EDITORIAL

The immediate post-Roe landscape

Sam Rowlands

Department of Medical Science & Public Health, Bournemouth Gateway Building, St Pauls Lane, Bournemouth University, Bournemouth, BH8 8GP, UK
srowlands@bournemouth.ac.uk ORCiD: 0000-0001-5940-9079

Mira Harrison-Woolrych

International Society of Pharmacovigilance, 140 Emmanuel Road, London SW120HS, UK
miraharrison-woolrych@outlook.com

Correspondence to Professor Sam Rowlands

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Overturning *Roe v. Wade* has been a major goal for the anti-abortion movement for many years. Yet the Supreme Court of the United States (SCOTUS) decision – leaked on 2 May, with the definitive decision in *Dobbs v. Jackson Women's Health Organization* handed down by Justice Alito on 24 June – has shocked those campaigning for reproductive rights in the USA and around the world. Editorials in international scientific journals immediately pointed out that the SCOTUS decision runs counter to a large body of medical evidence, public health advice and fundamental human rights.[1]

A state of chaos is just beginning.[2] At the time of writing, twenty-two US states have laws which mean a total or near-total ban on abortion is immediate or due within 30 days of the decision.[3] A further four states are likely to introduce a ban as soon as they are able. At least 16 states plan to continue to protect abortion rights.[4] Eleven state governors have signed Executive Orders protecting patients and providers in the new landscape. Inter-state travel for abortion is already happening, but for many people this is unaffordable or unfeasible. Those from marginalised communities, poorer socioeconomic groups and people of colour will be disproportionately affected by this gross interference with reproductive rights.

It is estimated that around 36 million US residents will now be denied access to abortion in their own state, if they need it.[4] Within hours of the SCOTUS leak on 2 May, internet searches for abortion medicines rocketed, more frequently in states with greater abortion restrictions.[5] A list of helplines to assist those seeking abortion has recently been published.[6] There has also been increased demand for emergency contraception, with some retailers now imposing rationing.[7] More than half of purchasers have been buying more than one pack, indicating their intent to plan for the future and retain some control over their fertility.

It has been estimated that 202/790 (26%) of US abortion facilities will be forced to close down.[8] Conventional access to abortion through health professionals will now be impossible in many states, although a harm-reduction clinical management approach can be adopted.[6] The entirely predictable direct effect of the situation imposed on US residents is that the rate of unsafe abortion will rise, leading to increased morbidity from abortion-related complications. There will also be higher numbers of pregnancy-related complications and maternal mortality will rise. It is estimated that a total abortion ban increases mortality by 21%, even discounting any increase from unsafe abortion.[9] Other avoidable consequences include serious psychosocial sequelae[10]. The impact of all these adverse outcomes, which directly affect not only women's lives but those of their families and communities, should not be underestimated.

Treatment of miscarriage and ectopic pregnancy will inevitably be delayed by these restrictions and associated legal controversies,[11] which will inhibit health professionals from employing best practice according to clinical guidelines, thus threatening patients' health and lives. Professional ethical obligations will be pitted against a tangible risk of criminal prosecution. Tragic loss of women's lives and near misses continue to happen in countries with highly restrictive abortion laws: now, around half the jurisdictions in the USA (the so-called 'land of the free') are set to follow suit.

The chilling ramifications of the SCOTUS judgment fall primarily on those who request abortion, but extend to other groups of patients too. The supply of misoprostol (widely used in gynaecology for non-pregnant patients), and other drugs with abortifacient properties, has already been affected. A key example is methotrexate, an antimetabolite drug[12] used as part of the medical abortion regimen in North America before mifepristone was approved. Patients with auto-immune conditions of skin, joints, gastro-intestinal tract and some cancers who live in restrictive states have reported having their repeat prescriptions (refills) for methotrexate denied. So too have those prescribed low-dose naltrexone for long-term conditions including chronic pain and post-COVID clotting tendencies. This is already playing out on social media – those affected are loudly voicing their predicament.

There are indications that anti-abortion groups, encouraged by their 'success', could redouble their efforts to blur the distinction between contraception and abortion. For years, these groups have been trying to interfere with access to intrauterine contraception, whether routine or emergency insertions.[13] Since the SCOTUS decision there have been threats to the supply of emergency contraception in certain states, on scientifically false grounds of an abortifacient action. English law, settled for two decades, refutes any suggestion that emergency hormonal contraception can be abortifacient.[14] In his concurring opinion, Justice Thomas referred to the 1965 SCOTUS decision of *Griswold v. Connecticut*, which gives married persons the right to buy and use contraceptives. He gave an ominous warning of more to come with respect to contraception: "…in future cases, we should reconsider all of this Court's substantive due process precedents, including Griswold …".[15]

On 8 July, President Biden signed an Executive Order which attempts to protect access to reproductive health services including abortion, give additional protection for sensitive health data and protect the safety of patients, providers and clinics[16]. However, provider states are going to need cash injections to be able to withstand the influx from non-providing states. Other options that merit exploration are providing abortion on Federal land, vouchers for travel, facilitating cross-border telemedicine and giving doctors immunity from criminal prosecution. The reproductiverights.gov website should be improved and expanded. If politically feasible, passage of a law protecting the right to abortion nationwide would provide a lasting solution.

The SCOTUS decision on *Roe v. Wade* is not only an American issue. Current events in the USA potentially threaten women's reproductive health around the world. Countries which have recently liberalised their abortion laws may be feeling fragile now; indeed, there is reason for all nations to be on their guard. Those who have fought for and continue to defend reproductive rights must be persistently vigilant against the relentless ideological onslaught by anti-abortion lobbyists. It remains crucial for health professionals worldwide to challenge those who oppose the use of essential medicines for abortion as a safe and effective medical procedure.

Twitter
@rowlands999; @MiraHarrison4

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