

Views of osteopathic medical students from CO and UT on abortion following the fall of Roe v. Wade

Sarah Caplan, MS, OMS-II¹; Tristan Myers¹, OMS-II; Isain Zapata, PhD²; Jillane Pitcher, DO¹

¹Department of Primary Care Medicine, ²Department of Biomedical Sciences, College of Osteopathic Medicine, Rocky Vista University Colorado



AIM

- The Supreme Court's decision to overturn Roe v. Wade has potential detriment to the practice of evidence-based medicine in the United States.
- Because medical students will serve patients affected by this ruling in their future practices, it is important to understand their views on abortion and how these views influence their ability to behave ethically when confronted with a patient seeking an abortion.

INTRODUCTION

- Roe v. Wade* was the 1973 landmark Supreme Court case that conferred a constitutional right to abortion.
- It is estimated that there was an 87% decline in abortion-related deaths from 1972 to 1974¹.
- In June 2022, the Supreme Court reversed this decision.
- Although the World Health Organization regards restricting abortion access as a human rights violation², 16 states have since banned or severely limited access to abortion³.
- A decline in access to legal abortion requires more patients to carry pregnancies to term, which threatens maternal health⁴ and jeopardizes providers' ability to treat obstetric emergencies and provide postabortion care⁵.
- This threat to the physician-patient relationship has implications for the future practice of medicine in the United States.
- It is essential to understand the views of medical students who will eventually practice in this post-Roe era of medicine.

METHODS

- This project was approved by the Rocky Vista University Institutional Review Board (IRB #2022-107).
- An anonymous survey with 3 sections was administered to all current Osteopathic Medical Students (OMS) from Rocky Vista University College of Osteopathic Medicine (RVUCOM) Colorado and Utah campuses through Qualtrics.
- All respondents were above the age of 18.
- The survey collected demographic information and asked participants to rate their feelings about abortion on a Likert scale (1 to 6). 1 indicates a posture against abortion in all circumstances, while a "6" indicates a posture in favor of universal access to abortion.

- Lastly, the survey collected their recommendations for a pregnant patient seeking an abortion in the first and second trimester. In each trimester, the participant was asked how they would respond based on differing circumstances⁶.
- Participants were to assume they have the appropriate training and licensure to perform abortion procedures and that they would not be breaking any laws by doing so.
- The two ethical answer choices were "provide the procedure" or "refer the patient to another physician who performs the procedure". The two unethical answer choices were "decline to participate further in the patient's care, including the referral process" and "counsel the patient to manage the situation in a different manner". A third answer category was "not sure how to proceed", a neutral position.
- Ethicality of answer choices was assigned according to the American Association of Colleges of Osteopathic Medicine Osteopathic Core Competencies for Medical Students. Core Competency 7 requires that students demonstrate the ability to respect patient autonomy in the practice of osteopathic medicine, particularly in the areas of providing or withholding clinical care⁷.

RESULTS

- There were 248 participants. 155 participants were from the CO campus, and 92 participants were from the UT campus. There were 46 OMS-I, 52 OMS-II, 84 OMS-III, and 64 OMS-IVs who completed the survey.

Independent Model

- When variables were analyzed independently using an individual model, the association between number of ethical responses and the following variables was significant: campus, school year, gender, political affiliation, religious affiliation, marital status, children, and feelings on abortion (Table 1).
- The least squares mean revealed that the following demographics were more likely to select an ethical answer choice: CO campus, OMS-IV, female, Democrat, Atheism, "other" marital status, and "no" children (Figure 1). $p < 0.005$ for all variables.

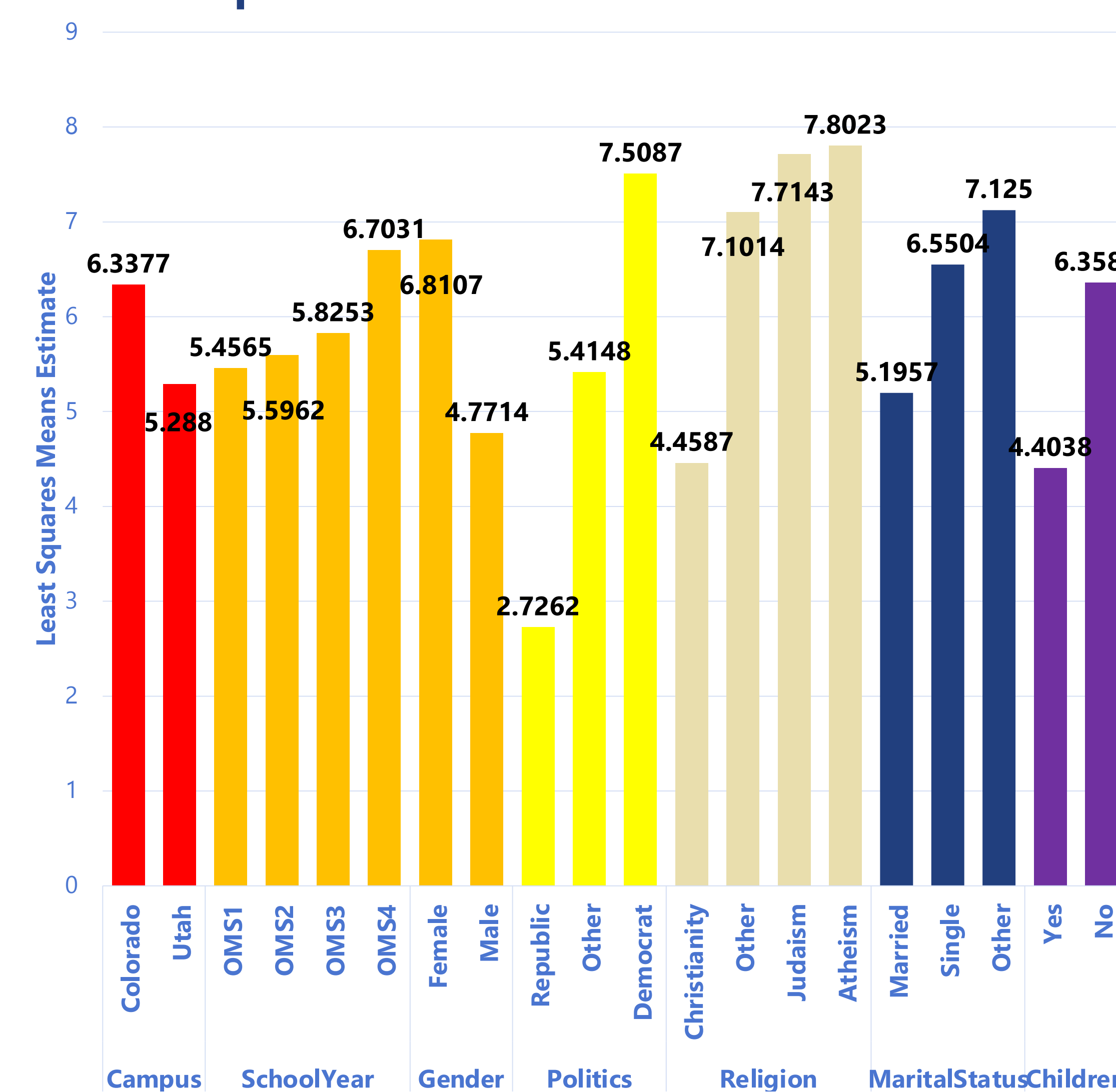
- A solution for fixed effects revealed that a participant who reported higher "feelings on abortion" was also more likely to select an ethical answer choice ($p = 2.85E-66$).

Table 1. Individual vs. Combined Model Analysis of Variables and Number of Ethical Answer Choices.

	Individual Model	Combined Model
	p-value	
Campus	0.0006*	0.5425
School Year	0.0159*	0.0043*
Gender	7.9E-12*	0.4514
Politics	1.2E-31*	0.7633
Religion	6.9E-22*	0.6962
Marital Status	8.2E-06*	0.9817
Children	5.9E-08*	0.5613
Feelings on Abortion	2.9E-66*	2.8E-36*
Trimester	0.1551	0.0255*

*Statistically significant.

Figure 1. Least Squares Means Estimates for Significant Discrete Demographic Variables in an Independent Model.

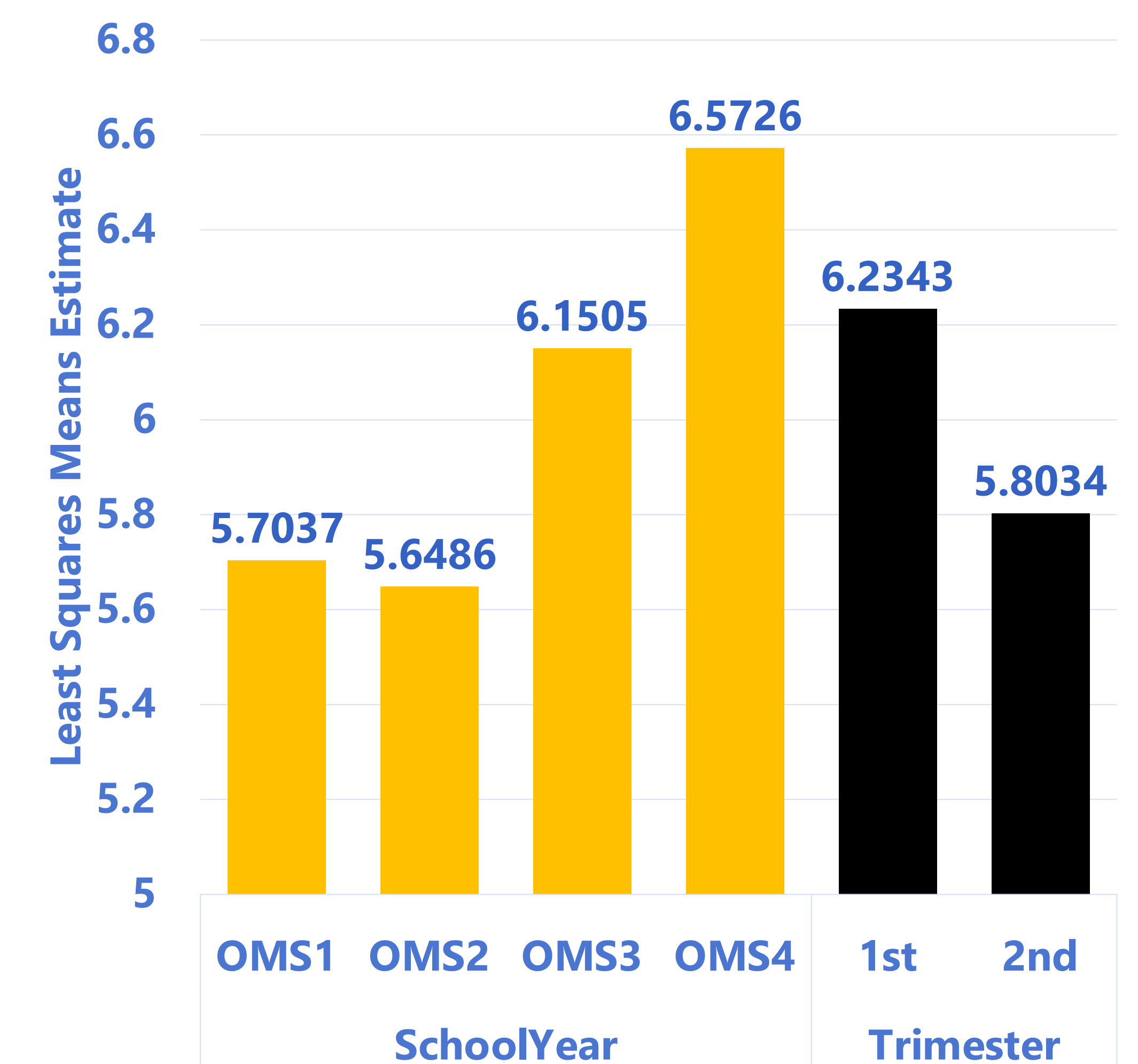


Combined Model

- When the number of ethical responses was analyzed against all variables combined, only the school year, feelings on abortion, and trimester were significant (Table 1).

- Participants who were OMS-IVs, had higher feelings on abortion, and were responding to a patient in the first trimester were most likely to select an ethical answer choice (Figure 2). $p < 0.005$ for all three variables.

Figure 2. Least Squares Means Estimates for Significant Discrete Demographic Variables in a Combined Model.



CONCLUSION

- Ethical behavior increases as the year in medical school increased.
- Medical education at RVUCOM strengthens ethical behavior towards abortion in medical students. This ethical behavior respects patient autonomy and embraces the osteopathic philosophy of care for the mind, body, and spirit.

REFERENCES

- Cates W, Rochat R. Illegal Abortions in the United States: 1972-1974. *Fam Plann Perspect*. 1976;8(2):86-92. doi:10.2307/2133995.
- Abortion. Accessed January 28, 2023. <https://www.who.int/news-room/factsheets/detail/abortion>
- Nash E and Guarnieri I. Six Months Post-Roe, 24 US States Have Banned Abortion or Are Likely to Do So: A Roundup. Guttmacher Institute. 2023. doi:10.1363/2023.300254.
- Raymond EG, Grimes DA. The Comparative Safety of Legal Induced Abortion and Childbirth in the United States. *Obstet Gynecol*. 2012;119(2 Part 1):215. doi:10.1097/AOG.0b013e31823fe923.
- Sun N; J.D. Overturning Roe v Wade: reproducing injustice. *BMJ*. 2022 Jun 27;377:o1588. doi: 10.1136/bmj.o1588. PMID: 35760441.
- MSFC Values Clarification.pptx. Accessed January 31, 2023. <https://msfchoice.sharepoint.com/p/s/SharedOrganizingResources/Ee9wj932W0xOjOJKoTXieMUB8NUb5ybd6zTE8ok220w3Q?rttime=f6K8NuQD20g>.
- American Association of Colleges of Osteopathic Medicine. Osteopathic Core Competencies for Medical Students, August 2012. <https://www.aacom.org/docs/default-source/core-competencies/corecompetencyreport2012.pdf?sfvrsn=4>.