

UC Irvine

Mediterranean Journal of Emergency Medicine & Acute Care

Title

Abortion is Health Care

Permalink

<https://escholarship.org/uc/item/5s38t07r>

Journal

Mediterranean Journal of Emergency Medicine & Acute Care, 7(2)

ISSN

2642-7168

Author

Calhoun, Liz

Publication Date

2026-01-08

DOI

10.52544/J5.66163

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

Abortion is Health Care

Liz Calhoun, MD FAAEM

Abortion is health care.

Why are we making a statement on a political issue? Because this is not one. Bodily autonomy is not a political issue; it is a basic human right that has been turned into a political issue.

Abortion care is an essential part of our scope of practice. Bodily autonomy is an issue that affects every physician, regardless of specialty. As physicians, we all took an oath the day we were conferred our degree. Though the wording may vary, the sentiment behind each is the same.

“I will respect the autonomy and dignity of my patient...I will not use my medical knowledge to violate human rights and civil liberties, even under threat.”¹

If we stand by and do nothing, if we do not raise our voices now, we are complicit in stripping away the autonomy and dignity of our patients. If we stand by and do not take the appropriate medical response, for fear of legal action, we have doubly betrayed our patients: first with protecting our own self-interest, and secondly with the risk to their health and lives.

If you believe that there will be exceptions made for the life and health of the mother, think again. There are politicians who believe there should be no exceptions.² The Tennessee trigger law, set to go into effect on August 25, 2022, does not require the burden of proof that an abortion was medically necessary to be on the prosecutor. The law allows for physicians to be charged with a felony and then provide an affirmative defense that the abortion was medically necessary.^{3,4}

“Every individual... must have unencumbered access to quality emergency care.”⁵

“A physician’s primary duty is to the patient. The integrity of this doctor-patient relationship requires that emergency physicians control their own practices free of outside interference.”⁶

“Can you tell these patients that they do not get to choose if they live or die—and you don’t either?””



If we stand by and be told we are not allowed to practice medicine as we see fit, we are denying our core values as a society. Each day, we provide care to women with complications from spontaneous abortions, induced abortions, and ectopic pregnancies. We give medication to end non-viable pregnancies and protect the body of the person carrying the embryo/fetus. We perform perimortem c-sections. We resuscitate hemorrhaging patients. We give antibiotics for septic abortions. We provide comfort to those who are given bad news about their pregnancy, regardless of whether it was desired.

Can you stand by and watch when each of these patients comes into your ED? Can you tell these patients that they do not get to choose if they live or die—and you don't either? Can you tell them that you value avoiding an arrest over their life? Can you look them in the eye and tell them that they do not have the rights to their own body?

If you think this doesn't involve us, think again.

ACKNOWLEDGMENT:

MedJEM acknowledges AAEM & its "Common Sense" newsletter for their support.

References

1. World Medical Association. "WMA Declaration of Geneva". WMA. Retrieved 28 June 2022.
2. <https://www.inquirer.com/politics/election/abortion-pennsylvaniacandidates-2022-midterm-governor-mastriano-fetterman-shapirooz-20220624.html>
3. <https://www.tennessean.com/storynews/2022/07/26/tennessee-abortiontrigger-law-ban-2022-expectedaugust/10061093002/>
4. <https://www.capitol.tn.gov/Bills/111/Bill/SB1257.pdf>
5. <https://www.aaem.org/about-us/our-values>
6. <https://www.aaem.org/about-us/our-values/vision-statement>