Medical Societies Must Choose Professional Meeting Locations Responsibly in a Post-*Roe* World

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Medical professional societies have a responsibility to advance clinical excellence and serve their memberships. These are in fact their core missions, as exemplified by two of the four guiding pillars of the American Thoracic Society (ATS): *1*) transforming patient care and *2*) advancing professional development. Similarly, the American College of Chest Physicians (CHEST) aims to be "the global leader in advancing the best patient outcomes," and the Society of Critical Care Medicine's mission is to "secure the highest quality care for all critically ill and injured patients." Medical societies are expected to govern by, honor, and defend these principles in the interest of their patients, members, and other providers.

The U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* (2022 WL 2276808; 2022 U.S. LEXIS 3057) directly challenges these principles by legalizing legislative interference in the healthcare provider–patient relationship. We, therefore, argue that medical societies have an obligation to reject plans for holding professional meetings in states that restrict healthcare providers and bodily autonomy to the peril of the pregnant person. Holding meetings in these locations violates not only their professional mission but also the basic ethics of supporting equal access to health care for all (1).

Under *Dobbs*, many states have already enacted legislation to prevent pregnant persons from accessing prompt, evidence-based obstetric medical care (2). Even when amended with exemptions or attempts to remediate their worst impacts, these laws are fundamentally flawed by their basic ignorance of the realities of reproductive health care. It must be emphasized that in only the first 6 months, these laws have already adversely affected pregnant people (3). These legislative actions are therefore inconsistent with the ethics and standards of the practice of medicine as expressed by our medical societies (4). In recognition of this fact, the ATS signed on to a letter by the American College of Obstetricians and Gynecologists opposing legislative interference in health care (5). Nevertheless, the ATS, CHEST, and other medical

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A copy of this letter was circulated among American Thoracic Society, American College of Chest Physicians, and Society of Critical Care Medicine committee and program leadership; that document and its over 300 signatures was simultaneously sent to the leadership of the American Academy of Chest Physicians, the American Thoracic Society, and the Society of Critical Care Medicine.

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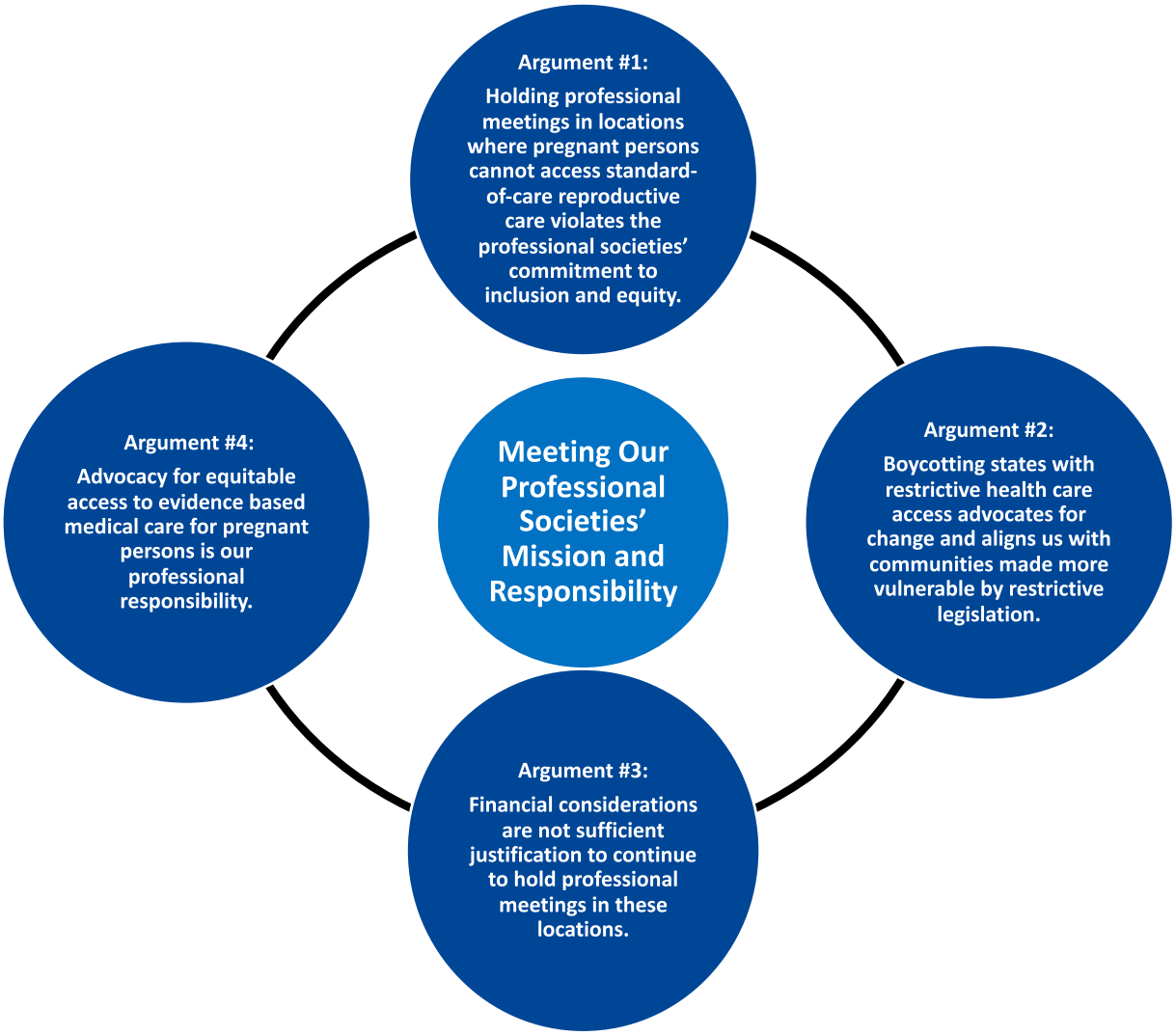

Figure 1. Meeting our professional societies' responsibilities requires boycotting locations that interfere with the practice of health care.

professional societies continue to hold meetings in states that have legislated interference in and placed limitations on the practice of reproductive health care. We urge our medical societies to reconsider. Below, we specifically advance four arguments for moving conferences from such states and avoiding future commitments until the legislative landscape changes (Figure 1). These include a commitment to inclusion and equity in our societies, advocating for legislative change in these states, and fulfilling our professional duty to advocate for public health and ensure access to evidence-based health care.

Argument 1: Holding Professional Meetings in Locations Where Pregnant Persons Cannot Access Standard-of-Care Reproductive Health Care Violates the Professional Societies' Commitment to Inclusion and Equity

Although some have argued that pregnant people are a small fraction of society membership and conferences are short (and thus unlikely to coincide with needed urgent health care), holding meetings where pregnant people cannot access medical care fundamentally undermines the commitment of our medical professional societies to inclusion and equity. Pregnancy complications can arise in pregnant persons without notice and often require emergent medical intervention. This is particularly true for persons in the medical field who may conceive at advanced age or require the use of reproductive assistance (6–8). Holding medical education conferences or events in locations without access to standard-of-care obstetric practices inherently limits access for participants, lest they risk their own lives, and threatens the return of an era when pregnancy was treated as a disability for which no

accommodation was provided. It is well established that disparities abound for persons who are pregnant, leading to unethical and unjust hiring, promotion, and pay practices (9–11). When professional meetings are held in locations with limited access to health care, pregnant people (and those who may become pregnant) must choose between missing educational and professional development opportunities or risk traveling to a place where they are unable to access emergency care. This will further exacerbate existing inequities and disproportionately affect trainees and early career professionals, members who would most benefit from attending these meetings and contribute to a less representative workforce (12). Medical professional societies must therefore take seriously the personal risks associated with attending a conference in a jurisdiction with restrictive abortion laws and ensure that access to the benefits of conferences and other societal activities are equally offered to all members at all stages of life or career.

Argument 2: Boycotting States with Restrictive Healthcare Access Advocates for Change and Aligns Us with Communities Made More Vulnerable by Restrictive Legislation

Some have argued that moving conference locations will hurt working-class communities and persons of color by removing an economic stimulus from the area. Although local communities may financially benefit in the short term from hosting a conference, the most vulnerable in these communities are also the most impacted by restrictive healthcare laws. Restrictive access to reproductive rights oppresses and controls communities that have long been marginalized (13), especially Black and Indigenous communities. We also note that many professional society members, including some authors of this letter, live and practice in these affected states. By boycotting these locations for professional meetings, medical societies have the opportunity to leverage financial pressures to advocate for legislative change that will meaningfully benefit the health of all who live there. One recent example of successful advocacy through boycotts is the North Carolina "bathroom bill," in which months of media attention and company boycotts resulted in North Carolina repealing the bill (14). Moving professional events from these locations, therefore, allows us to stand in solidarity with all who are impacted by this harmful legislation, including vulnerable communities. Last, moving from these locations would allow medical societies to expand host city options, identify sites with equitable healthcare laws, and may benefit other marginalized communities in such states.

Argument 3: Financial Considerations Are Not Sufficient Justification to Continue to Hold Professional Meetings in These Locations

Financial gains and losses have long been used to rationalize injustices. We acknowledge that medical professional societies are required to secure conference venues years in advance, without knowledge of future potentially harmful and oppressive legislation that might be passed. Moreover, medical professional societies must consider criteria for choosing venues, including the size of the conference venue, hotel and dining options, and transportation availability. However, it is usually the case that multiple locations can satisfy these criteria. The financial cost of moving a conference is outweighed by ethical considerations and our professional responsibilities. Last, making these decisions now limits future financial liability because financial arguments are not relevant to contracts that have not yet been signed. Medical professional societies can solicit membership input and partner with sister societies and other conscientious medical professional societies to choose conference locations with equitable healthcare laws. For this to serve as advocacy, the rationale for moving these meetings should be communicated to state and local governments with the assurance that their state will be reconsidered as a location when more just and rational laws are in place. Medical societies would be wise to include legal clauses in their contracts that state their commitment to human and healthcare rights and their intention to withdraw without penalty if such legal landscape changes before a planned event.

Argument 4: Advocacy for Equitable Access to Evidence-based Medical Care for Pregnant Persons Is Our Professional Responsibility

We acknowledge that there is not unanimous support for reproductive rights among our professional societies' memberships. However, unanimity is not required (or expected) for public health advocacy work, and statements by both ATS and CHEST reflect that this is advocacy for evidence-based medicine (15, 16). Conscientious objection policies have been developed by these very societies for clinical care and could certainly be adapted and observed by members who disagree with advocacy and action based on states' reproductive laws (17). Moreover, healthcare providers, regardless of personal views, are expected to care for pregnant persons suffering health complications directly resulting from these restrictive laws (18, 19).

In addition, many medical professional societies (20) actively engage in healthcare and policy advocacy. For example, the ATS and CHEST have established histories of supporting public health, with long-standing policies that broadly prohibit involvement with the tobacco industry and society-sponsored advocacy around air pollution. Although some have argued that access to reproductive care is not within our purview, legislative interference in reproductive rights can similarly "cause and/or aggravate a wide spectrum of diseases and conditions" (21) and "help prevent lung disease before it starts" (22). This includes potential impact on patients whom we in the pulmonary and critical care community treat daily, such as patients living with pulmonary hypertension (23) and cancer (24) and pregnant women who become critically ill (25). This legislative limitation on access to health care therefore directly impacts our medical practice and adversely impacts our patients. In addition, as noted above, our own members are adversely affected by this legislation because living in, relocating to, and attending professional meetings in a jurisdiction with restrictive abortion laws comes with

personal health risks. Our professional societies must therefore advocate for their members as providers, patients, and professionals.

In summary, we urge all medical professional societies to take swift and definitive action to reschedule meetings, and to avoid planning future meetings, in jurisdictions where local governments have enacted legislation that limits access to health care. Boycotting these locations is a form of advocacy for legislative reform and fulfills the core missions of our societies, including commitment to our own memberships and to excellence in clinical care. Furthermore, it provides opportunities for all of our societies' members to attend conferences and meetings in places in which their health is prioritized and unanticipated complications can be managed with evidence-based care. Finally, it sends a moral and ethical message that stands up for human rights and equity for patients and their healthcare providers. ■

Author disclosures are available with the text of this article at www.atsjournals.org.

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