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Opinion

Column: Ending pregnancy is sometimes critical for health concerns

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The Ohio legislature and Gov. Mike DeWine have acted to deny women in the state the ability to make their own decisions about their health and families. Last week, DeWine signed a bill that, if allowed to go into effect, would outlaw abortion care at or after six weeks, before most women even know they are pregnant. That our state's politicians would criminalize patient care should alarm all Ohioans and sets a concerning precedent for the practice of medicine.

I am an OB-GYN in Ohio who specializes in high-risk obstetrics, and although I do not generally perform abortion procedures myself, I rely regularly on the courageous physicians who do. I care for women facing a range of severe pregnancy complications and most women I see are already past six weeks' gestation, typically in the second or third trimester.

Inevitably it takes time for a woman to recognize that she is pregnant, see her regular OB-GYN, have her complication identified and then make it to a high-risk specialist such as myself. The law would outlaw pregnancy discontinuation for most of the patients I see.

My patients may have received a diagnosis of fetal anomalies that are incompatible with life, or a condition that endangers their own health. These can be unthinkable emotional cases for women and their families. It's hard to imagine what you would do in a similar situation until you are there. These are also often random occurrences that could happen to anyone. No matter the circumstance, I help them understand and make informed decisions about how to proceed, including in some cases ending the pregnancy.

Every pregnancy is different and likewise no two people come to the same decision in complex circumstances. Compassionate, patient-centered care in high risk obstetrics focuses on the needs of each individual and pregnancy.

Policymakers who seek to impose one-size-fits-all laws to regulate abortion care, as Senate Bill 23 does, run counter to this fundamental understanding. No policy could anticipate every circumstance that might arise in pregnancy. Nor can lawmakers presume how patients, with their health care providers, evaluate their options. The government has no place in such a personal, private decision.

The fact is abortion is safe, according to a report from the nonpartisan National Academies of Sciences, Engineering and Medicine. The report finds that it is widespread government overregulation that has undermined the quality of abortion care. I see this in my practice. Ohio's current laws already impose unnecessary barriers to abortion, including forced waiting periods without medical benefit.

It is heart-wrenching to inform a patient her pregnancy is not viable. It is even more difficult to be unable to provide her with the full spectrum of choices for care because of existing abortion restrictions in Ohio. In 2016 the Ohio legislature passed an arbitrary gestational-age ban for when women can receive abortion care. Since this law went into effect, I have had to counsel women past that gestational age that they must continue to term a pregnancy that will never be viable or travel to another state. Many do not.

Last year, our legislature also banned the safest and most common method of abortion after 12 weeks. A court temporarily blocked this law from going into effect — and I am hopeful this law meets the same fate — but it hangs over the heads of practitioners in Ohio. No medical professional should have to think about criminal penalties when counseling a patient.

This environment may deter physicians from practicing in Ohio. I practice in Ohio despite these restrictions and because our access to medical care should not depend on our geography. Being in a battleground state like Ohio affords me the opportunity to fight for my patients. It would be easy to retreat to one of the coasts, but this is the part of the country where I grew up and trained and will continue to practice.

If this new law goes into effect, it will deny women of Ohio their right to make their own decisions about their health and their family.

Dr. David Hackney is an OB-GYN and maternal fetal medicine specialist in Ohio. He is secretary/treasurer of the Ohio chapter of the American College of Obstetricians and Gynecologists.

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Dr. David Hackney is an Ob/Gyn and Maternal Fetal Medicine specialist in Ohio. He received his medical degree and fellowship from University of Pittsburgh and trained as a resident at Ohio State University. He is a member of the American College of Obstetricians and Gynecologists for whom he serves as secretary / treasurer for Ohio.