the RYAN PROGRAM
RESIDENCY TRAINING IN ABORTION & FAMILY PLANNING

MORAL DISTRESS

CARING THROUGH CONSTRAINTS

WHAT IS MORAL DISTRESS?

In 2022, the *Dobbs v. Jackson Women's Health Organization* decision overturned the constitutional right to abortion. As of 2025, 25% of all obstetrician-gynecologist (ob-gyn) resident physicians in the US (over 1,400) train at programs within states that severely restrict abortion (either at 6-weeks gestation or via a total abortion ban).

These legal restrictions prevent residents from learning essential, evidence-based reproductive health care, including life-saving procedures. As a result, many experience moral distress—the emotional and psychological anguish that arises when they are unable to act on what they know to be the right clinical course of care.

In their 2024 study, Turk et al. outlined **three ways ob-gyn residents commonly experienced moral distress**.

1 Challenges to physician identity

Abortion restrictions undermined ob-gyn residents' identity as physicians committed to evidence-based, patient-centered care. Many felt powerless, forced to follow laws that endangered patients, leaving them with feelings of failure, worthlessness, and complicity in systemic injustice. Residents described themselves as "pawns" or "robots of the State," leading to frustration, helplessness, and anger. Some reconsidered future career paths, often regarding where they would practice after residency.

> "The reason that I went into this field was to empower other people, and I feel like I failed."
>
> Fourth-year resident, UT

2 Participating in care that exacerbates inequities

Ob-gyn residents reported moral distress when they were unable to provide needed abortion care, especially for patients facing financial, logistical, or legal barriers. These restrictions often worsened existing health inequities and led to poor outcomes. Residents felt powerless and responsible as patients suffered delays or complications. Trust between patients and providers eroded, as residents struggled to reconcile their medical judgment with laws that conflicted with evidence-based care.

> "...any trust or rapport that we've built is now just kind of going out the window..."
>
> Third-year resident, PA

3 Determination to advocate for and provide abortion care

Despite their moral distress, ob-gyn residents described renewed determination to provide and advocate for abortion care. The inability to help patients often served as a catalyst, deepening residents' commitment to reproductive justice. Residents expressed feelings of empowerment and resolve to overcome barriers, push boundaries, and ensure patients receive the care they deserve, even when doing so required extraordinary effort or came with personal risk.

> "...I feel like I am willing to jump through hoops to help patients get the care that they deserve..."
>
> Second-year resident, SC

A 2025 study by Cutler et al. identified **four strategies residents have used to mitigate their moral distress,** each with strengths and limitations. Across all strategies, the presence and engagement of faculty and institutional leaders played an especially important role in mediating the effects of moral distress and the success of efforts to combat it.

1 Maximize clinical care

Residents often coped with moral distress by going above and beyond to support patients—creating resources, coordinating logistics, and offering alternative pathways to care when abortion services were restricted. These efforts, while sometimes empowering, could also feel emotionally taxing or legally questionable. Faculty and institutional leadership played a crucial role: modeling patient-centered care helped mitigate distress, while providing insufficient guidance on legal and policy boundaries often intensified it.

> "...the fact that this [maternal–fetal medicine physician] even was comfortable calling ethics and calling legal...was extremely brave given the environment at our hospital...He basically just jumped through every hoop they put in front of him. He was relentless."

Second-year resident, SC

2 Supplement education

Residents sought to overcome gaps in abortion training by engaging in self-directed learning, curriculum development, and out-of-state clinical rotations. These efforts often helped reduce moral distress by expanding knowledge and skills, but could also exacerbate distress—especially when returning to restricted settings or facing institutional barriers to external training. Faculty and leadership support was key: residents valued transparent communication and proactive efforts to create educational opportunities, though unmet needs still left many feeling frustrated and underprepared.

> "...it ends up being like really hard for our residents to come back to [Texas] after seeing like how easy it can be."

Fourth-year resident, TX (after traveling out of state for training)

3 Engage in advocacy

Residents engaged in advocacy through formal channels (e.g., lobby days, rallies, legislative efforts) and informal ones (e.g., social media, one-on-one conversations) with mixed effects on moral distress. While some found advocacy empowering or cathartic, others felt discouraged, burned out, or frustrated by its perceived ineffectiveness. Having faculty model legislative and institutional advocacy appeared to be protective, while having silent or resistant leadership worsened distress and, in some cases, left residents feeling punished for speaking out.

> "...I've written ...some emails and letters to my state representatives, which felt somewhat helpful, although, also feels like screaming into the void sometimes. But....hearing our faculty testify against that bill ...was really powerful in a positive way."

Third-year resident, UT

4 Obtain emotional support

Residents frequently turned to peers, faculty, and mentors for emotional support, finding relief in shared experiences and guidance. Institutional efforts—like support groups, debriefings, and wellness sessions—were valued when they acknowledged the emotional toll of abortion restrictions. Faculty who modeled resilience and compassion were especially impactful. Conversely, residents at institutions that ignored their distress felt invisible, helpless, and demoralized.

> "...I just...wanted a little bit more grace or understanding of ...how disappointing this was ...I think everyone was really upset about it... I felt like I wanted some emotional support or space ... this really changed our training and our patients' access to care."

Third-year resident, LA

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