

The OB-GYNs Who Play Politics With Women's Lives

Abortion is more important than safety to the American College of Obstetricians and Gynecologists.

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As the Supreme Court gets ready to hear another abortion case, the American College of Obstetricians and Gynecologists—the specialty's main professional organization—has weighed in with a friend-of-the-court brief. ACOG is offering a medically unsound recommendation in the furtherance of its extreme position on abortion.

At issue in *June Medical Services v. Russo* is a Louisiana law requiring abortion providers to have admitting privileges at a hospital within 30 miles of the site of the abortion. ACOG's brief argues that the requirement isn't "medically justified" and therefore constitutes an "undue burden" on a woman's right to abortion.

Yet every second counts in an obstetric emergency. A pregnant woman experiencing severe uterine hemorrhage can bleed to death in as little as 10 minutes. That's why it's essential that anyone performing an abortion have the ability to admit a patient to a nearby hospital—preferably one closer than 30 miles away.

ACOG routinely puts politics ahead of medicine by adopting the most extreme positions on abortion. It has lobbied and briefed against parental notification of minors and informed-consent laws, and in favor of taxpayer-funded abortion. It has advocated for laws restricting speech around clinics and compelling pro-life pregnancy centers to tell women where they can go to obtain state-subsidized abortions. ACOG's work has gotten so political that in 2008 it added a lobbying arm. I was refused when I asked if I could direct our dues only to the organization's nonlobbying arm.

Eighty-six percent of OB-GYNs don't perform abortions, but ACOG's position is that you either support the most extreme abortion lobbying or you're off the island. Most of ACOG's abortion advocacy is undertaken free of consultation with its almost 60,000 members. Physicians who've left the organization, like me, support its general work but don't want to support abortion lobbying, especially when it comes to watering down or eliminating safety standards.

When a woman is brought into the hospital experiencing postabortive complications, she is likely to see a doctor like me—an OB-GYN hospitalist—with whom she has no previous relationship. Rarely do patients arrive with a medical file; often there hasn't been so much as a phone call from the clinic. By the time I see a patient, she has typically wasted precious time—hours in some cases—filling out forms and navigating the emergency room.

In any practice area other than abortion, a doctor performing an operation would have hospital-admitting privileges. In the case of complications that doctor would, at a minimum, call ahead to fast-track the patient to the appropriate emergency care. Abortion-clinic patients, on the other hand, are frequently kicked to the curb and told to make their own way to the emergency room.

ACOG's own committee on patient safety and quality improvement [recommended](#) in 2012—and reaffirmed two years ago—that the “face-to-face exchange of information” between physicians is the ideal way to ensure safety and quality of care during a patient handoff: “In the era of collaborative care, effective clinician-to-clinician communication is important to facilitate continuity of care, eliminate preventable errors, and provide a safe patient environment.”

In my experience, there's seldom any clinician-to-clinician communication between an abortion provider and an emergency-room doctor. This puts women at risk of serious harm, even death. To decrease a woman's risk of dying from obstetric hemorrhage, a qualified physician should initiate treatment within minutes and a hysterectomy, if needed, should be performed within an hour. This requires a quick and seamless patient hand-off between two credentialed physicians. If ACOG truly cares about women's rights, it should demand they be provided that level of care.

Dr. Francis is a board-certified obstetrician-gynecologist and the chairman of the board of the American Association of Pro-life OB/GYNs.