

State abortion access key factor in future US doctors' training (residency) choices, finds study

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State access to abortion is a key factor in choosing where to apply for residency (training) programs for around three out of four future US

doctors, indicate the results of a survey published online in the *Journal of Medical Ethics*.

These medical students care about the [quality of care](#) they will be able to provide patients when qualified as well as the options for their own health, the responses indicate.

In 2022 the US Supreme Court revoked the [constitutional right](#) to privacy and autonomy over personal reproductive choices that had been enshrined in law since *Roe v Wade* in 1973.

Dubbed *Dobbs*, the new ruling states that the authority to regulate [abortion](#) is "returned to the people and their elected representatives."

Since the ruling, state legislation regarding access to reproductive health care has been in flux, say the researchers, pointing out that [reproductive health care](#) and contraception are increasingly important for residents, over half of whom are now women.

To gauge the potential impact of the ruling on residency program choices for 2022–3, the researchers surveyed third- and fourth-year students from 125 US medical schools, all of whom were applying for these [training programs](#) between August and October 2022.

In all, 604 medical students responded, but the analysis is based on the responses of 494 who answered all the questions fully.

Over half (55%) were aged 26–30; over two-thirds (68%) identified as cis-gender female; and nearly two-thirds identified as white (63%) and married/partnered/in a relationship (64%). Around one in four (27%) were agnostic; 71% identified as straight; and 58.5% were applying to a specialty other than obstetrics and gynecology.

Students were asked to indicate how likely (from very unlikely to very likely) their choice of residency would be influenced by certain personal and professional factors as well as changes in state access to abortion.

Most [respondents](#) said that [geographic location](#) in terms of lifestyle and hobbies (96%), being near family or significant others (90%), likelihood of being accepted (84.5%), patient population (80%) and state health care policies (62.5%) would likely or very likely influence their residency selection process.

Similarly, most respondents said changes in abortion access would likely or very likely influence their decision as to where to apply (77%), where to start a family (72%), contraceptive service provision (58%), and to which specialty to apply (54%).

Some respondents said changes in abortion access would likely or very likely influence their decision about when to start a family (37%) and whether to start a family during residency (42%).

Of the 74 free text comments made, 56 reflected support for abortion rights and 12 opposition. And well over half (58%) of respondents indicated they were unlikely or very unlikely to apply to a state with abortion restrictions.

But only 31% didn't apply to one of these states, a discrepancy that is possibly explained by the free text comments, say the researchers.

These indicated the fierce level of competition for programs in states that do permit abortion, and the primary need to complete [medical training](#) above and beyond opinions about abortion access restrictions.

Respondents who identify as cis-gender female, not straight, and not Catholic were most motivated to apply to states where abortion is

protected.

The researchers acknowledge the relatively small sample size of the survey. But they emphasize that the respondents represent 32 states and are demographically similar to medical students across the U.S.

"Respondents in our study highlighted Dobbs as a major factor impacting their decision on where to apply for residency, indicating the significant influence abortion access is having on where the next generation of physicians will be training," they write.

"When [medical students](#) become residents, they assume the responsibility to fulfill the ethical duties of medical practice. As a result of Dobbs, physicians across the U.S. are now being prevented from upholding these duties—physicians must advocate for their patients when policies directly cause harm by contradicting best practices as determined by evidence-based guidelines," they add.

They conclude, "Medical students on the brink of becoming physicians will begin residency while not just the value of the rights of their patients with gestational capacity, but their own humanity, is being called into question. There is no question that medical practice in the U.S. is inextricably tied to interests—political, religious, legal—other than those of patients.

"The next generation of physicians must grapple with this insult to the core of what it means to be a doctor, and this is reflected in their choices of where to complete [residency](#)."

More information: Abortion restrictions and medical residency applications, *Journal of Medical Ethics* (2023). [DOI: 10.1136/jme-2023-109190](#)

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