While the American Psychiatric Association (APA) has several resources pertaining to women’s health, abortion, and privacy in the physician-patient relationship, recent court decisions, including Dobbs v. Jackson Women’s Health Organization, which overturned Roe v. Wade, have polarized state responses to pregnant individuals’ health care and decision-making. Whereas some states have moved to restrict or deny a pregnant individual’s decision to terminate a pregnancy that had been protected by Roe, other states have sought to protect or strengthen a pregnant individual’s right to make healthcare decisions, including the decision to terminate a pregnancy. In addition, litigation and legislative proposals in some states have gone beyond proscription of abortion procedures, attempting to restrict or ban access to medication abortions and to certain forms of contraception. The Supreme Court’s decision in Dobbs, by overturning Roe, has jeopardized the physical and mental health of millions of American women and has undermined 1) the privacy and sanctity of the physician-patient relationship, and 2) the ability of the medical community to provide evidence-based women’s health care without fear of legal and ethical retribution. The pervasive and troubling consequences of the Dobbs decision should be taken into consideration in the APA’s advocacy efforts:

- **Government interference within the physician-patient relationship:** Legislation restricting or denying a patient’s prerogative, as was protected by Roe v. Wade, to terminate an unwanted pregnancy or one that must be terminated for medical reasons intrudes on the privacy and autonomy of the patient and the privacy of the physician-patient relationship. These laws blatantly contravene the clinician’s responsibility to protect patient confidentiality and autonomy, undermining the trust that lies at the foundation of the physician-patient relationship:

  - **Government interference with evidence-based medical care:** The new generation of anti-abortion laws prevents physicians from providing evidence-based care in accord with the patient’s wishes. These laws obligate physicians to ignore the best interests and well-being of the patient, and this represents an unethical and inappropriate departure from the fundamental ethical traditions and obligations of being a physician.

- **Adverse effects on the physical and mental health of pregnant individuals:** In many cases, restrictive abortion laws can result in harmful medical outcomes. There are significant misconceptions in the public sphere that abortion has adverse mental health consequences. In fact, the scientific literature demonstrates that denial of abortion care is associated with worse mental health outcomes.

  - **Adverse effects on the family unit:** Studies have shown that existing children in families where the mother was forced to carry an unwanted pregnancy to term have worse outcomes than in families where the mother could access patient-centered, necessary and appropriate treatment. These include lower mean child development scores, particularly in expressive language and self-help, disrupted maternal bonding, and economic insecurity among existing children of individuals denied an abortion.

  - **Disproportionate impact on underserved populations:** Communities that have been marginalized, including people who have experienced racial discrimination, live in rural areas, have low income, or experience a mental illness, will be disproportionately impacted by state legislation restricting or denying the right to terminate a pregnancy.

  - **Threats of criminal prosecution of physicians providing evidence-based medical interventions for pregnancy care:** Physicians who undertake medically appropriate procedures in often life-threatening conditions, such as ectopic pregnancies or spontaneous abortion, may be at risk of criminal prosecution for performing an abortion. This threat can have a chilling effect on life-saving medical decision-making and has already led to denial of needed medical care for the complications of pregnancy.

2 APA Position Statements:

- “PS on Abortion” Authors Council on Minority Mental Health and Health Disparities - Approved BOT July 2018
- “PS on Abortion and Women’s Reproductive Health Care Rights” Authors Council on Minority Mental Health and Health Disparities – Approved BOT December 2020
- “PS on Legislative Intrusion and Reproductive Choice” Retained BOT December 2018
- “PS on Screening and Treatment of Mood and Anxiety Disorders During Pregnancy” Approved BOT December 2020
- “The Right to Privacy Position Sta” Authors Committee on Gay, Lesbian, and Bisexual Issues – Reaffirmed BOT 2007