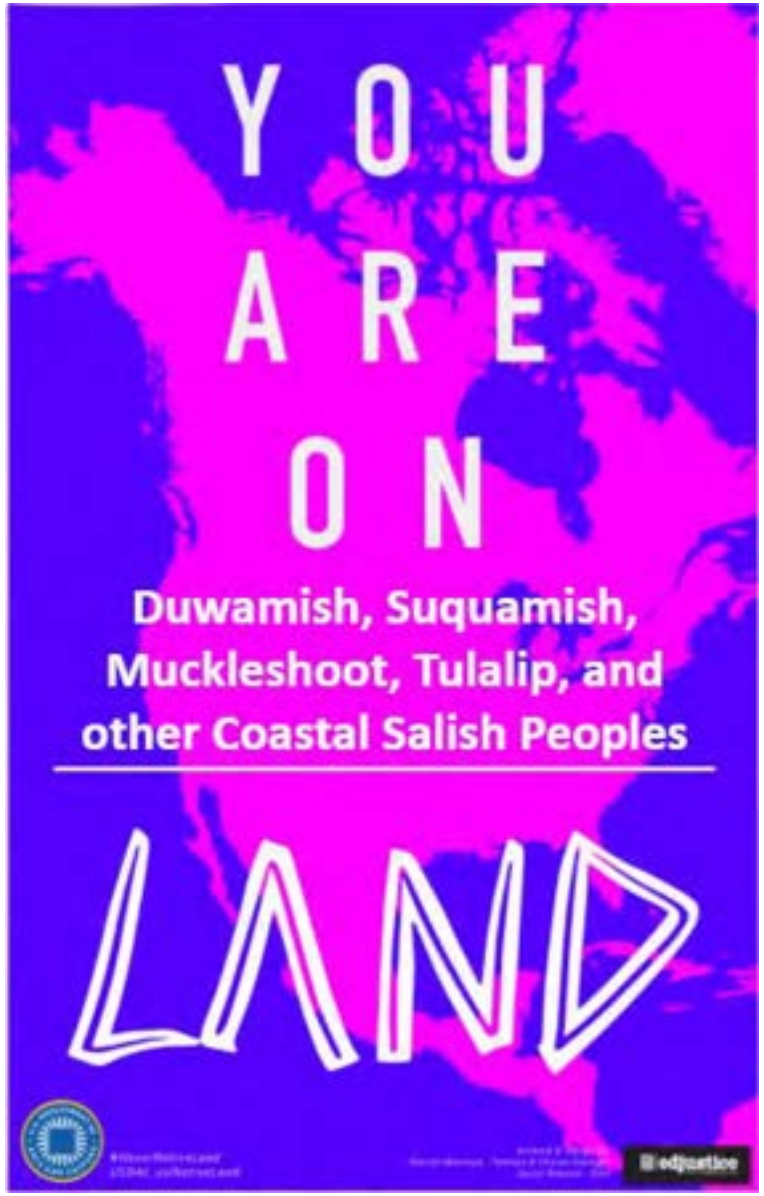
Reproductive Ethics: A Local and National Perspective

Ginny Ryan, MD, MA

We acknowledge that we reside on the ancestral lands of the Coast Salish peoples who have stewarded this land for generations.

We pay our respect to the Elders and their descendants, past, present, and future, and honor with gratitude the land, plants, and animals.



We will be recording today! Video will be available on our website if the speaker has given permission.

Reproductive Bioethics: A Local and National Perspective

Objectives

1. Define reproductive bioethics;
2. Describe unique ethical challenges in teaching and practice;
3. Review recent local and national bioethics cases.

Harborview Ethics Forum

SPEAKER DISCLOSURES

Nothing to disclose

Harborview Ethics Forum

PLANNER DISCLOSURES

Nothing to disclose

Harborview Ethics Forum

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Fill out a survey after today's session to receive the CME/CEU forms:

https://redcap.iths.org/surveys/?s=RNJAEC8XWTERDJL9

*Note: please hold off on submitting your CME claim form until the end of our ethics forum series September 30, 2024.

The CEU form can be submitted to your licensing board anytime and is for your tracking purposes only.

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If you do not receive a message like the one above, STOP and sign-in the traditional way and claim credit using the following at Microsoft Forms Link.

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36th Annual

Summer Seminar in Healthcare Ethics

Save the Date

Bioethics Grand Rounds

Crowded Out: The Costs and Consequences of Crowdfunding Healthcare | 5/30/24 at 12pm

Harborview Ethics Forums

Supportive Housing| 6/12/24 at 12pm

Reproductive Bioethics: A Local and National Perspective

Today's speaker:

Dr. Ginny Ryan, MD, MA (bioethics)

Dr. Ryan joined the faculty of the University of Washington School of Medicine as Professor and Division Chief of REI in October 2020 and also has privileges at the Fred Hutch Cancer Center, Seattle Children's Hospital, and the Puget Sound VA. Under her leadership, the Division was recently granted initial ACGME accreditation for a fellowship starting 8/1/23.

Reproductive Bioethics: A Local and National Perspective

Ginny Ryan, MD MA
Professor, Ob/Gyn
Fellowship Director and Division Chief, REI

UNIVERSITY of WASHINGTON

Disclosures

> **Nothing to disclose**

Objectives

1. Define reproductive bioethics
2. Describe unique ethical challenges in teaching and practice
3. Review recent local and national issues in the field

Outline

- Definition
- Traditional topics in the field
- Emerging reproductive bioethics topics
- Issues related to education
- Local and national challenges to professional development and practice

Bioethics Definition - NIH

The study of ethical, social, and legal issues that arise in biomedicine and biomedical research:

Research ethics

Medical ethics

Environmental ethics

Public health ethics

Reproductive Bioethics

The dissociation of sex and reproduction led to a transformation of gender and kinship relations, while embryo and fetus diagnostics led to a shift from planning families to planning a child.

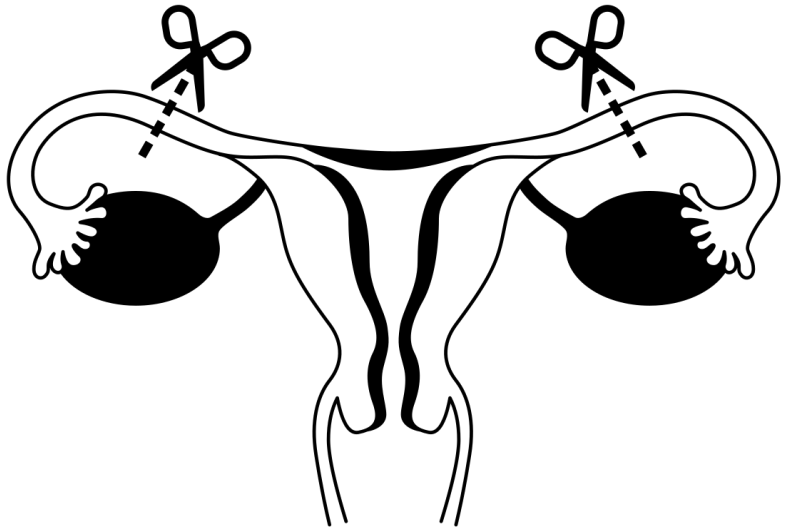
- Reproductive Ethics, from *the Encyclopedia of Global Ethics*, 2015

Reproductive Bioethics

"Reproductive ethics is concerned with the ethics surrounding human reproduction and beginning-of-life issues such as contraception, assisted reproductive technologies,… surrogacy, and preimplantation genetic diagnosis. Ethical issues specific to this field include…the introduction of technology into the reproductive process, distinctions between reproduction and procreation, the potential for abortifacient effects through the use of certain contraceptives, embryo & oocyte cryopreservation, embryo adoption & donation, uterus transplants, mitochondrial replacement/donation interventions; synthetic gametes, the exploitation and commodification of women for reproductive services (i.e., egg donation and surrogacy), and sex selection of embryos or fetuses."

- The Center For Bioethics and Human Dignity

Traditional Issues in Reproductive Bioethics



- Forced sterilization
- Contraception
- Abortion and the definition of ”life”
- Fetal protectionism and maternal rights
- Procreative liberty and reproductive justice

Forced Sterilization

Efforts to “purify” the gene pool began with the eugenics movement in the late 19th century

> Buck v. Bell (1927) codified the right of the state to involuntarily sterilize the “feeble minded” and “socially inadequate” for the welfare of society (“3 generations of imbeciles are enough”)

> Courts have put in place very strict procedural requirements to proposed sterilization

- More recent push-back efforts to give cognitively impaired persons an equal opportunity to sterilization if supported by conservators

> Concerns re: paternalistic hurdles to sterilization (age, marital status)

ACLU

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NEWS & COMMENTARY

Immigration Detention and Coerced Sterilization: History Tragically Repeats Itself

The ICE detention story reflects a long pattern in the United States of the coerced sterilization of marginalized populations, particularly of Black, Latinx, and Indigenous peoples.

History repeats itself for marginalized women

Fetal Protectionism and Maternal Rights

Problematic legal and legislative action designed to protect the fetus as a separate entity from the pregnant woman after viability AND before viability

- Declining C-section for fetal well-being, dystocia
- Use of alcohol in pregnancy
- Treatment of cancer in pregnancy
- Substance use in pregnancy resulting in homicide charge
- Maintaining physiologic function after brain death

Fetal Protectionism and Maternal Rights

> These actions:

- ignore the fact that all competent adults are entitled to informed consent and bodily integrity
- treat addiction and psychiatric illness as moral failings
- discourage prenatal care, putting the fetus and physician-patient relationship at risk
- unjustly single out the most marginalized women
- create the potential for criminalization of legal maternal behaviors (obesity, not taking FA…)

> AMA resolution 2022 protecting physicians and patients from civil and criminal prosecution

ACOG Committee on Ethics. Maternal Decision Making, Ethics, and the Law. Obstet Gynecol 2005;106:1127-37

Procreative Liberty

Procreative liberty = the freedom to decide whether or not to have children	A deeply held moral and legal value
	A negative right = must be free from interference
	Denying this liberty denies or imposes a crucial self-defining experience and thus denies persons respect and dignity
	Widely acknowledged with natural conception
	A positive human right to access abortion, contraception, fertility care

Procreative Liberty and Reproductive Justice

Reproductive Justice defined in 1994 by black women to uplift the needs of marginalized women, trans people

> SisterSong: "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities"

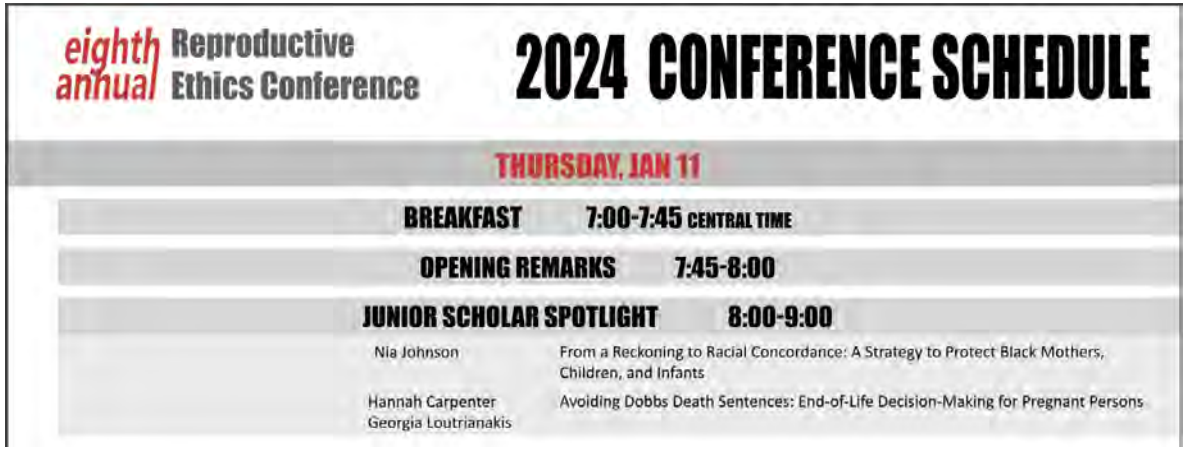
> ACCESS – contraception, comprehensive sex education, STI prevention and care, alternative birth options, adequate prenatal and pregnancy care, domestic violence assistance, adequate wages to support our families, safe homes…

Emerging Issues are Redefining Reproductive Bioethics

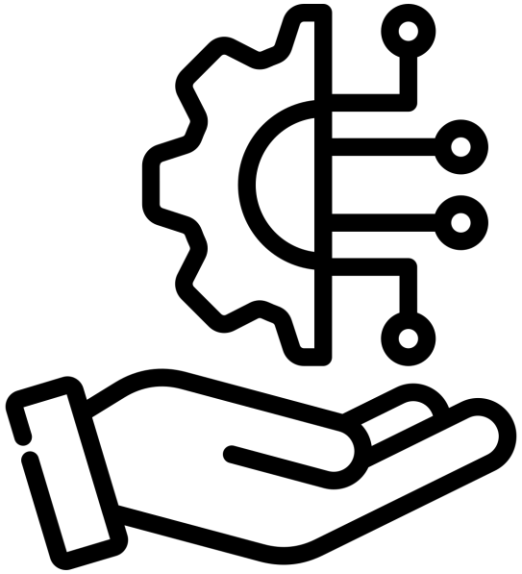
- Assisted Reproductive and other technologies
- Gendered provider requests
- Exclusion of women / LGBTQI+ from research
- Differential reimbursement for reproductive HC
- Sexual assault, harassment, fraud in reproductive health
- (Mis)treatment of women's pain
- The imperative of trauma informed care

A Reproductive Bioethics Conference, 2024

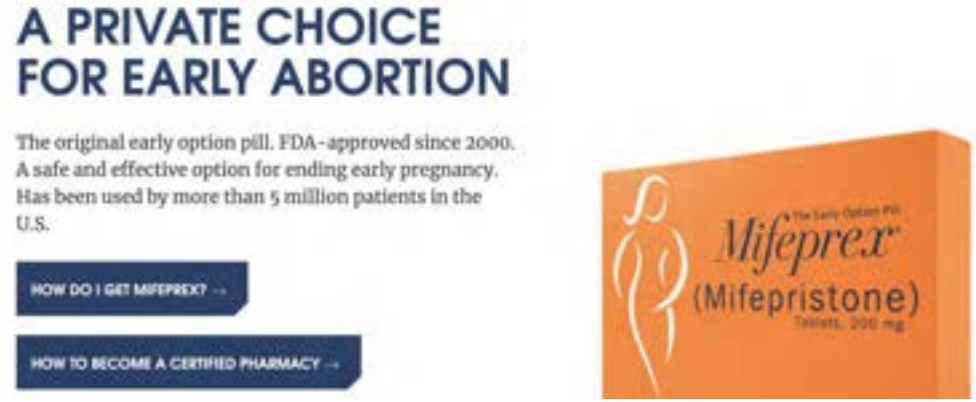
- Abortion in the Borderlands – Racism and Access
- Abortion Language and Care / Crisis Pregnancy Centers
- Conscience and Objection
- Physician Landscape Post-Dobbs
- Eugenics, Racial Capitalism, and the Family
- The ACOG “slap” and response
- A Reproductive Ethics Conference in Tx?
- Gender Affirming Care
- Female Elite Athletes’ Reproductive Health
- Advancing Maternal Health Justice / AI and the Maternal Health Crisis
- What is a Serious Genetic Condition?
- Gamete Donation / “Eggs-ploitation”
- Infertility, interpersonal violence, and trauma-informed care
- Posthumous reproduction



Emerging and Controversial Reproductive Technologies



- Contraception – OTC (Opill)
- Abortion and mifepristone
- Prenatal screening (and abortion)
- Fetal surgery (maternal – fetal surgery)
- IVF (in vitro fertilization)
  - Cryopreservation of gametes, embryos, gonadal tissue
  - Pre-implantation genetic testing
  - Embryonic stem cell research / SCNT / mitochondrial transplant



The fate of a commonly used abortion pill will be considered by the U.S. Supreme Court on Tuesday in the high court's first abortion case since it overturned *Roe v. Wade* nearly two years ago.

The case centers on the accessibility of mifepristone, the only drug approved specifically for terminating pregnancies, and whether the government applied a lawful review process of the drug when it first came out.

Fifty years ago, the oral contraceptive medication norgestrel was FDA-approved for prescription use. Today, the FDA approved Opill, a brand-name version of this drug, for over-the-counter sale—giving millions of people access to safe, effective oral contraceptives at retail stores and online without a prescription.

The decision comes at a time when nearly half of pregnancies in the U.S. are unintended and abortion has been restricted or banned in many states.

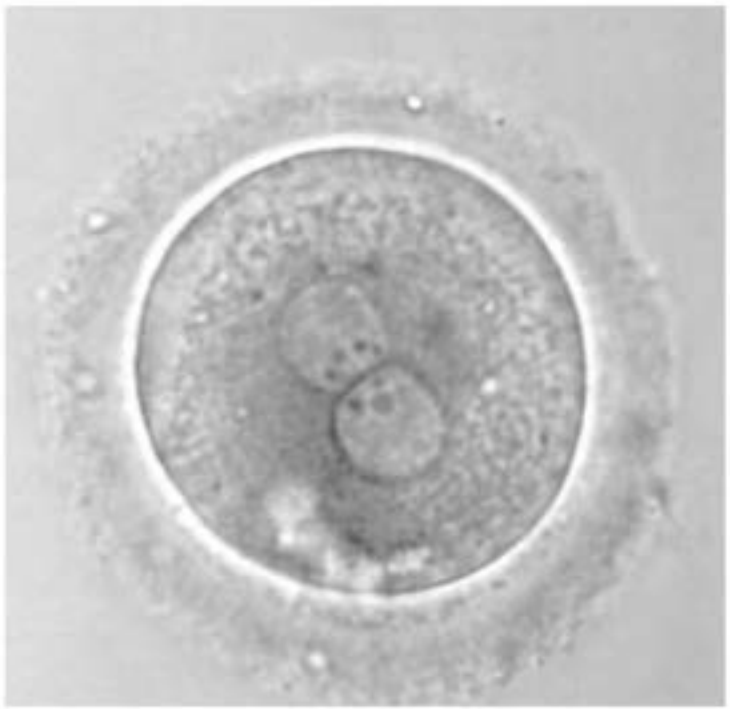
"My small knowledge of moral philosophy had prewarned me of the social consequences of interfering with human conception…but without knowing it at the time, I was entering the moral debate on reproductive freedom and all it entails."

-RG Edwards (2004), first person to successfully fertilize a human egg in vitro in 1969

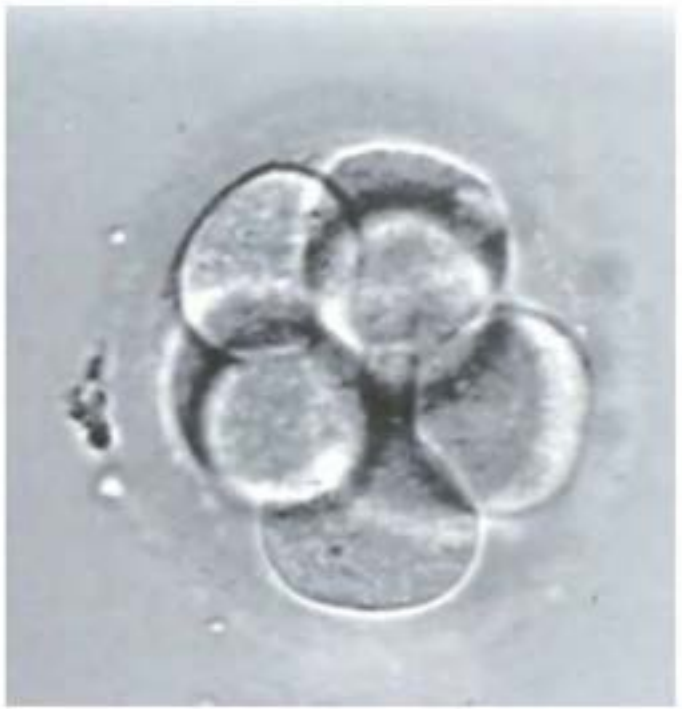
ART = IVF = manipulation of both gametes outside of the body

- 3rd party reproduction with donor gametes (also non-IVF)
- Gestational surrogacy, uterine transplant and commodification of people
- PGT for sex / stem cell use / disability
- Stem cell research / cloning
- Appropriate disposition of extra embryos
- Posthumous reproduction
- Meaning of family and responsibilities to the offspring

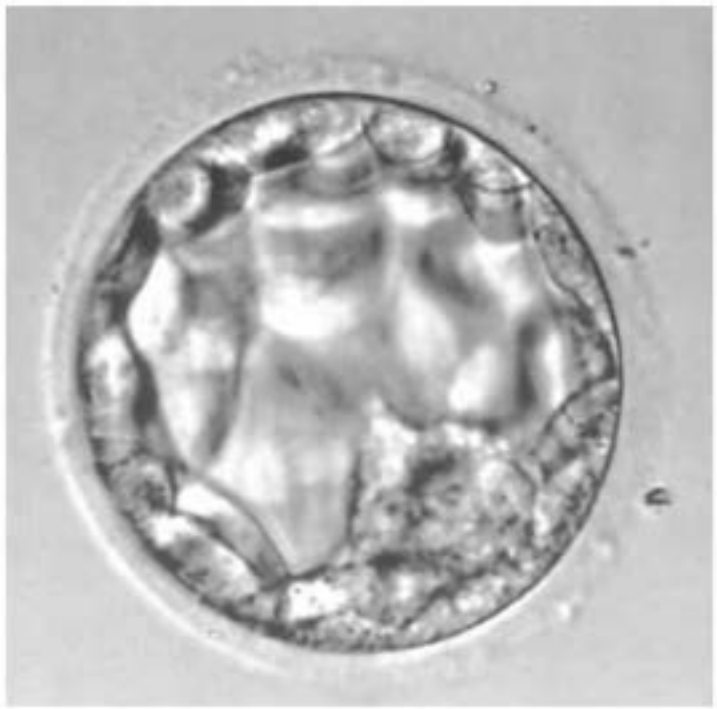
Moral Status of the Embryo / Pre-Embryo



Pronuclear stage (day 1)



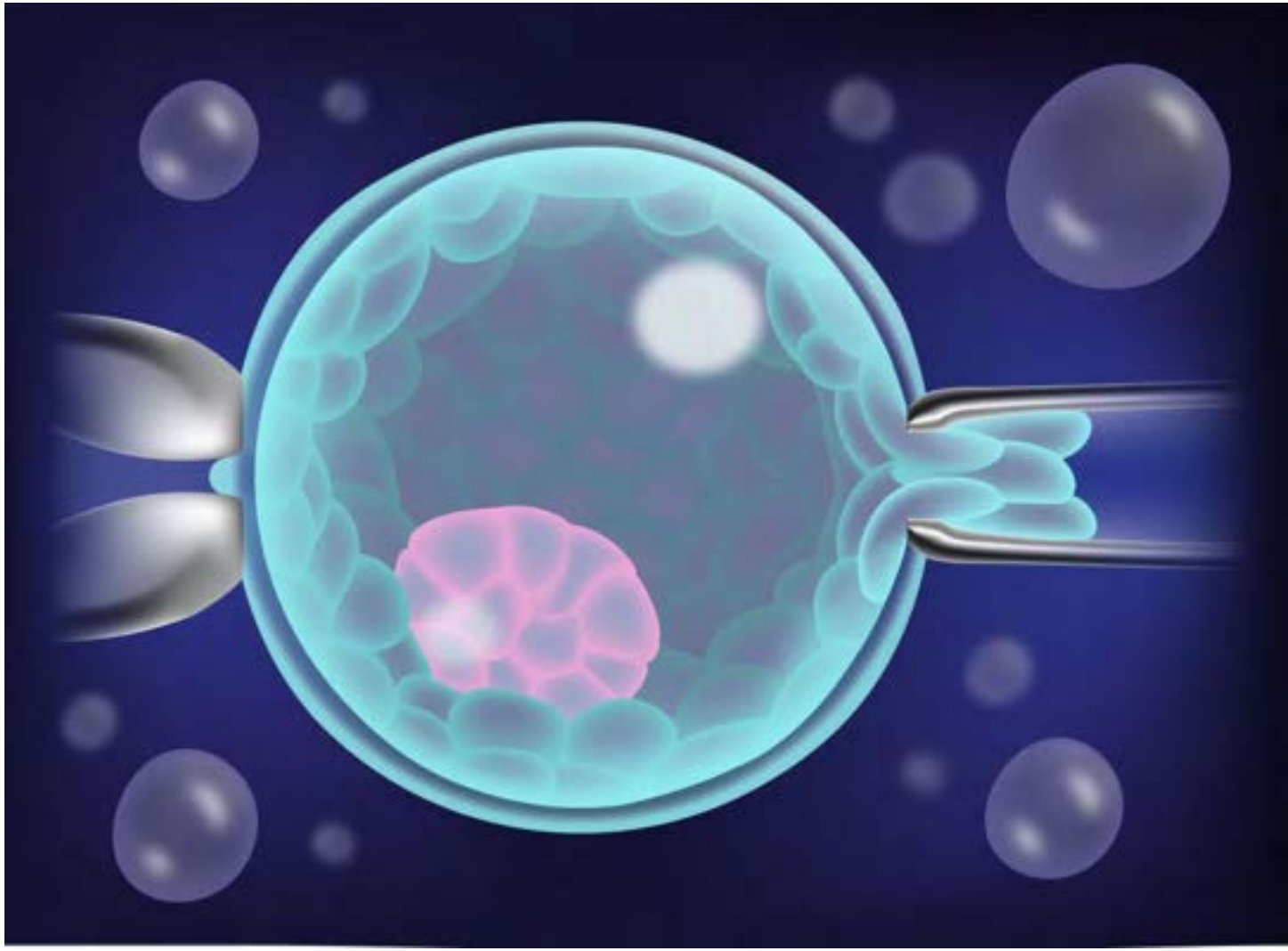
Cleavage stage (day 3)



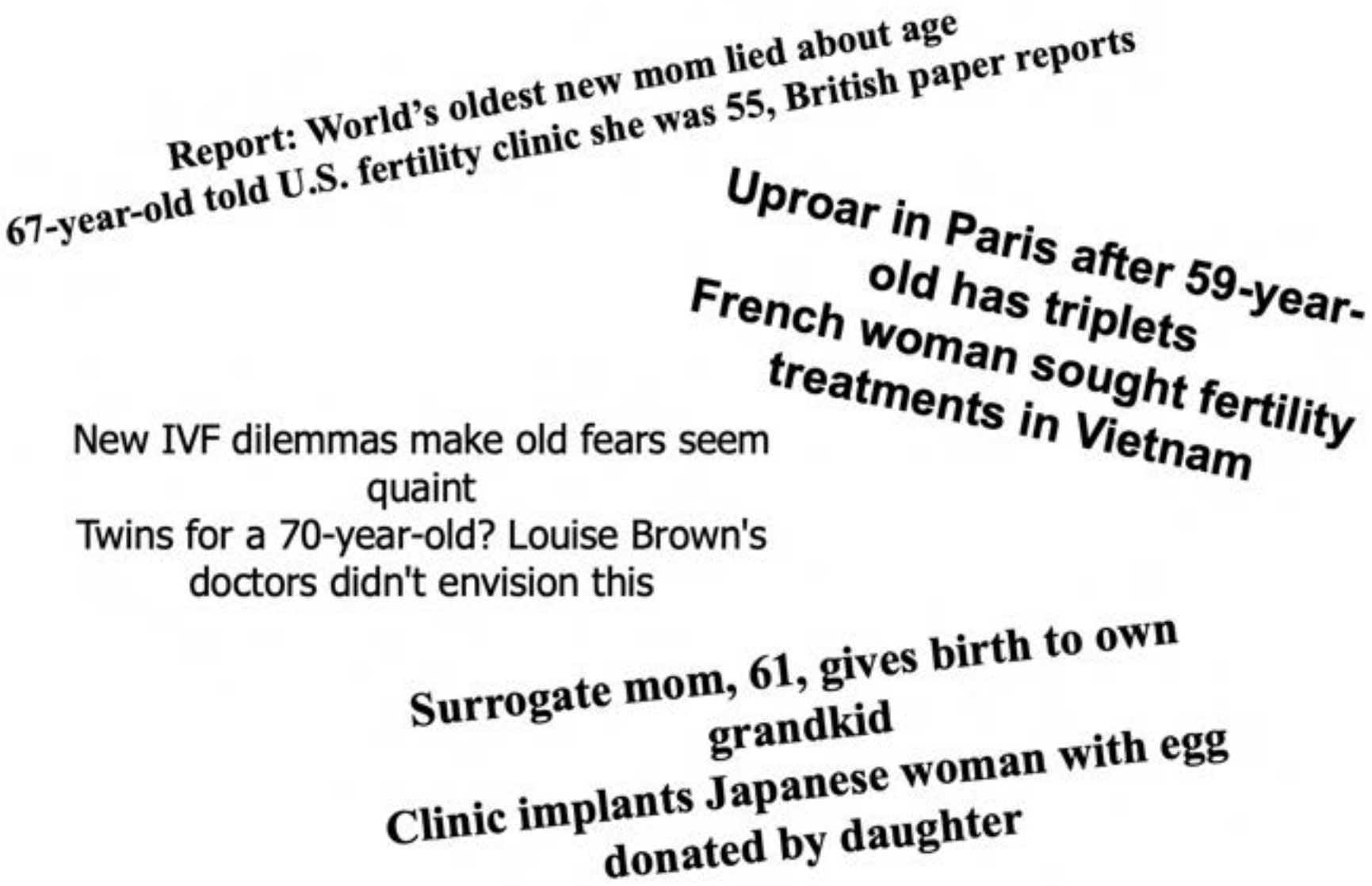
Blastocyst stage (day 5/6) – best day for ESC biopsy

Designer Children?

PGT-A = aneuploidy (chromosome #, inclu. XY)
PGT-M = monogenic dz
PGT-SR = structural rearrangement
PGT-P = polygenic risk



Third party Collaborative Reproduction

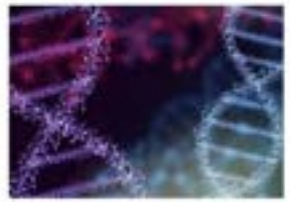


The **We Are Donor Conceived magazine** contains inspiring and educational content that validates the lived experience of people created via sperm and egg donation Click here to learn more.

HELP AND GUIDES

JUST FOUND OUT YOU'RE DONOR CONCEIVED?

DNA TESTING: 5 STEPS TO GET STARTED



Q&A: DNA DETECTIVES

THE CHILDREN OF SPERM DONORS WANT TO CHANGE THE RULES OF CONCEPTION

FOLLOW US ON INSTAGRAM

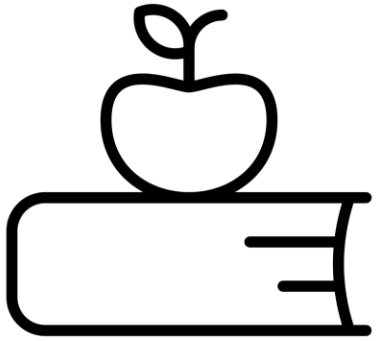
DONOR CONCEIVED SURVEY

The New York Times

Hospital at Center of Alabama Embryo Ruling Is Ending I.V.F. Services

The hospital cited a "lack of clarity" in recent state legislation meant to shield I.V.F. providers as a factor in its decision. A separate fertility clinic at the site said it would relocate.

- 4/3/24



Reproductive Bioethics Issues in Education and Training

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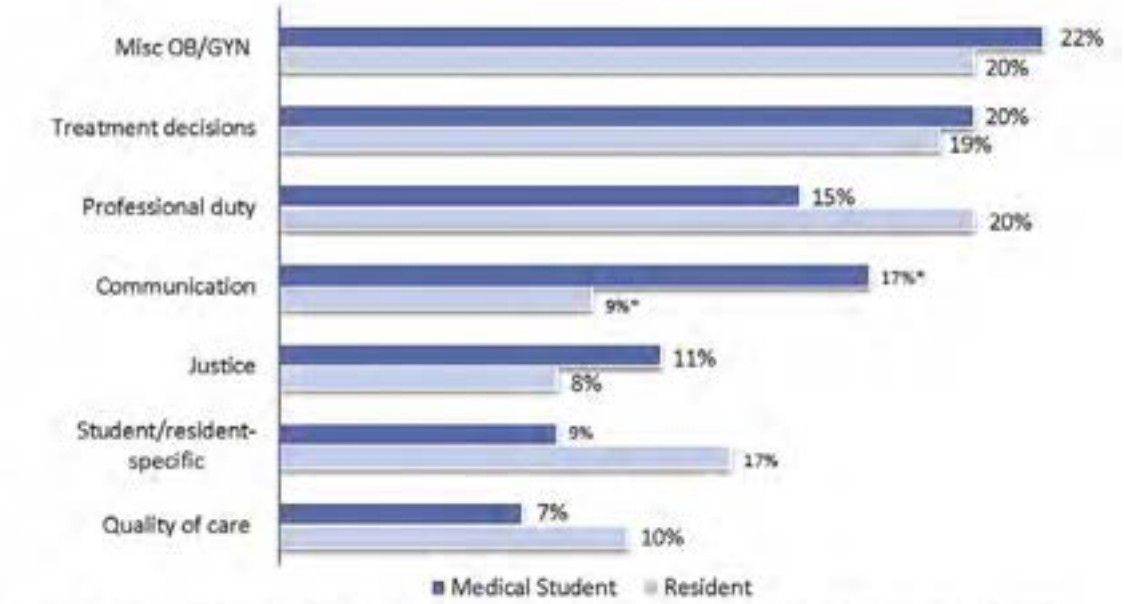
FIGURE 3

Comparison of the seven major ethics and professionalism domains by learner level



More than one major ethical/professional domain may have been identified in each COA

Mejia. Learner-identified Ob/Gyn ethical issues. Am J Obstet Gynecol 2015.

RESEARCH ajog.org

EDUCATION

Ethical issues identified by obstetrics and gynecology learners through a novel ethics curriculum

Rachel B. Mejia, DO; Laura A. Shinkunas, BA; Ginny L. Ryan, MD, MA

- OB/Gyn particularly fraught rotation for clinical students (vs. Int Med, Peds)
- Resident COAs shorter than student COAs
- Fewer principles invoked by residents
- Residents sig. more likely to disagree with handling of the situation
- Both learner groups most likely to discuss Obstetrics situations
- Students sig. more likely to discuss Gyn Onc situations

CONTENTS: PERSONAL PERSPECTIVES

Why I Will Boycott Complex Family Planning Board Certification

Jensen, Jeffrey T. MD, MPH

Author Information

Obstetrics & Gynecology 140(2):p 143-145, August 2022. | **DOI:** 10.1097/AOG.0000000000004836

In Brief

The American Board of Obstetrics & Gynecology's decision in Texas presents a conflict for clinicians considering subspecialty certification in Complex Family Planning.

Corresponding Article

Why I Will Not Boycott Complex Family Planning Board Certification

Gilbert, Allison L.

Obstetrics & Gynecology. 140(2):141-142, August 2022.

Board certification is voluntary

"Certification by The American Board of Obstetrics and Gynecology attests to the physician's professional colleagues and to the public that the Diplomate possesses special knowledge and professional capability. Each certificate granted or issued does not of itself confer or purport to confer upon any person any degree or legal qualifications, privileges or license to practice Obstetrics and Gynecology, nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not certified by ABOG. The privileges granted physicians in the practice of Obstetrics and Gynecology in any hospital are the prerogative of that hospital, not of ABOG. ABOG certifies as specialists those who **voluntarily appear** for the purpose of evaluation and certification."

UNIVERSITY of WASHINGTON

- Bulletin of the American Board of Obstetrics and

The American College of Obstetricians and Gynecologists

Women's Health Care Physicians

COMMITTEE OPINION

Number 500 • August 2011 *(Replaces No. 358, January 2007)*

(Reaffirmed 2017)

Committee on Ethics

This Committee Opinion was developed by the Committee on Ethics of the American College of Obstetricians and Gynecologists as a service to its members and other practicing clinicians. Although this document reflects the current viewpoint of the College, it is not intended to dictate an exclusive course of action in all cases. This Committee Opinion was approved by the Committee on Ethics and the Executive Board of the American College of Obstetricians and Gynecologists.

Professional Responsibilities in Obstetric–Gynecologic Medical Education and Training

ABSTRACT: The education of health care professionals is essential to maintaining standards of medical competence and access to care by patients. Inherent in the education of health care professionals is the problem of disparity in power and authority, including the power of teachers over learners and the power of practitioners over patients. Although there is a continuum of supervision levels and independence from student to resident to fellow, the ethical issues that arise during interactions among all teachers, learners, and their patients are similar. In this Committee Opinion, the Committee on Ethics of the American College of Obstetricians and Gynecologists discusses and offers recommendations regarding the professional conduct and ethical responsibilities of practitioners toward patients and participants in research in educational settings; of learners and teachers toward one another; and of institutions toward patients, learners, and teachers.

RCW 18.130.430 Pelvic exams. (1) A health care provider licensed under this title may not knowingly perform or authorize a student practicing under their authority to perform a pelvic examination on a patient who is anesthetized or unconscious unless:

(a) The patient or a person authorized to make health care decisions for the patient gave specific informed consent to the examination;

(b) The examination is necessary for diagnostic or treatment purposes; or

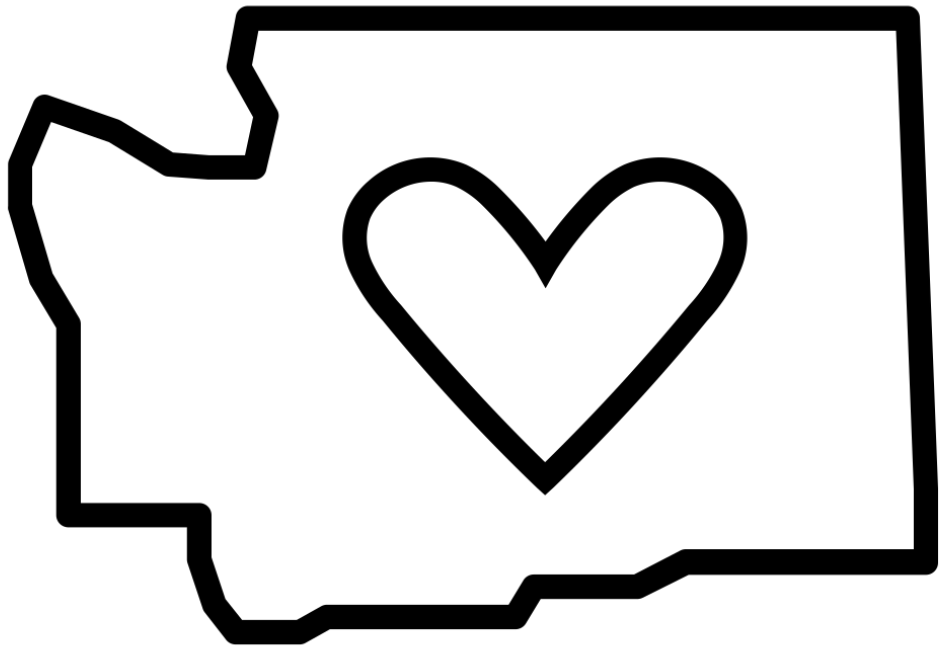
(c) Sexual assault is suspected, evidence may be collected if the patient is not capable of informed consent due to longer term medical condition, or if evidence will be lost.

(2) A licensed health care provider who violates subsection (1) of this section is subject to discipline pursuant to this chapter, the uniform disciplinary act. [2020 c 187 § 1.]

- Passed June 11, 2020

- Pelvic examinations on an anesthetized woman that offer her no personal benefit and are performed solely for teaching purposes should be performed only with her specific informed consent obtained before her surgery.

WA State - Local Challenges and Opportunities



RELATED: **'Such a violation': Patients of former UW doctor accused of fertility fraud grapple with uncertainty, tough choices**

Orwall said the new law is about "safety and justice." "It means long overdue justice for people who have been so deeply harmed by their health care provider. It's really shattered many lives, including the lives of people that I serve," she added.

Washington is the 10th U.S. state to pass legislation making fertility fraud a crime.

"It's very meaningful to become a state that really has acknowledged the harm this does and really is supporting survivors," Orwall said.

The bipartisan bill will take effect 90 days after Governor Jay Inslee signs it.

Washington

ACCESS FACT: 10% of Washington women live in counties with no abortion clinic.*

Strongly Protected Access

Political Information

EXECUTIVE

Governor Jay Inslee (D) supports reproductive freedom.

LEGISLATURE

The Washington Senate supports reproductive freedom.

The Washington House supports reproductive freedom.

Abortion Rights: Protections and Bans

PROTECTIONS

NO - The Washington state constitution does not provide additional protection for the right to abortion.

YES - Washington has an affirmative right to abortion enshrined in state law.

BANS

NO - Washington does not ban the standard method for providing second trimester abortion care.

NO - Washington does not unconstitutionally ban abortion throughout pregnancy in violation of *Roe v. Wade*.

NO - Washington does not ban abortion based on the reason a pregnant person may seek abortion care.

Reproductive Health: Access and Restrictions

EXPANDED SCOPE OF PRACTICE

YES - Washington expands the type of qualified healthcare professionals who can provide abortion services.

CLINIC SHUTDOWN LAWS

YES - Washington subjects abortion providers to restrictions not applied to other medical professionals.

BIASED COUNSELING AND MANDATORY DELAYS

NO - Washington does not subject pregnant people seeking abortion care to biased counseling requirements or mandatory waiting periods.

YOUNG PEOPLE AND ABORTION

NO - Washington does not restrict young people's access to abortion services by mandating parental notice or consent.

EMERGENCY CONTRACEPTION

YES - Washington law improves people's access to emergency contraception in the ER.

CLINIC PROTECTIONS

YES - Washington law protects people seeking reproductive healthcare and/or clinic personnel from blockades, harassment, and/or violence.

GUARANTEES AND REFUSALS OF MEDICAL CARE

Prescription Guarantees

YES - Washington guarantees that birth control prescriptions will be filled.

Healthcare Refusals

YES - Washington allows certain organizations or individuals to refuse to provide people specific reproductive-health services, information, or referrals.

COUNSELING AND REFERRAL BANS

NO - Washington does not prohibit some organizations or individuals that receive state funds from counseling and/or referring for abortion.

https://doh.wa.gov/you-and-your-family/sexual-and-reproductive-health/abortion#How

Related Issues and Opportunities

- abortion training is a limited resource – can one screen learners?
- Provision of care for patients from out of state
  - Medication abortion
  - Rural access and telemedicine / licensing issues

Republicans Block Senator Murray's Bill to Protect and Expand IVF Care for Veterans and Servicemembers

On Monday, VA announced limited expansion in covered IVF services, Murray's bill would expand IVF access to broader veteran and servicemember population and ensure a future administration cannot roll back IVF access

Senator Lankford blocked Murray's Veterans Families Health Services Act, legislation she has worked on for over a decade that would expand DoD and VA health care to include comprehensive family-building assistance for servicemembers and veterans—including IVF

- From resolve.org and murray.senate.gov

Breaking News!

Recently, the Access to Family Building Act of 2024, S. 3612/ H.R. 7056, was introduced in the Senate by Senator Tammy Duckworth (IL) and Senator Patty Murray (WA) and in the House by Representative Susan Wild (PA). This bill would establish a statutory right to access IVF and other ART services and ensure they remain legal and available everywhere in the US.

The Access to Family Building Act of 2024 would:

(1) Establish a statutory right for an individual to access, without prohibition or unreasonable interference, assisted reproductive technology services, such as IVF, and for a healthcare provider to provide ART services;

(2) Establish an individual's right regarding the use or disposition of their reproductive genetic materials, including gametes;

(3) Allow the Department of Justice to pursue civil action against any state, government official, individual or entity that violates protections in the legislation; and

(4) Create a private right of action for individuals and healthcare providers in state that have limited access to ART.

J Assist Reprod Genet. 2019 Jun; 36(6): 1117–1125.
Published online 2019 Apr 8. doi: 10.1007/s10815-019-01448-3
PMCID: PMC6603101
PMID: 30963351

Body mass index restrictions in fertility treatment: a national survey of OB/GYN subspecialists

Angela S. Kelley,[✉1] Sylvia E. Badon,[2] Michael S. M. Lanham,[1] Senait Fisseha,[1] and Molly B. Moravek[1]

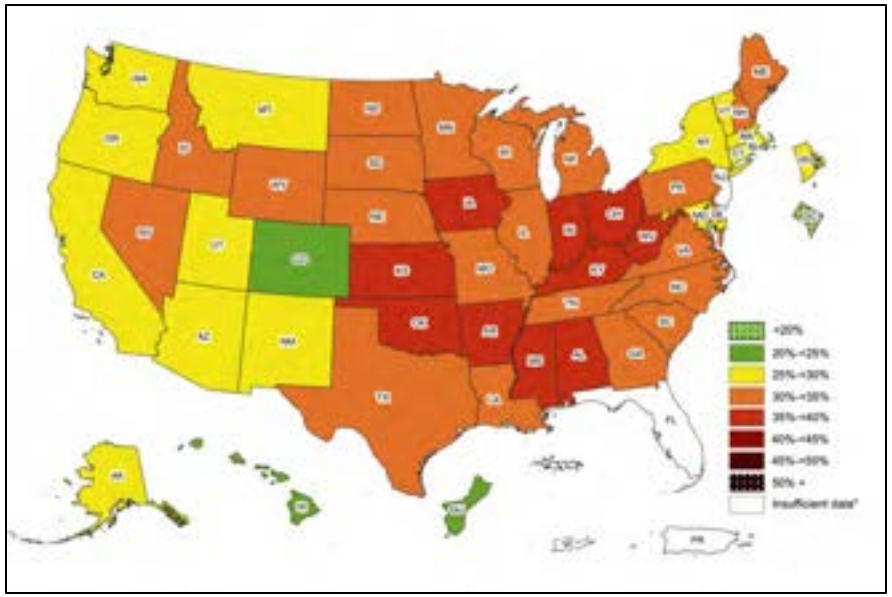
▸ Author information ▸ Article notes ▸ Copyright and License information PMC Disclaimer

Abstract

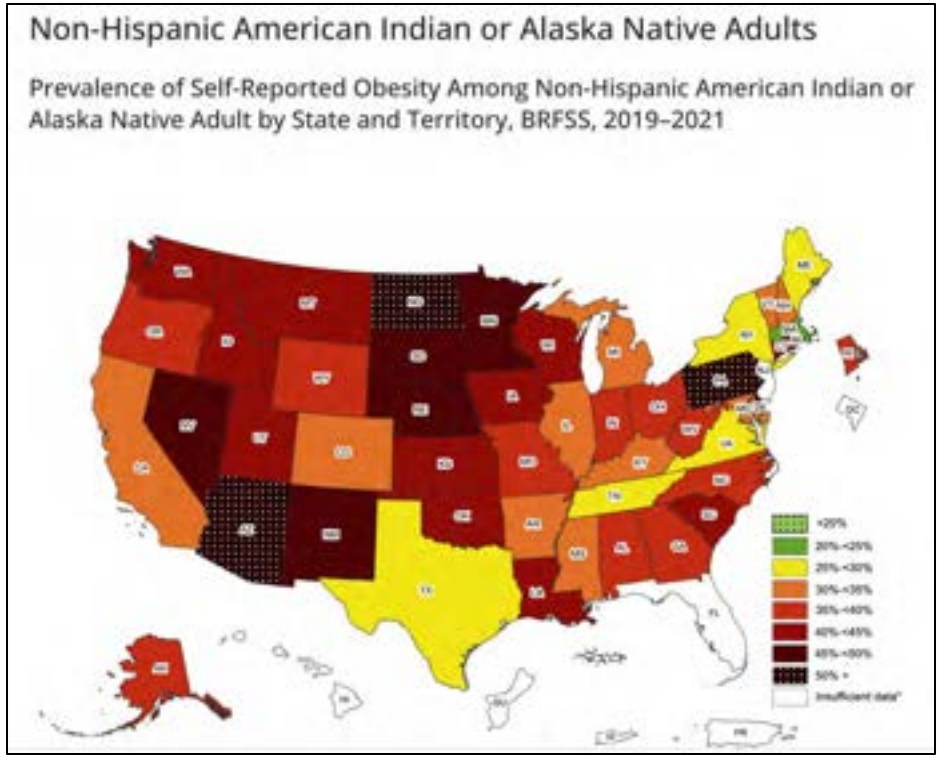
Go to: ▸

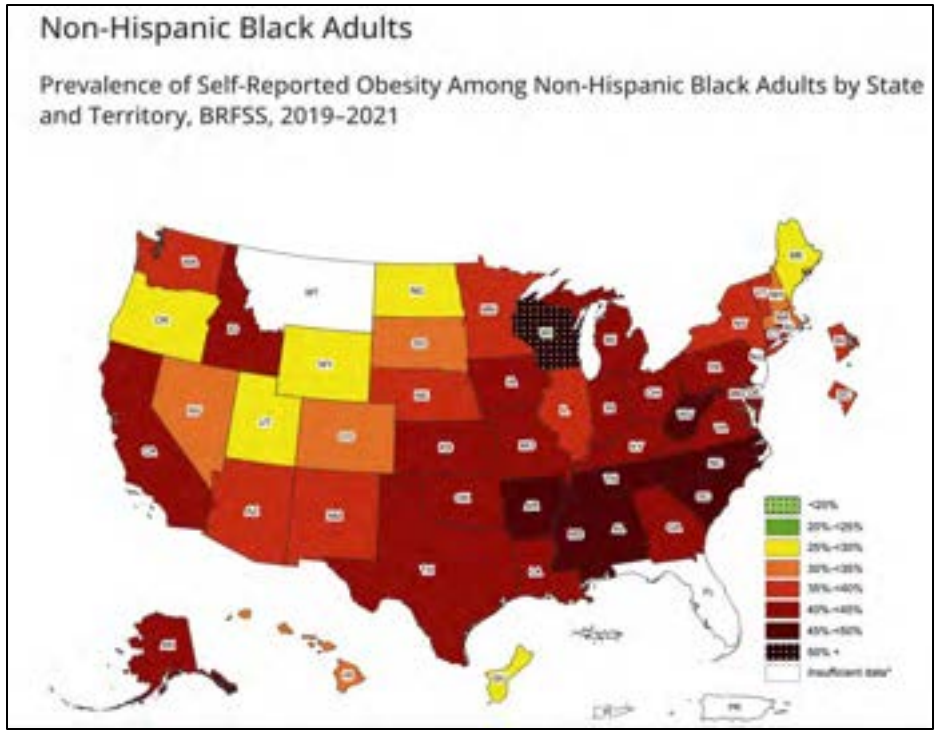
Purpose

To explore the attitudes of reproductive endocrinology and infertility (REI) and maternal–fetal medicine (MFM) subspecialists regarding the necessity and appropriateness of body mass index (BMI) cutoffs for women seeking fertility treatment.



Non-Hispanic white adults vs. BIPOC adults





The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 763

(Replaces Committee Opinion Number 600, June 2014)

Committee on Ethics

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Ethics in collaborat committee members Sigal Klipstein, MD, and Ginny L. Ryan, MD, MA.

Ethical Considerations for the Care of Patients Wit Obesity

ABSTRACT: Obesity is a medical condition that may be associated with bias among health care profe and this bias may result in disrespectful or inadequate care of patients with obesity. Obstetrician–gyne regularly care for patients with obesity and play an integral role in advocating for best practices in health optimizing health outcomes for patients with obesity. Obstetrician–gynecologists should be prepared t their patients with obesity in a nonjudgmental manner, being cognizant of the medical and societal implic obesity. This Committee Opinion has been updated from its previous version to focus on obesity bias v medical community and to provide practical guidance using people-first language instead of labels (ie, with obesity" versus "obese patients") to help obstetrician–gynecologists deliver effective, comp medical care that meets the needs of patients with obesity.

- It is unethical for obstetrician–gynecologists to refuse to accept a patient or decline to continue care that is within their scope of safe practice solely based on an arbitrary body mass index (BMI) cutoff or because the patient has obesity.
- Although obesity is not an indication for the transfer of routine obstetric or gynecologic care, consultation with or referral to physicians with expertise in obesity may be appropriate if the obstetrician–gynecologist cannot safely and effectively care for the patient because of a lack of specialized training, experience, or institutional resources.

Related Issues and Opportunities

- Establishing and disseminating protocols for safe IVF care
- Provision of care for patients from out of state
  - IVF care / storage of human tissues
  - High complexity IVF care

Thank you!
grb18@uw.edu

UNIVERSITY of WASHINGTON