

Episode: *Author Interview: “Abortion in the Nineteenth Century Through the Lens of Ann Lohman”*

Guest: Suzanne Minor, MD

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Suzanne Minor, the assistant designated institutional official for graduate medical education at Memorial Healthcare System in Pembroke Pines, Florida. She’s here to discuss her article, coauthored with Arianna Tapia and Dr Sarah Stumbar, “*Abortion in the Nineteenth Century Through the Lens of Ann Lohman*,” in the February 2025 issue of the Journal, [Pain Management in Non-Labor and Delivery OBGYN Procedures](#). Dr Minor, thank you so much for being here. [music fades]

DR SUZANNE MINOR: Oh, thank you so much for having me.

[00:00:50] HOFF: So, what’s the main ethics point that you and your coauthors are making in this article?

MINOR: Well, we wrote this article about Ann Lohman, who was a midwife in the 1800s, and she was also known as Madame Restell. And we chose to write about her because we felt that her story deserved our attention following the Dobbs versus Jackson Women’s Health Organization US Supreme Court decision in June 2022.

So, in early America, women presenting with amenorrhea were actually diagnosed with menstrual obstruction, which might be due to a number of causes, one of which was pregnancy. And the treatment for menstrual obstruction was to bring on the woman’s menses, which might have ended the pregnancy at that time, just as a medication abortion would today. At that time in early America, treatments for menstrual obstruction were considered appropriate medical practice and thus the standard of care. And in this way, physicians and midwives at that time were considered to be following the principles of beneficence because they were following the standard of care and also following the principle of non-maleficence because many treatments for menstrual obstruction were no more dangerous than childbirth at that time.

So then we jump forward to 2022, when the AMA released a statement after the Dobbs decision, which supported physicians being able to practice the standard of care. And the standard of care is embedded in the ethical principles of autonomy, beneficence, and non-maleficence.

[00:02:20] One more aspect that we talk about in our paper—specifically about these ethical principles of autonomy, beneficence, and non-maleficence—was when we referenced the study that explored the effect or impact of Texas Senate Bills 4 and 8, which were implemented in 2021, on maternal morbidity in two Texas hospitals. The study found that women in Texas did not receive what was previously the standard of care, meaning that physicians were no longer able to practice these ethical principles of autonomy, beneficence, and non-maleficence. This study showed that in Texas, physicians observed women for an average of nine days until those patients experienced severe complications which threatened their lives, such as hemorrhage and infection. This meant that in Texas, patients had nearly double the morbidity rate of women in states without these abortion restrictions.

[00:03:15] HOFF: And so, what do you see as the most important thing for health professions students and trainees to be taking from your article?

MINOR: Lohman's story remains relevant today as we experience a movement towards limiting women's bodily autonomy and access to reproductive care. The criminalization of abortion during her lifetime parallels the restrictions that are occurring in present day right now. Considering the motivations for, and the impact of, laws restricting reproductive care during her time, in Lohman's times, provides a medium through which to reflect on our current laws and their impact today. As abortion regulations change, it's so important that health care communities continue to learn from past experiences, and not just the recent past, but also the distance past when Ann Lohman was a practicing midwife.

[00:04:05] HOFF: And finally, if you could add a point to this article that you didn't have the time or the space to fully explore, what would that be?

MINOR: I think probably the 2,000-foot view is that women's care is health care, and reproductive care is health care. And this is affirmed by the AMA's 2022 statement and policies that they passed then, which explicitly recognize the sanctity and the privacy of the patient-physician relationship. I think there's a lot that could be further explored talking about that main. [theme music returns]

[00:04:35] HOFF: Dr Minor, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

MINOR: Thank you so much. We really appreciate that.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.