

Episode: *Author Interview: “Why the Post-Roe Era Requires Protecting Conscientious Provision as We Protect Conscientious Refusal in Health Care”*

Guest: Isa Ryan, MD, MSc

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast.](#)

[bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview series* from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Isa Ryan, a physician at NorthShore University Health System in Evanston, Illinois. She's here to discuss her article, coauthored with Dr Ashish Premkumar and Professor Katie Watson, *Why the Post-Roe Era Requires Protecting Conscientious Provision as We Protect Conscientious Refusal in Health Care*, in the September 2022 issue of the Journal, [What We Owe Health Care Workers Earning Low Wages](#). Dr Ryan, thank you so much for being on the podcast with me. [music fades]

DR ISA RYAN: Thanks for having me. It's great to be here.

HOFF: To begin with, what's the main ethics point that you and your coauthors are making in this article?

RYAN: So, with this article, we wanted to examine our medical ethics, exploring both the limitations that we should be thinking about for conscientious refusal of health care just as much as we should be thinking about protection for conscientious provision of health care in light of the U.S. Supreme Court overturning *Roe v Wade* in June 2022. And in addition to that idea, we also wanted to really clarify the unethical behavior of physician advocating to make abortion illegal in the idea that it is restricting health care that is seen to be essential by both national and international medical bodies.

HOFF: And so, what do you think is the most important thing for health professions students and trainees specifically to take from this article?

RYAN: So, I think the most important thing to think about is what we are trying to define as conscientious provision of care, and Lisa Harris has a really good article talking about this concept. And I really kind of wanted to focus in on the idea of just as much as we think about why providers might refuse to provide care for moral reasons, why are some providers motivated to provide care from their own moral and ethical standpoint? And so, it's the idea of really relooking at that 1980 revision to the AMA Principle of Medical Ethics statement, where they state, “A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.”

And I have found traditionally, we've really thought about that from a refusal of care standpoint, but there is a flip side where there are providers like myself who feel morally obligated to serve patients in vulnerable, difficult times. And there really hasn't been a protection for providers like myself to be able to provide appropriate patient care and

choose who I serve and whom to associate and the environment in which I provide evidence-based medical care because of a lot of these legal and institutional policies.

HOFF: And finally, if you could add a point to this article that you didn't have the time or space to fully explore, what would that be?

RYAN: That one of the big reasons why I was playing around with this, the idea of this article and writing this article, is I think there is a lot written in public media about patient experiences and provider experiences. But I think there's less within discussion about the behind-the-scene things that are happening in our medical communities in terms of physician advocacy for anti-abortion policies, whether that's institutional or legal or ways that if a physician does not feel comfortable providing abortion care, there's no safety net to make sure that patients who feel like they need abortion or do not have the same maybe religious or ethical views about abortion are able to access the care, or providers are able to have support to provide the care that they feel obligated to.

And I saw it a lot in residency and fellowship, whether that's a radiologist making a report statement where they're calling an ectopic pregnancy viable, and so patients feel like when their OB-GYN is telling them it's a non-viable pregnancy and they need this care, then they're confused for a desired pregnancy that's not going to become a pregnancy. Or it's patients who are not getting full informed consent in terms of options counseling. And you can't always pick the provider or the hospital that you're in, and you might not know that that provider doesn't feel comfortable. And so, when there's this gap in care and this inability to transfer care to someone who would be willing to provide it, it really puts patients in a tough spot. Just as much as there's people who are trained to do abortion care but maybe because of different abortion stigma policies don't have the bandwidth to fight that fight in their institution. And so, then you have lack of care options because of institutional policies that are not supporting physicians to do the care that they feel obligated to do. [theme music returns]

HOFF: Dr Ryan, thank you so much for being on the podcast with me today, and thank you to you and your coauthors for your contribution to the Journal this month.

RYAN: Thank you again for having me. I really appreciate it.

HOFF: To read the full article, as well as the rest of the September 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.