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**Academic Medical Centers Must Lead National Civil Disobedience to Dobbs**

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(Adapted from reference 4)  
The large number of estimated rape-related pregnancies in states with abortion bans and the logical health and economic consequences to women, children, families, and especially racial and ethnic minorities and the poor, call for bold action by the medical profession to ensure the rapid availability of abortion nationally. This is very unlikely to occur through piecemeal (yet laudable) efforts by health care providers to find workarounds, nor via legislative action or through the courts given the current political climate.  
History has shown us the value of widespread resistance to immoral laws (e.g., Dutch physicians opposing the Nazis during World War II, the U.S. Civil Rights Movement, the dismantling of Apartheid, the occupations of Lincoln Hospital by the Young Lords) (1). Physicians have the right, indeed the obligation, to act when confronted with immoral laws that impact our patients’ lives. (2,3)  
Because of widespread support for full reproductive health care at academic medical centers, because these institutions’ respected leaders promulgate treatment guidelines, and most important because they are responsible for training the next generation of physicians to practice science-based, ethical, human-rights-oriented medicine which respects the sanctity of the doctor-patient relationship and bodily integrity, all academic medical centers in the US should commit to continuing to provide full reproductive health care, including abortion, regardless of state laws (with the support of their leaders and national women’s rights groups) (4).  
If only a few providers and institutions continue to act piecemeal, they could suffer significant financial, legal, personal, and emotional consequences, and regardless of whether abortion becomes legal eventually, within a short time there would be an even greater dearth of trained providers than currently exists (5).  
Academic medical centers, with their recently heightened commitments to incorporating social justice into training and to combatting racism in health care, must not just talk, but act, or the situation will get much worse for providers, our profession’s reputation, and most important, our patients.  
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2. Donohoe MT, Schiff G. Call to Service: Social Justice Is a Public Health Issue (Physician activism and the doctor-patient relationship). AMA Virtual Mentor 2014 (September); 16(9):699-707. Available at https://journalofethics.ama-assn.org/article/call-service-social-justice-public-health-issue/2014-09.  
3. American Medical Association. Code of Medical Ethics Preface and Preamble. Available at https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-preface-preamble.  
4. Donohoe MT. Proposal for Organized Civil Disobedience by Academic Medicine to the Supreme Court’s Dobbs v Jackson Women’s Health Association Decision [Soc Med, 2023;16(1):40-42]  
See https://www.medicinasocial.info/index.php/socialmedicine/article/view/1477/2627.  
5. Vinekar K, Karlapudi A, Nathan L, Turk J, Rible Radhika, Steinauer Jody. Projected Implications of Overturning Roe v Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs. Obstetrics & Gynecology: 2022 (April 27). Available at https://journals.lww.com/greenjournal/Fulltext/9900/Projected\_Implications\_of\_Overturning\_Roe\_v\_Wade.449.aspx.

**CONFLICT OF INTEREST:** None Reported

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2814275>