

Advocating for Reproductive Services for Pediatric Hematology/ Oncology Patients



The Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* undermines the integrity of the physician-patient relationship and puts patients of childbearing age with cancers and blood disorders at greater risk by limiting the ability of our constituents to provide medically appropriate, patient-centered, and high-quality health care, including the right to a safe abortion.

Many states have since banned or restricted access to abortion and reproductive services, which could impact access to care for pediatric hematology/oncology patients and create health inequities for populations that are already underserved.

To fulfill the mission of ASPHO in supporting and empowering the pediatric hematology/oncology community, the following talking points are designed to assist subspecialists in advocating for the needs of their patients and to protect the physician-patient relationship where restrictive policies are being proposed. As these decisions are now being debated and introduced at the state level, below are websites where subspecialists can find contact information for their state legislators and governors.

State Legislators:

https://openstates.org/find_your_legislator/

Governors:

<https://www.nga.org/governors/>



Use stories: Personal stories always play an important role in any advocacy effort. When utilizing these talking points, be sure to make them your own. Using stories from your own experience can be hugely impactful and provides real world information to policymakers that could impact their decisions.

Don't be too technical: Try not to use too much medical terminology. Use plain language or be sure to explain any medical conditions or procedures you discuss. You could risk losing the larger point if policymakers do not understand the language you use.

Remember, you're the expert: ASPHO members have an important role to play in these types of advocacy efforts. Pediatric hematologists/oncologists have the education and training to understand the medical implications of certain policy decisions that are being made and always have the best interest of their patients in mind when making decisions.

Be a resource: Offer to be an ongoing resource if and when policymakers need to consider these types of issues. Developing relationships with legislative offices helps both the pediatrician, the policymaker, and, most importantly, your patients.

This resource is also available to subspecialists through our website at: <http://aspho.org/knowledge-center/advocacy-brief/health-policy-and-advocacy>.

Talking Points

Physician/Patient Relationship

- **Patients deserve to make medical decisions with their physicians without interference.** Healthcare decisions should be based on medical evidence and not politics.
- **Policymakers should not make it harder for physicians to treat their patients** or make it more difficult for patients to access needed care.
- **Pediatric hematologists/oncologists have years of education, training, and experience that help guide medical decision making for their patients.** Interference jeopardizes the relationship between us as physicians and our patients, creating unnecessary barriers to treatment.
- **Geography should not dictate the quality of care for our patients.** Since the Dobbs ruling, many of our patients are now living in states where access to services and medications they may need is prohibited or restricted. Hematologists/oncologists should be allowed to counsel their patients on all medical options based on their needs.
- **Bans or restrictions on abortion and related medications pose a threat to the health of our patients** who are facing various cancer diagnoses and blood disorders.
- **Pediatric hematology/oncology patients should be able to thrive and meet their full potential.** This only happens when they have access to evidence-based medicine and treatments.

Hematology/Oncology Specific Issues

- **Policymakers should always consult with physicians** before limiting access to medications or procedures that may induce abortions to determine if this could affect the treatment of other conditions and diseases and how a ban or barrier could negatively impact patients.
- **Limiting access to medications that have multiple uses,** which include abortion, can create barriers to care for patients with cancer and blood disorders. Methotrexate, which can be utilized for abortions, is also used to treat cancers such as acute lymphoblastic leukemia (ALL). Denying or delaying access to this medication can result in poor patient outcomes.
- **Allowing healthcare providers or pharmacists to refuse to prescribe or dispense therapeutics** for hormonal regulation, such as oral contraceptives or intrauterine devices, can also negatively impact our pediatric hematology/oncology patients. Our patients sometimes require menstrual suppression as a medical intervention. Indications for our patients could include those receiving chemotherapy, suffering loss of blood due to a bleeding disorder, or experiencing early onset puberty due to certain brain tumors.
- **Access to abortions may be necessary to save the lives of patients.** Patients with high-risk bleeding disorders may need an abortion if a life-threatening hemorrhage occurs related to their disease.
- **Physicians should be able to make quick, accurate, and evidence-based medical decisions** in the best interest of their patients without government interference.