AMA/CnB&catg=AMA/CEJA&catg=AMA/HOD&&nth=1&&st_p=0&nth=1&.
2. American Medical Association (AMA), "Induced Termination of Pregnancy Before and After *Roe v. Wade*, Trends the Mortality and Morbidity of Women," *JAMA*, vol. 268, no. 22 (Dec. 1992): 3237.
3. AMA, "Freedom of Communication Between Physicians and Patients," *Policy Compendium 2000*, sec. 5.989, at http://www.ama-assn.org/apps/pf_online/pf_online?f_n=resultLink&doc=policyfiles/HOD/H-5.989.HTM&s_t=freedom+of+communication&catg=AMA/CnB&catg=AMA/CEJA&catg=AMA/HOD&&nth=1&&st_p=0&nth=1&.
4. AMA, "Induced Termination of Pregnancy Before and After *Roe v. Wade*."
5. AMA, Council on Ethical and Judicial Affairs, "Mandatory Parental Consent to Abortion" (1992), 7.
6. AMA, "Public Funding of Abortion Services," *Policy Compendium 1996*, sec. 5.998, at http://www.ama-assn.org/apps/pf_online/pf_online?f_n=resultLink&doc=policyfiles/HOD/H-5.998.HTM&s_t=public+funding+of+abortion+services&catg=AMA/CnB&catg=AMA/CEJA&catg=AMA/HOD&&nth=1&&st_p=0&nth=1&.
7. American College of Obstetricians and Gynecologists (ACOG), "ACOG Statement of Policy: ACOG Policy on Abortion" (Jan. 1993).
8. ACOG, "ACOG Statement of Policy: Confidentiality in Adolescent Health Care" (1988).
9. ACOG, "ACOG Statement of Policy: Confidentiality in Adolescent Health Care" (1988).
10. ACOG, "ACOG Statement of Policy: Statement on Intact Dilatation and Extraction" (1997).
11. ACOG, "ACOG Statement of Policy: Statement on Intact Dilatation and Extraction" (1997).
12. American Medical Women's Association (AMWA), "AMWA Position Statement on Abortion and Access to Comprehensive Reproductive Health Services" (November 1999), at http://www.amwa-doc.org/publications/Position_Papers/abortion_and_access.htm.
13. AMWA, Resolution: Abortion, 1989.1 (1989), at <http://www.amwa-doc.org/publications/Resolutions/abortion.htm>.
14. AMWA, "AMWA Position Statement on Abortion and Access to Comprehensive Reproductive Health Services" (November 1999), at www.amwa-doc.org/publications/Position_Papers/abortion_and_access.htm; AMWA, "AMWA Position Statement on Abortion/Reproductive Rights" (2002), at http://www.amwa-doc.org/Advocacy/issues_abortion.htm#POSITION.