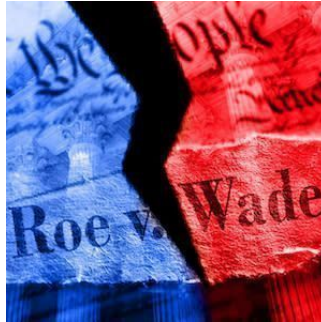


## Life After Roe for Emergency Physicians



In July, the U.S. Supreme Court reversed the right to abortion, making life complicated for pregnant women in the states where abortion is now banned and for doctors in obstetrics, gynaecology and emergency physicians.

The pressure to decide whether to risk breaking the law by performing an abortion to save a woman's life in case of a high-risk pregnancy now falls on physicians. This situation may not be new for emergency physicians in Texas, where abortions after six weeks of pregnancy were already illegal before this reversal. But now, emergency physicians all over the country are likely to encounter this ethical dilemma. It is important to understand that not all hospitals have coverage by OB/GYNs. Many healthcare centres lack labour and delivery specialists, and the emergency physicians at these smaller facilities have to handle such cases.

The Emergency Medical Treatment and Labor Act (EMTALA) requires healthcare providers to give life-saving care to anyone who needs it. Hence, if a physician believes that an abortion is necessary to stabilise a pregnant woman or to save her life, they must provide the necessary treatment. But it still puts emergency physicians in a difficult spot. What if there are lawsuits and litigations? Anyone can sue anyone in the U.S. What if an emergency physician performs an abortion to save a patient's life but is held accountable for it since the procedure is now illegal?

There is no doubt that emergency physicians deserve more clarity. Legal jargon can be tricky, and doctors must know and understand the exceptions that allow them to save a woman's life. At what point can a physician take the decision to abort a pregnancy? Is it when the woman is hypotensive? Or unresponsive? Or in cardiac arrest? Also, how are differences in clinical judgement to be handled in such scenarios?

There is a need to provide emergency physicians with recommendations to help them make appropriate and timely decisions in these situations. They should know that if they provide life-saving care, they will not end up with felony charges.

Already, emergency physicians face excessive stress and challenges. They have had to cope with COVID-19. They continue to deal with staffing shortages, not to mention the increasing burden of the mental health crisis. Now, they have to deal with challenging decisions when providing care to pregnant women.

There is a need for clarity and specific guidelines. Doctors are already under a great deal of stress. The last thing they need is more burden and anxiety.

Source: [Annals of Emergency Medicine](#)

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