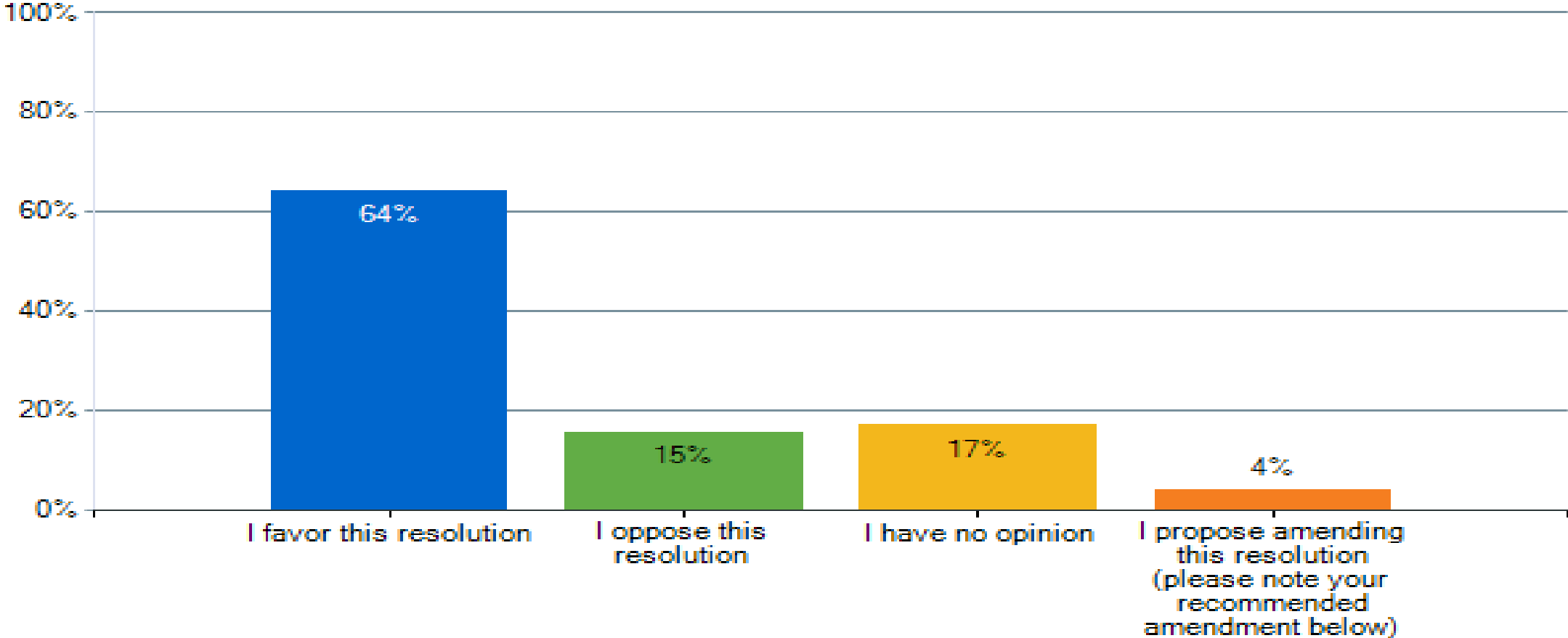
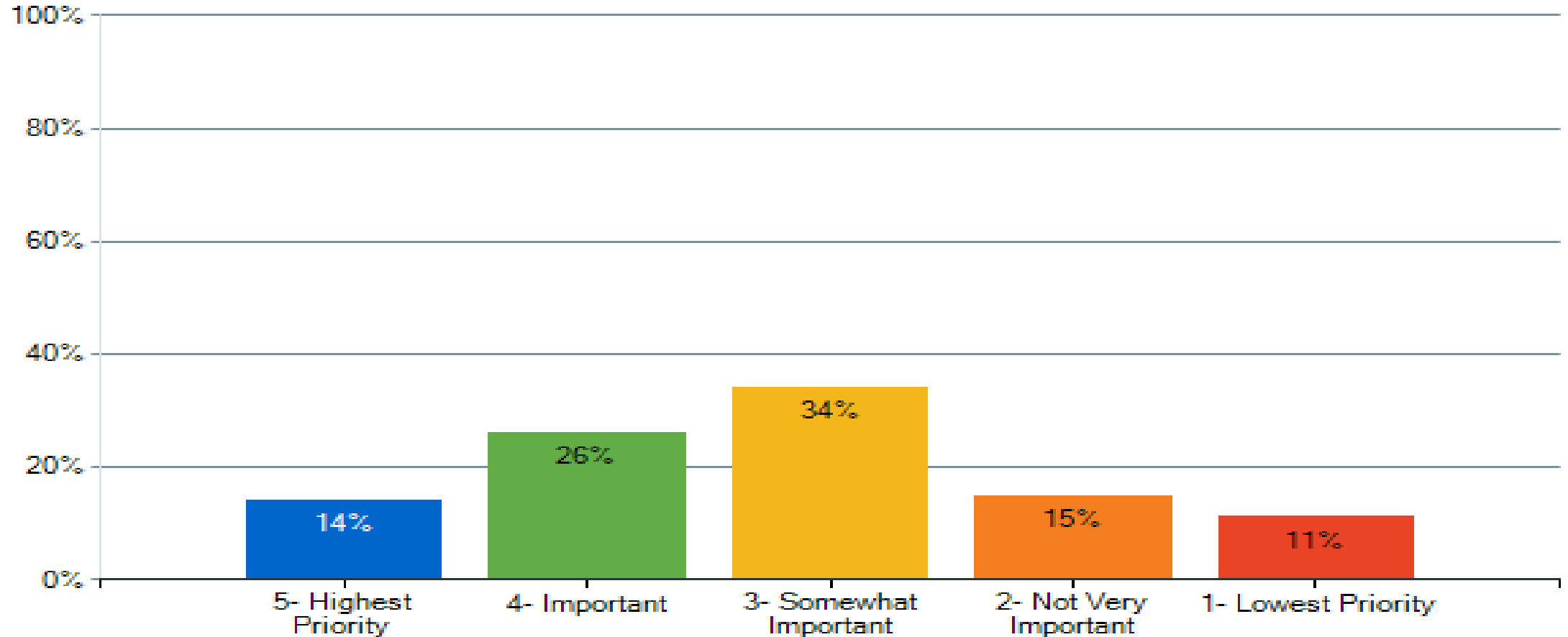


# Increased Education and Access to Fertility Resources for Medical Students



136 responses

Please indicate your view of this resolution as an ISMS priority.



136 responses

## Comments

### Response Text

Medical students do not need fertility education. Let's not waste time on this. There are better things to do with our time and resources.

Given the increase in educational content in the undergraduate medical curriculum, I recommend amending this to the graduate medical curriculum only.

I believe we should support public education about fertility preservation and especially should actively support access to fertility preservation services with insurance coverage for ALL women, not just those in medical training. However, I strongly oppose policy designed to insert specific issues into medical training, or addressing access only for medical trainees.

Medical trainees know what's available, RE/I's don't not help in promoting their business. Research shows that very few of oocytes harvested are ever used!

It may be easier to crowdsource a fund for needy students or help go fund me campaigns than play the insurer game for this arena. Whatever helps medical students, but another fight over insurer mandates may not be helpful.

Beautifully researched and well written. Extremely important topic of discussion.

This resolution will encourage young physicians while educating them in realistic approaches to successful family planning.

Delete the second resolution. You can support education but you cannot rewrite insurance reimbursement for this particular issue.

This seems to be 2 separate requests. One for education, another for insurance coverage. One cannot argue against education although the relative importance of the topics in an already crowded curriculum can be discussed. A short discussion on fertility preservation during rotations on GU, OB/GYNE, or Oncology rotations would seem appropriate. Requiring insurances to pay for fertility preservation services is difficult as we see that availability of insurance coverage for life-saving services is diminishing every day. Private pay for optimal services or part of, seems the rule. We must remember that technology is out-pacing ability to pay. Some life-saving oncology treatments can cost \$100,000.00 dollars a year. Also, very basic services for the poor are lacking as Medicaid payments are so low that quality care is difficult to access for those with no other means, including children. I will support inclusion of a SHORT discussion of availability of fertility preservation on appropriate rotations. I will not support mandated provision of high tech, high cost services to those whose future has guaranteed affluence, while basic services are so limited to the poor. If these 2 proposals are united, I will have to oppose.

Important topic, but too limited.

Why should medical students be treated any differently than any other person in this regard.

Everyone thinks that their special interest deserves additional emphasis for medical school and training.....STOP IT!!

While I support the idea of better education for medical students and residents regarding age related fertility decline and fertility treatment options, I have concerns about the idea that we should offer women in medicine fertility preservation rather than making medical school and residency friendlier towards parents. Our current structure highly discourages giving birth during training. While I was in residency and pregnant with my second child, I was offered two weeks of maternity leave and used vacation for the remainder. I had no vacation for an entire year of training and had to return to work with a 6 week old and see the same number of patients in clinic per day as my coresidents while trying to pump to provide for my baby. Research has shown that the early bonding weeks are critical and

that breastmilk is best for the baby, but as doctors we ignore this for our own children. I was offered the option to extend my training at the end of residency, which from my understanding is better than what most female residents are given for childbirth. I know of a woman who was told to return to work on an ICU rotation 2 weeks after a C-section. My concern is that by offering fertility preservation, residency programs will worsen pressure on residents to not have children during training. IVF is an extensive and difficult process and is not the same as natural conception. Additionally, giving birth at age 40 is associated with more complications. Fertility preservation is not a 1:1 substitute for natural conception during peak fertility years. Our focuses should be on making training more competency based and not strictly time based and allowing women and men the time they need to become parents at the age they choose, not the age dictated by their profession.

It's not just to direct this at a certain demographic I'm a Gyne and I talk to all my pts about this.

Is in keeping with general support of students and trainees who undertake the long period of income deferring and life pausing intervals required for training is doctors.

This is really a societal, and not a medical professional, issue

Quite challenging realities. Education hard to argue against, and coverage is a complex continuum that should be supported.

Very sensible.

Not really sure about this one. Not clear what they want. Never oppose education but second resolve isn't clear on the ask. Do NOT support funding or pushing coverage for cryopreservation, IVF, etc.

Support first resolved clause, not able to fully understand what is meant by "associated mechanisms for insurance coverage", so unable to support the second resolved. Not sure what is being asked, mandatory coverage, to what degree, etc. Mandatory coverage could make the cost of ins prohibitive and then care might actually be less accessible. Still good that this topic is being addressed.

Are our students so dumb that would not know this? The education should be on a work-life balance and this as well as many other solutions to achieve it. Also, we should encourage better parental leave and benefits for our students.

Generally support the resolution.

Why is this just limited to medical trainees? Why don't we all have the same fertility preservation rights?