

1 **Impact of Dobbs Decision on Retention of Indiana Medical Students for Residency**

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26

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30

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33

34 **Word Count:** Abstract: 252

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36

37

38 **Tweetable Statement:**

39 The majority of students – regardless of specialty – are less likely to seek residency training in  
40 states with abortion bans.

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42

43 **Short Title:** Retention following Dobbs v. Jackson

44

45 **AJOG at a glance:**

46 **A. *Why was this study conducted?***

- 47 • This study was conducted to assess what affect the Dobbs v. Jackson and following  
48 proposed abortion bans have on medical student’s likelihood to seek residency training in  
49 Indiana or other states with abortion bans as well as likelihood to pursue obstetrics and  
50 gynecology as a specialty.

51 **B. *Key Findings***

- 52 • Medical students reported decreased likelihood to stay in following a proposed abortion  
53 ban Indiana or other states with abortion restrictions.
- 54 • Medical students reported decreased likelihood of pursuing the field of obstetrics and  
55 gynecology following Dobbs v. Jackson.

56 **C. *What does this add to what is known?***

- 57 • The Dobbs v. Jackson decision and following abortion bans will potentially be a factor in  
58 many medical students’ decisions in residency selection.

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60

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## Abstract

62  
63 **Objective:** To determine medical students' desires to stay in a state with an abortion ban for  
64 residency or train in a state without abortion restrictions.

65 **Study Design:** A cross-sectional survey was distributed to all medical students at a large  
66 allopathic medical school. Anonymous survey questions included likelihood of seeking  
67 residency training in states with abortion restrictions as well as likelihood of considering  
68 obstetrics and gynecology as a specialty. Qualitative responses were also captured.

69 **Results:** The survey was distributed to 1424 students with 473 responses for a 33.2% completion  
70 rate. Sixty-six (66.8%) percent of students were less likely to pursue residency training in  
71 Indiana following a proposed abortion ban. Moreover, 70.0% of students were less likely to  
72 pursue residency in a state with abortion restrictions. Approximately half of respondents (52.2%)  
73 were less likely to pursue OBGYN as a specialty after proposed abortion restrictions. Qualitative  
74 remarks encompassed six themes: comprehensive healthcare access, frustration with political  
75 climate, impact on healthcare providers, relocation, advocacy, and personal beliefs and ethical  
76 considerations.

77 **Conclusion:** The majority of medical students expressed decreased likelihood to remain in  
78 Indiana or states with abortion restrictions for residency training. The field of obstetrics and  
79 gynecology has been uniquely affected with medical students indicating less likelihood to pursue  
80 obstetrics and gynecology. Regardless of specialty, the physician shortage may be exacerbated in  
81 states with abortion restrictions.

82 **Implications:** The overturn of Roe v. Wade has the potential for significant impacts on medical  
83 student plans for residency training location, thereby shaping the future of the physician  
84 workforce.

85 **Key Words:** Abortion; Advocacy; Medical Education; Residency training; Roe v. Wade; Policy

86

87 **Introduction:**

88 The landmark Roe v. Wade case federally legalized abortion in 1973, however this has not been  
89 without opposition.<sup>1</sup> Since the decision of Roe v. Wade, 1,381 abortion restrictions were enacted  
90 between the years 1973 and 2022, 46% of which occurred in the last decade alone, severely  
91 limiting access to abortion in some states.<sup>2</sup> The 2022 Dobbs v. Jackson Women's Health  
92 Organization case overturned Roe v. Wade's federal protections giving states the right to  
93 implement harsher regulations including full bans on abortion.<sup>3</sup> Nine states enacted "trigger"  
94 laws immediately banning abortion at the overturn of Roe v. Wade. One year post overturn, four  
95 additional states have followed suite successfully banning abortion. In various states without  
96 enacted abortion bans, legislative battles continue to rage over legality of bans, gestational term  
97 limits, and medication abortion access.<sup>4</sup> Despite the political contentions surrounding abortion,  
98 the medical community has universally affirmed the importance of comprehensive reproductive  
99 healthcare.<sup>5-10</sup>

100

101 As medical students consider residency training programs, access to comprehensive training in  
102 abortion care and the legal climate influencing abortion care provision are likely to impact their  
103 decision process. Fear of litigation has been shown to have a significant impact on how  
104 OBGYNs practice medicine.<sup>11</sup> Recent abortion bans will likely contribute to even greater fear  
105 within the OBGYNs work force. Furthermore, abortion training has been shown to increase  
106 resident confidence in early pregnancy loss management options and treatment of  
107 complications<sup>12</sup> and therefore availability of abortion training may be a significant factor in  
108 residency location selection.

109

110 While training in abortion care most directly impacts Obstetrics and Gynecology and Family  
111 Medicine residents, the aftermath of this legislation has far-reaching consequences for other  
112 medical specialties. Psychiatry trainees must grapple with the psychological and intrapersonal  
113 violence associated with the denial of abortion in states with bans.<sup>13</sup> Emergency Medicine  
114 physicians predict additional legal challenges caring for patients with ectopic pregnancies or self-  
115 induced abortion needing medical stabilization.<sup>14</sup> Adolescents experience unique barriers to  
116 abortion access, making the role of pediatricians who are front line for early contraceptive  
117 counseling even more important in a post Roe era.<sup>15</sup> For these reasons, it is reasonable to  
118 conclude that abortion restrictions may impact physician workforce patterns across the spectrum  
119 of medicine.

120

121 This study, conducted at a large allopathic medical school following a state proposed abortion  
122 ban, sought to understand if medical students would be more or less likely to remain in in a state  
123 with an abortion ban for residency training following the Dobbs v. Jackson Women’s Health  
124 decision. We hypothesized students would be less likely to seek residency training in a state with  
125 increasing abortion restrictions.

126

### 127 **Materials and Methods:**

128 A cross-sectional, anonymous survey was provided to all medical students at a large allopathic  
129 medical school in the United States in November of 2022 following the proposal of Indiana  
130 Senate Bill 1. This proposed bill sought to remove licensure of abortion clinics and prohibit any  
131 abortion with the exceptions of “(1) the abortion is necessary to prevent any serious health risk of  
132 the pregnant woman or to save the pregnant woman's life; (2) the fetus is diagnosed with a lethal

133 fetal anomaly; or (3) the pregnancy is a result of rape or incest.”<sup>16</sup> Survey questions included a  
134 student’s likelihood to seek residency training in their current state (Indiana) following a  
135 proposed abortion ban as well as their likelihood to apply for residency training in other states  
136 with abortion restrictions. Students were also asked if proposed abortion bans impacted their  
137 decision to pursue OBGYN as a specialty, and a free text option was provided to allow students  
138 to share concerns anonymously. The research project was determined to be exempt by the  
139 Indiana University School of Medicine IRB (16636).

140

#### 141 ***Statistical methods***

142 The survey for this paper was generated using Qualtrics software, Version October 2022 of  
143 Qualtrics, copyright © 2022 Qualtrics. Qualtrics and all other Qualtrics product or service names  
144 are registered trademarks or trademarks of Qualtrics, Provo, UT, USA  
145 (<https://www.qualtrics.com>). Descriptive statistics and ANOVA with post-hoc Tukey test when  
146 appropriate were analyzed with SPSS version 28.0.

147

148 Qualitative text was reviewed by the authors and ChatGPT (OpenAI, 2023) utilized to group  
149 comments into themes. Responses were reviewed to select 3 representative quotes for each  
150 theme. All output was reviewed for quality and integrity of comments.

151

#### 152 **Results:**

153 The survey was distributed to 1424 students and 473 surveys were completed for review (33.2%  
154 completion rate). Respondents were represented across all years of medical school (Figure 1).  
155 The majority of respondents (66.8%) answered that they were less likely to pursue residency



156 training in Indiana after a proposed abortion ban, while 11.2% were more likely to remain in  
157 Indiana (Figure 2). The majority of respondents (70.0%) were also less likely to pursue residency  
158 training in a state with an abortion ban compared to 13.3% that were more likely to seek  
159 residency training in a state with an abortion ban (Figure 3). Over half of respondents (52.2%)  
160 were less likely to pursue OBGYN as a specialty after a proposed abortion ban (Figure 4).

161  
162 A student's desire to seek residency training in Indiana did not differ by medical school year  
163 ( $F(3,472) = 1.68, p 0.17$ ). Similarly, there was no statistically significant difference between year  
164 in medical school and a student's desire to seek training in other states with abortion bans ( $F$   
165 ( $3,472) = 2.35, p 0.07$ ). There was a difference in likelihood of pursuing OBGYN as a specialty  
166 by year with second year students (mean, 2.63) having the highest likelihood  $F(3,472) = 6.8 (p <$   
167  $0.001)$  however all medical school years had a mean negative response of being less likely to  
168 pursue OBGYN to this survey question.

169  
170 Of study participants, 116 (24.5%) included a qualitative comment. In analyzing qualitative  
171 comments, six overall themes emerged. The majority of students expressed concern about  
172 abortion restrictions and its impact on their education and residency training, though a small  
173 number of students voiced support for the Dobbs decision. Some students expressed both distress  
174 toward increasing restrictions on reproductive care and strengthened commitment to practicing in  
175 abortion hostile states. For each theme, representative comments were selected.

176 Theme 1. Impact on Quality and Access to Comprehensive Healthcare:

- 177 • *Residents in Indiana will be at a disadvantage due to the abortion ban. This is not*  
178 *only because they will receive inadequate training regarding complex family*

179 *planning, but also because they will have to withhold necessary interventions for*  
180 *women as a direct result of this law. This abortion ban will limit physicians from*  
181 *providing excellent care for all women.*

- 182 • *As a female of reproductive age, this makes me feel unsafe if an abortion were needed*  
183 *for my health or the health of my baby.*
- 184 • *Although I would consider myself pro-life, it is clear that the real-life result of this*  
185 *law is more regulation on medical decisions involving pregnant women, ultimately*  
186 *leading to inferior care in cases where the lives of the mother and fetus are in the*  
187 *balance.*

188 Theme 2. Frustration with Political Climate:

- 189 • *While I am not an OBGYN applicant I do find the (SBI) proposal very disheartening.*  
190 *Unfortunately, the current political state makes me confident that if I had been*  
191 *planning on applying in OBGYN, SBI would give me pause as I am not sure I could*  
192 *appropriately and adequately provide care to ALL of my patients. This unprecedented*  
193 *decision and the support that the state legislature is weighing will not only impact*  
194 *Hoosiers for the next generation, but it will also affect the long term growth of the*  
195 *state.*
- 196 • *The government should not be dictating healthcare for patients and physicians.*
- 197 • *Lawmaker's refusal to acknowledge the expertise of clinicians and the abundance of*  
198 *clinical guidelines for appropriate care [sic]. It makes me not want to practice*  
199 *medicine here in this state, whereas before I was likely to stay in Indiana.*

200 Theme 3. Potential Legal Ramifications for Healthcare Providers:

- 201 • *I am hesitant to train in any state that would punish me for practicing standard of*  
202 *care medicine.*
- 203 • *Knowing that I could incur criminal charges by saving a woman's life if someone*  
204 *views the method as "not absolutely necessary" is terrifying and in order to protect*  
205 *myself, it's easier to leave Indiana if given a better offer.*
- 206 • *I'm strongly considering OBGYN as a career path. Training in a state where an*  
207 *abortion may be medically necessary for the health of the pregnant person but may*  
208 *cause me to face jail time or suspension of my license makes me unlikely to apply for*  
209 *residency in Indiana.*

210 Theme 4. Relocation and Seeking Alternatives:

- 211 • *(If) Indiana's abortion ban takes effect, I will almost certainly choose to leave the*  
212 *state and practice elsewhere.*
- 213 • *The simple fact that my education will be incomplete at my institution, and part of it*  
214 *will have to be outsourced therefore incurring the hassles and instability of travel and*  
215 *being a guinea pig class is enough reason to seek other options.*
- 216 • *I currently don't plan to go into OBGYN, but knowing I will have to interact with a*  
217 *system that chooses not to respect women's bodies is making me strongly consider*  
218 *seeking to practice outside the state after residency for the first time in my medical*  
219 *career.*

220 Theme 5. Advocacy and Fighting for Change

- 221 • *Indiana is home, and despite this law I do want to stay and practice here because our*  
222 *population is at risk of the harmful effects of this restrictive bill. I am not happy about*

223 *it, but I do still want to practice here if for nothing else than to fight against this*  
224 *oppressive ban.*

225 • *As someone interested in and involved in advocacy, I think being in an abortion-*  
226 *restricted state allows the unique chance to actually fight for human rights and enact*  
227 *change in a way not possible to abortion non-restricted states; their rights are*  
228 *already protected.*

229 • *Access to safe abortion is a human right. It doesn't influence my decision for where I*  
230 *live because patients need providers who can give them quality evidence-based*  
231 *healthcare, especially in states who took the right to abortion away. Although I'm not*  
232 *going into OBGYN, the abortion ban makes me motivated to become involved in*  
233 *state-level politics so we can change this in the future.*

234 **Theme 6. Personal Beliefs and Ethical Considerations:**

235 • *I'm glad Indiana is willing to defend the rights of the unborn. It is great to live in a*  
236 *state that values the sanctity of life.*

237 • *I am thankful that our state has chosen to protect life and I will be seeking residency*  
238 *programs friendly to pro-life individuals should I chose OB/GYN. I believe we should*  
239 *look at ways that we as a society can support women faced with an unplanned*  
240 *pregnancy rather than encouraging the violence of abortion.*

241 • *I am proud of this decision made in Indiana. As physicians I believe we have a duty to*  
242 *preserve both the mother and baby's health once a child is conceived.*

243

244 **Comments:**

245 ***Principal findings***

246 Medical students weigh many factors when choosing a residency. While threats to abortion care  
247 varying by state is not a new phenomenon, the overturning of *Roe v Wade* has provided states  
248 with more power to enact restrictions leading to students considering abortion legislation when  
249 selecting a residency program. These hesitancies to complete residency in an abortion hostile  
250 state are supported by our findings that demonstrated the majority of students would be less  
251 likely to pursue residency training in their current state of residence following a proposed  
252 abortion ban, and an even greater percentage will be less likely to pursue residency in other  
253 states with similar bans. Additionally, respondents who completed our survey will be less likely  
254 to pursue OBGYN training following a proposed abortion ban regardless of year in medical  
255 school.

256

257 ***Results in context of what is known.***

258 Medical students are facing the reality that additional abortion regulations will compromise their  
259 ability to receive comprehensive training in reproductive health.<sup>17</sup> Since the *Dobbs* decision, the  
260 Accreditation Council for Graduate Medical Education has reaffirmed the requirement for  
261 obstetrics and gynecology residency programs to provide abortion training. In states where  
262 abortion is banned, the Council has allowed for training in jurisdictions where abortion is legal.<sup>18</sup>  
263 Of the 286 obstetrics and gynecology residency programs, 128 (44.8%) are in states where  
264 abortion is either banned or very likely to be banned. This could result in up to 43.9% of all  
265 OBGYN residents lacking appropriate abortion training in their state of residency training.<sup>19</sup>  
266 Limited abortion access will likely lead to both an influx of patients seeking care and out-of-state  
267 residents seeking training in protected states. However, the ability of these facilities to  
268 accommodate and coordinate the surge in capacity of patients and residents remains unknown.<sup>20</sup>

269 With many residency programs needing to make out of state accommodations for abortion  
270 training <sup>19</sup>, fears of inadequate training are not unfounded.

271

### 272 *Clinical implications*

273 Medical students expressing less interest in pursuing residency in states with abortion bans could  
274 have significant impacts on these states' future physician work force. This may lead to a  
275 potential flight of intellectual capital from regions with the strictest abortion laws such as the  
276 Midwest and Southern states. With over half of individuals who completed residency in 2012 to  
277 2021 practicing in the state they completed residency<sup>21</sup>, medical student residency selection  
278 significantly alters a state's future physician workforce. Vanasse et al. found that only 13.2% of  
279 primary care physicians moved from one region to another within 22 years of practice. Of those  
280 who did migrate regions, the Midwest fared the worst, losing physicians to other regions <sup>22</sup>.  
281 These factors considered, the Midwest physician workforce may be especially affected with  
282 potentially decreased interest in residency positions in states with abortion bans and increased  
283 propensity to lose physicians to other regions.

284

285 Multiple studies have found that the field of obstetrics and gynecology faces a future workforce  
286 shortage <sup>11,23,24</sup>. Contributing factors include increased specialization <sup>23,24</sup> with training medical  
287 students expressing greater plans for fellowship <sup>25</sup>, early retirement <sup>11,23</sup> and rising risks of  
288 medical malpractice (8). Rural areas will likely continue to bear the brunt of the OBGYN  
289 shortage with rural areas lacking primary care providers <sup>26</sup> and only 8% of OBGYN resident  
290 applicants planning to practice in rural areas following completion of training <sup>25</sup>. These factors

291 will be compounded with this study's findings of decreasing likelihood for medical students to  
292 choose OBGYN as a specialty.

293

#### 294 ***Research implications***

295 Future studies could qualify attitudes of medical students across the entire Midwest region as  
296 well as across the United States on shifting preferences for residency location following Dobbs  
297 v. Jackson. Additionally, resident plans for practice after residency related to state abortion bans  
298 can be studied to provide a more robust perspective on how new legislation will impact state  
299 physician workforces. To further understand how new abortion bans will affect the OBGYN  
300 workforce, investigation is needed to determine how new laws will alter OBGYN provider  
301 liability and malpractice rates which could have significant alterations on further increasing  
302 retirement rates of older OBGYNs.

303

#### 304 ***Strengths and limitations***

305 Limitations to this study were minimized but unavoidable. The response rate was low at 33.2%  
306 however the absolute number of responses was large. Indiana University has the largest medical  
307 school in the country thus an absolute number of responses (473) was high when compared to the  
308 sizes of other medical schools. Additionally, the representation was robust for each medical  
309 school year. Though this study was conducted at a single institution in the Midwest, we feel this  
310 study has external validity given abortion restrictions are similar in other Midwest states  
311 including Ohio and Kentucky. Another limitation is medical students self-selected to take this  
312 survey with those feeling strongly on abortion access potentially being more likely to respond.  
313 Strengths of this study include this being inclusive of all medical students across levels of

314 training and interest in OBGYN. Since the Dobbs decision will affect many specialties, it is  
315 important to understand how medical students early in their training interpret implications of  
316 legislation.

317

### 318 *Conclusions*

319 Our study sought to assess how the Dobbs v. Jackson decision and subsequent proposed abortion  
320 bans affects medical students' decisions in residency selection. While multiple commentary  
321 pieces have postulated the role of strict abortion laws may play in medical student residency  
322 selection <sup>27-30</sup>, this study has provided evidence that abortion legislation is a factor in the  
323 decision-making process for medical students deciding where to continue their residency training  
324 with the majority of our survey respondents being less likely to pursue training in a state with  
325 abortion bans. Students also expressed overall decreased interest in the field of obstetrics and  
326 gynecology. With the impact of the overturning of Roe v. Wade impacting many medical  
327 specialties beyond OBGYN, these findings have profound implications that may alter the future  
328 physician workforce.

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340 **Figure 1. Distribution of Survey Responses by Medical School Year**

341 **Figure 2. Likelihood of Seeking Residency in Indiana after Medical School**

342 *Note.* This figure demonstrates the percentage of student respondents indicating their likelihood  
343 to seek residency in Indiana following medical school.

344 **Figure 3. Likelihood of Applying to Residency in a State with an Abortion Ban**

345 *Note.* This figure demonstrates the percentage of student respondents indicating their likelihood  
346 of applying to residency in a state with an abortion ban other than the state of Indiana.

347 **Figure 4. Likelihood of Choosing OBGYN as a Specialty Following Indiana’s Proposed**  
348 **Abortion Ban**

349 *Note.* This figure demonstrates the percentage of student respondents indicating their likelihood  
350 of pursuing OBGYN as their specialty following Indiana’s proposed abortion ban.

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352

353

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