

Reproductive Rights Statement from the Society of General Internal Medicine

Approved by SGIM Council, February 12, 2021

Nearly half of all US pregnancies are unintended, and by the age of 45 one in four women in the US will have an abortion. Paradoxically, a growing body of local and federal legislation restricts access to evidence-based reproductive health services, including abortion and contraception, enhancing the risk of unintended pregnancies and potential need for abortion services.

The most numerous and onerous reproductive health restrictions apply to abortion access and include gestational age restrictions, targeted regulation of abortion providers, waiting periods, and laws requiring providers to give inaccurate and unscientific information to patients. From January through June 2019, 58 abortion restrictions were enacted in 19 states, including 25 abortion bans. The most radical restriction is Alabama's law which criminalizes abortion under nearly all circumstances, including rape or incest, and establishes that any physician performing this procedure can be charged with a felony and potentially serve life in prison. As a result of this trend, 90% of women in the US live in counties with no abortion provider or clinic.

Furthermore, unintended pregnancy and lack of access to abortion services disproportionately affect women of color and those living in rural areas. The ramifications of limited abortion access are long-lasting, including greater odds of being unemployed, increased rates of poverty, higher likelihood of intimate partner violence, and decreased likelihood of achieving aspirational plans. These outcomes jeopardize the health of our patients. As an organization committed to a just system of care in which all people can achieve optimal health, Society of General Internal Medicine (SGIM) has a responsibility to take a resolute stance on abortion restrictions that promote and reinforce disparities in healthcare access and outcomes.

We also have a responsibility to develop innovative approaches to meet the great need for accessible, equitable reproductive services. One option is to increase the internist workforce equipped to provide these services. Although multiple studies indicate that patients prefer to receive abortion and family planning services from their primary care provider, internists are unprepared, compared to other primary care providers, to offer these services.

Consistent with its mission, SGIM opposes limits on access to reproductive health care and commits to promoting training, research, and clinical innovation in reproductive health within the general internal medicine community. As an organization, SGIM will demonstrate this commitment in three concrete ways:

1. SGIM will support the education of interested members and trainees in topics and skills germane to reproductive health care, including but not limited to contraception and pregnancy termination.
2. SGIM will support advocacy for reproductive justice by integrating this priority into the mission of the health policy clinical practice sub-committee.

3. SGIM will encourage research into reproductive care access and the medical consequences for patients and populations of policies limiting access to reproductive health care.

By committing to the above three objectives, SGIM will support general internists in maintaining the integrity of the doctor-patient relationship without legislative interference.

These actions will allow general internists to practice evidence-based medicine and ameliorate health inequities by eliminating dangerous and discriminatory barriers to reproductive health.