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Title

Family Medicine after Dobbs Ruling: A CERA Study of Impacts to Practice, Education and Patient-Physician Trust

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

CONTEXT: The June 2022 Dobbs v Jackson decision to overturn the constitutional right to abortion transferred legality of reproductive healthcare to state governments. This study represents the first nation-wide survey of the perceived impacts of 'Dobbs' on clinicians in Family Medicine (FM) practice in caring for the reproductive healthcare needs of their patients. OBJECTIVE: Determine if FM clinicians' perceptions of change in their reproductive healthcare services, including clinical decision-making, counseling, and trust in patient-reporting differs by their state abortion legislation post-Dobbs. Characterize fears of legal repercussion, access to guidelines and perceived impacts to medical training and residency. STUDY DESIGN AND ANALYSIS: Cross-sectional survey. Chi-squared tests were performed to examine the associations between clinical practice, trust, and resident education, and geographical restrictions to reproductive healthcare between these categories. SETTING, DATASET/INSTRUMENT: Ten item subset within the 2022 Council of Academic Family Medicine's (CAFM) Educational Research Alliance (CERA) survey, administered via SurveyMonkey from Jan.11 – Feb.12, 2023. POPULATION STUDIED: U.S. members of one of the four CAFM organizations, excluding resident and student members. Only responses from practicing FM clinicians were analyzed. OUTCOME MEASURES: CERA data committee grouped respondent data into a five-level category ranging from "very restrictive state" to "very protective state" according to the Guttmacher Institute's rating of abortion-related legislation and access. RESULTS: About one-third of clinicians reported an increased worry of legal risk if providing reproductive healthcare (34.5%) and no updated guidelines from organizational leadership (33.1%). Clinicians in very restrictive states reported changes in their clinical decision-making and patient counseling practices ($P < 0.001$). Clinicians in protective states reported an increase in residency program desirability, while restrictive states reported decreased program desirability and confidence in resident training ($P < 0.001$). CONCLUSIONS: States with the most restrictive abortion laws historically have the worst maternal and child health outcomes. FM clinicians are needed in even greater numbers to address impacted patients, but must overcome concerns for their practice and future medical training, legal fears, and the absence of new guidelines to see them through these challenges.