

In a post-Roe era, it's about supporting, not reporting

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Emergency department physicians have long navigated challenging ethical and legal situations to care for "anyone, with anything, at any time," and the Emergency Medical Treatment and Labor Act has required them to do so since 1986.

But in a post-Roe world in which abortion is criminalized, what kind of ethical and legal obligations might these clinicians face for caring for patients who come in with complications from their self-managed abortions?

Northwestern's Katie Watson, along with several co-authors, ask that question in an [essay](#) published Sept. 3 in the *New England Journal of Medicine*.

"The new abortion bans are confusing, and I wanted to offer emergency room personnel the guidance and support they need to not betray patients and violate HIPAA," said Watson, an associate professor of medical education, medical social sciences and obstetrics and gynecology at Northwestern Feinberg School of Medicine. "Also, pregnant people in restricted states will self-manage abortions, and the abortion pill plus the internet mean that will look very different than it did before Roe."

The essay explores the myriad reasons a pregnant individual may come to the [emergency room](#) after attempting a self-managed abortion at home and explains how important it is for emergency department clinicians to build trust with patients who may feel embarrassed or afraid because they present with problems stemming from stigmatized or potentially illegal actions.

"To ensure that [vulnerable patients](#) will be honest and forthcoming with clinicians, especially those they are meeting for the first time, the ethical and [legal obligation](#) to respect patient confidentiality and privacy is foundational," the authors wrote. "The ethical and legal obligations related to confidentiality, privacy and duty of care that emergency department staff embrace apply to patients who have had, or attempted to have, an abortion—which we believe is especially urgent to affirm, now that the right to abortion is no longer protected by *Roe v. Wade*."

One way to do that, according to the authors, is through a harm-reduction approach, such as beginning interactions with [patients](#) who may have used [abortion](#) medications by saying, "You are safe here, and my only concern is your health. The [medical care](#) you need is the same whether you're having a spontaneous miscarriage, or you took pills to end your pregnancy."

Watson is a medical ethicist, reproductive health expert, constitutional scholar and author of "Scarlet A: The Ethics, Law and Politics of Ordinary Abortion."

More information: Katie Watson et al, Supporting, Not Reporting—Emergency Department Ethics in a Post-Roe Era, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMp2209312](https://doi.org/10.1056/NEJMp2209312)

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