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[00:00:00] **Speaker 1** So I ran upstairs, found a blazer, brushed my hair, and was like. Like, I don't know who you are. Can you, like, tell me? Like, cause all my other ones, I'm like, phone, like, written. Yeah. Here we go.

[00:00:15] **Speaker 2** Okay. Right. Sorry. Amy.

[00:00:18] **Speaker 1** Amy.

[00:00:19] **Speaker 2** Amy can have you do one really weird favor for me and just give me one big flap over this. Perfect. All right. Persevere. Rolling. Whenever you're ready. Okay.

[00:00:28] **Speaker 3** Oh, yeah. And if you could put that on airplane. Mm hmm. There's, like, this weird thing afterwards. You can hear, like, the thing.

[00:00:38] **Speaker 1** Oh, yeah. Okay.

[00:00:40] **Speaker 3** Okay. Well, thank you very much for speaking with us today on this topic. I want to start by asking, what was your reaction and the reaction of some of your patients when this news came down?

[00:00:53] **Speaker 1** So this is something because of the draft week that we at Wisconsin ACOG have been preparing for. We've been having conversations within our state, among other physician groups, trying to anticipate this moment and prepare the best we can to take the best and safest care of our patients. Given the current political landscape or the current change in Wisconsin law reflected based on the judicial decision, American College of OBGYNs views abortion as health care, as a central health care for our patients. And so knowing that our colleagues who are caring for patients every day who are needing these services, it's devastating. And I think each of us individually as OB-GYNs, has matter, interacted with a patient who's needed an abortion. And I'm sure really everyone has, but maybe they don't know about it. Right. And so we have heard stories about patients who have just devastating fetal birth defects that aren't consistent with life, that have made the really hard decision to end their pregnancies, knowing what the outcome would be. We have had patients who, for whatever reason, pregnancy did not fit into their life plan, whether it was due to medical conditions they had or social factors, any number of different things. And those stories touch you as a provider. They impact you. And it is hard to not see compassion for the patient who is sitting next to you across the exam table. And so I think for that reason, many patients and providers were very upset by this decision, yet still wanting to again take the best and safest care for our patients possible given the circumstances.

[00:03:08] **Speaker 3** So now that the right to access an abortion has been overturned, where does that leave physicians in terms of patient care? Yeah.

[00:03:19] **Speaker 1** So I would say, number one, we're following very closely the legal landscape in the state of Wisconsin. And I'm sure you're aware of the lawsuit that was placed yesterday by Governor Evers and Attorney General Call. So I think all of us are watching to see how that may impact our ability to care for patients. What was the second part of that question?

[00:03:47] **Speaker 3** Just where does that leave patient care? I mean, there's there's kind of a weird limbo that everyone's in right now.

[00:03:56] **Speaker 1** Yep. So for patients wanting to access abortion services in the state of Wisconsin, we are then needing to sort of help patients understand where they could access those services, which at this point is outside of the state of Wisconsin. Until we get further clarification, again, likely through some of these lawsuits that have been placed, whether or not the 1849 law that would prohibit abortion in the state of Wisconsin, whether that is enforceable. So at the current moment, abortion services are not being provided in the state of Wisconsin. And patients then need to sort of work with their providers and understand the best way to get to access those services out of state. The the conditions in the law include one for an exemption for the life of the mother and or the life of the pregnant person, rather. And the challenge is that this law, which was written in 1849, before ultrasound, before any of the diagnostic tools that we have today, doesn't give us clarification of what that means. And so the challenge for us as providers is trying to interpret what the life of the mother means. How sick does a patient have to get before I can provide services? That I know are safe and effective. And so I think that is where we are at in terms of our state. Professional society of OB-GYNs is trying to figure out how to best provide the safest care for our patients so that we aren't waiting until a patient cannot be pulled back. You know, I think there may be this misconception that, oh, the life of the mother. Well, we can just decide at some point that she's sick enough and then provide treatment and all is well. Patients that are allowed to get sick enough are in the ICU. They may have to have their uterus removed for life saving care. So it isn't so easy in terms of medical decision making to provide a quick fix once a person has gotten that far, that far ill. And prior to this decision, if it got to that point, it was because a patient chose to be there. It was because the patient felt strong enough about that pregnancy and continuing that, they accepted the risk of severe illness or potential death. And now with this law, that won't be the case. And so we, again, as providers within the state, are working with our state partners to try to develop guidance within our own institutions and communicating with each other about how to make sure that we're not letting patients go so far, that we lose pregnant people mothers, wives, sisters, daughters in our state. Knowing that right now and with in the country, there is already a rising rate of maternal death and we're adding fuel to the fire here. And that's scary. As a patient myself, I've given birth twice as a doctor, as a friend, a mother, a colleague, a sister. That's scary.

[00:07:37] **Speaker 3** Does that make timing of the essence when there's the potential of, okay, this person, if they needed to terminate the pregnancy, would have to travel versus how quickly they could get care in a circumstance that continues to deteriorate. And then it's more serious.

[00:07:56] **Speaker 1** Yeah, honestly, I think that depends on a lot of factors. Number one, being where is that patient to start with? So if you have a patient who is in a rural hospital who doesn't have access immediately to to other physicians to sort of qualify for this maternal exemption, the reason being the law states that the person providing the abortion would have to get sort of approval or agreement with two other physicians in order to perform the procedure. So the time could be of the essence, right? In terms of does that provider feel comfortable proceeding again, knowing the potential outcome, or would that patient have to be transferred to a different hospital with more tertiary care services? You mentioned out of state. I think there's some questions about, again, what how sick is sick enough. Right. So if a person has severe heart disease in an early pregnancy and we know that that pregnancy would then later put her life or that pregnant person's life rather at risk. Can the abortion be performed at that time with consent of two physicians knowing that that continuing the pregnancy may risk that life? Or is that something that that person then would have to travel or wait until they get sicker? So these are some of the things that as doctors we're struggling with in terms of trying to, again, make the best decisions for providing safe care within the framework of this law, which is hamstringing us and our ability to provide necessary and evidence based treatment for our patients.

[00:09:49] **Speaker 3** If a situation right now without the law being cleared up presented itself that a pregnancy would need to be terminated. Is that something that physicians like yourself are going to do if if needed for the mother?

[00:10:06] **Speaker 1** Yeah, I think honestly, right now we're still sorting that out. So the answer is I hope yes. Right. Because if the life of the mother is at risk, I hope any OB-GYN would recognize that and quickly reach out to partners at other hospital. But also to get approval so that this can move forward so patients lives are saved. That said, I would imagine, given the criminal penalties for physicians, that any doctor in that situation would feel scared. You know, it's a felony conviction. I got kids at home, right? Like I'm doing your pap smears. I'm not a felon. And so that's scary. And I can imagine, especially in a place where this isn't quite as common, where maybe people aren't in big, big tertiary care centers, where this they're not as familiar with the law or moving forward, that this could be a harder decision or scarier, and that getting some of that legal you know, this is a legal framework that is a barrier to providing safe care. And so any time you're putting barriers, that adds time. And so if patients are getting sick quickly, yes, I would be concerned for for that patient's health or safety.

[00:11:29] **Speaker 3** Do you foresee more deaths among pregnant people and any disproportionate impacts?

[00:11:42] **Speaker 1** This is a tough question because for 50 years we have had access with more than 50 years, I don't remember the exact number, but we've had access to the safe care. Right. I do think there are like medical journals. The medical journals are looking at Texas in terms of what's happening in other states where this has been going on longer that are seeing some of these effects. Certainly we can I was literally just on the radio on the way here that the World Health Organization stated that countries that limit or restrict access to abortion don't necessarily change the numbers of abortions that are happening, but do present increases in maternal mortality. And absolutely, we already are seeing disparities in terms of health outcomes for patients of color. And particularly in Wisconsin, the ratio of maternal death, the risk of maternal death is much greater. And, you know, unfortunately, one of the worst in the country are states for black women compared to white women. So while we at the American College of OB-GYNs and Partner Institutions are dedicated to working to make that better, I am terrified that this is going to disproportionately affect those patients in the same way that other health inequities have presented.

[00:13:10] **Speaker 3** If a patient is considering traveling at this moment in time, is there fear that there could be legal ramifications for the patient?

[00:13:22] **Speaker 1** Currently, my understanding of Wisconsin law and I am not a lawyer is that there are no criminal penalties for patients at this time, and there is also no criminal penalty for physicians for helping advise patients on how to access care safely outside of the state of Wisconsin. So I would hope that if patients are needing services, they feel comfortable talking to their health care providers and communicating so that we can make sure, again, that if care is being accessed out of the state, that it's done in a way that's safe for the patient and provides access in a timely way. And then again, hopefully, we're not seeing some of the more devastating effects that could happen if patients are not using safe methods to induce an abortion.

[00:14:13] **Speaker 3** When the law is cleared up or attempted to be cleared up. Is are there laws that can capture what used to be a conversation between a patient and a physician? You've provided a lot of examples of different factors based on the patient, based on their situation, so many different things. Is this something that was can be equally applied to a large population?

[00:14:46] **Speaker 1** You know, I think in general, as doctors, as OB-GYNs, we are very resistant to government intrusion on doctor patient relationships. And so legislating medical care presents a danger and us being able to provide again the best and safest care for our patients. There are many other sort of areas where that's what we call legislative interference, right? Where there are laws being placed to limit patients and doctors abilities to talk to each other freely. And to discuss freely options which are known to be safe and effective. And since this is not limited to abortion care. Recently, the American Medical Association passed a resolution and their House of Delegates unanimously again that reaffirmed this position. And the American Medical Association is all physicians specialties, not just OBGYN, but reaffirmed this position that we are not interested in legislative interference in us providing safe and evidence based care for our patients. And they also reaffirmed that abortion, as there should be a human right to receiving abortion care, and that's the American Medical Association. So again, this sort of house of medicine in general, as represented by this large physician body, is in favor of allowing patients to make that decision with their doctors and without lawmakers interfering it not.

[00:16:22] **Speaker 3** All right. We leave it there for today. Thank you so.

[00:16:24] **Speaker 1** Much. Did that answer that last question? Yeah. Okay. Okay.

[00:16:27] **Speaker 3** Like we're I.

[00:16:27] **Speaker 1** Don't know what they're getting out, but. Okay.

[00:16:30] **Speaker 3** No, that's great. And I just want to make sure a couple of things. So is it Douma? Yes. Or Douma, air cleanse?

[00:16:38] **Speaker 1** You could do either one, but I refer to myself professionally as Douma Air. Okay. Dr. Amy Douma. Okay.

[00:16:47] **Speaker 3** And with a colleague.

[00:16:51] **Speaker 1** Mm.

[00:16:53] **Speaker 3** What is your. I've seen a few different title links and I'm sure there are multiple, but what would you recommend.

[00:17:00] **Speaker 1** I'm the legislative chair and vice chair for the state or the Wisconsin state section of ACOG, which is the American College of Obstetrics and.

[00:17:11] **Speaker 3** Gynecology of the Wisconsin section. Yep.

[00:17:17] **Speaker 1** So for our state and the vice chair and legislative chair, it's like the same rule. But that's why I'm most involved in the advocacy work as well. Yeah. Yeah.

[00:17:29] **Speaker 3** So really quick, can we redo the ending just in case? And so I'll just say thank you for this conversation. You say like thanks for having me or something, just in case we need it.

[00:17:43] **Speaker 1** Okay. Sounds great.

[00:17:45] **Speaker 3** All right. We're going to leave it there for today. Dr. DOMEIER, thank you so much for joining us.

[00:17:49] **Speaker 1** Thank you so much for having me. Perfect. Like me. I know.

[00:17:54] **Speaker 3** I know. I know. Oh. I told people that, like, sometimes during interviews, I just feel like. I like it's like a time machine, you know? You just kind of, like, black out, and you come out on the other side. You're like, it's done.

[00:18:07] **Speaker 1** Oh, yeah. Oh, my God.

[00:18:10] **Speaker 3** But you're amazing. And, um, if it's a.