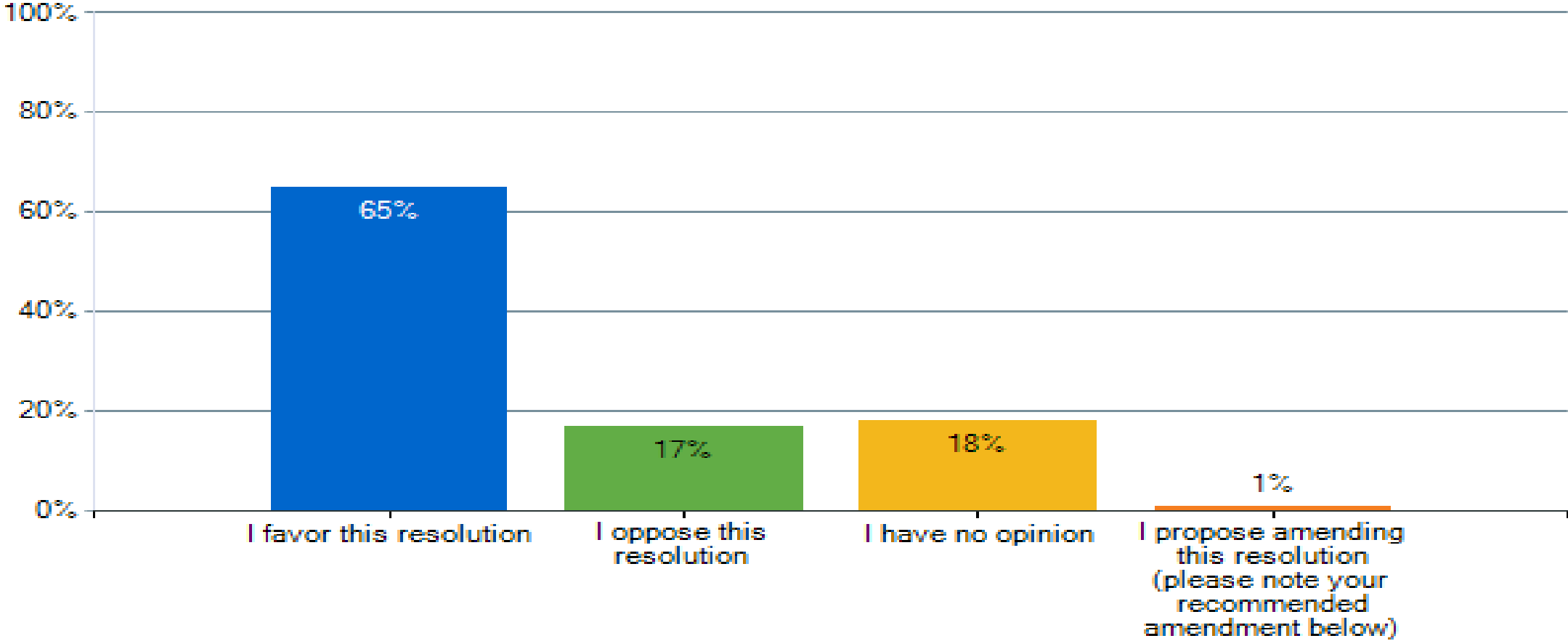
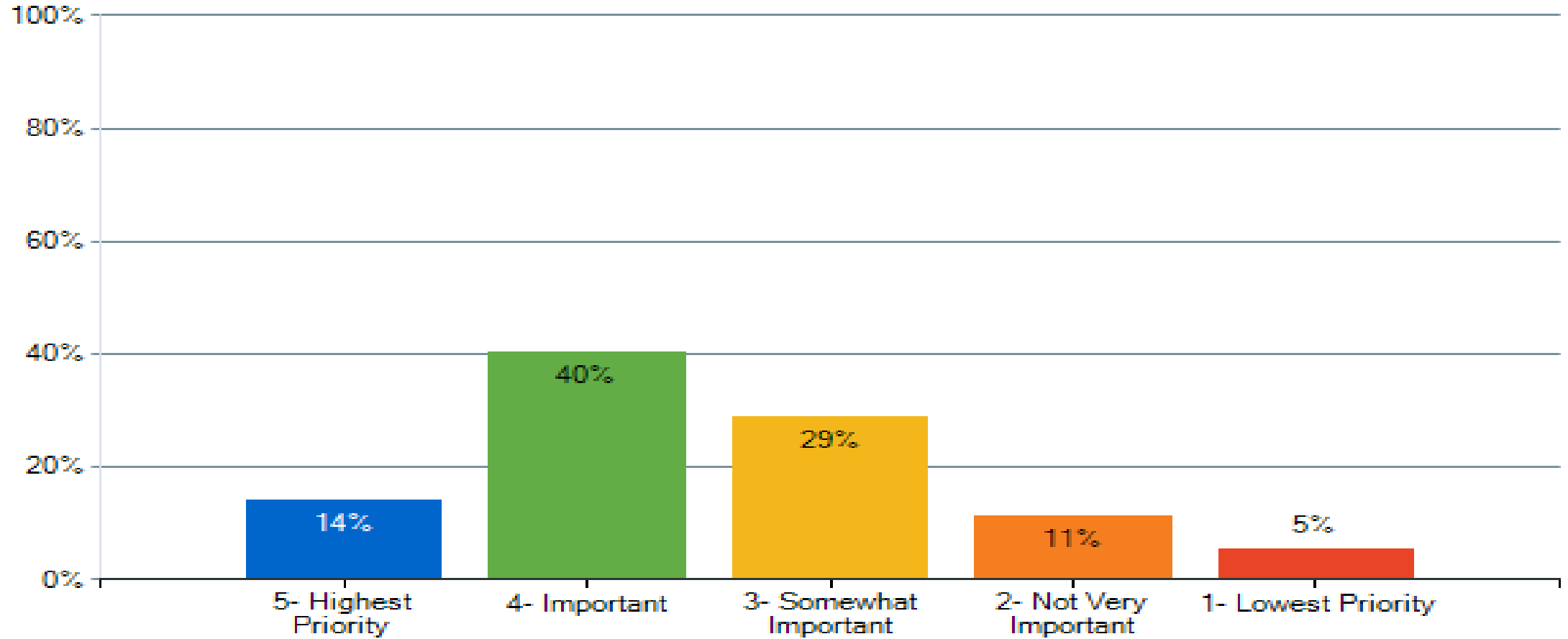


# Supporting Access to At-Home Injectable Contraceptives



191 responses

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



184 responses

## Comments

### Response Text

This resolution would give every woman one more effective means to maintain control over their own bodies, and one more obstacle to block the righteous right reactionaries attempts to deny them the rights endowed by their creator.

Pharmaceuticals of this nature should be monitored by a licensed professional. There are risks. Some may take more to be extra sure they don't get pregnant and the like. OTC amoxicillin and such would make more sense, and I don't recommend that either.

Concur, especially as there is move to limit abortions for unwanted pregnancies.

Does ACOG have a position on this topic ? Does AMA have existing policy and this is "affirmation " at that level ?

I would add from my perspective of young women with significant disability -- the need for quarterly office visits and the required transportation and caregiver time is an added burden.

I am an OB/GYN and I definitely support this, the issue is if it can be done successfully, I'm not sure all patients are able to "do contraceptive injections themselves"

Tho a good idea in concept still has the same adherence problem of remembering to take it in 3 months at home are there any concerns if children inject the hormones? I though pharmacists in Illinois can prescribe birth control now I would prefer that these injections are supervised for safety

Any and all self administered medication injections must be taught and demonstrated in the prescribing physician office before continued , self administered outpatient injections are approved and physician prescribed for outpatient use.

This will improve access and adherence to the treatment. I support this resolution.

Very specific, which generally is problematic. Our general policies on access best, which I understand is to minimize barriers. That being said, we don't want to abandon keeping this area one of the many key management arenas in the patient-physician relationship.

Is needed especially in view of poor access care for women

Would this require a providers prescription? I already offer this but require an annual visit

I don't know enough

no most of them dont know the risk

First, the link does not include the references (footnotes) provided by the author. I am leaning toward opposition to the resolution as worded. Some concerns are that the decision of who this would be appropriate for should be determined by a physician who is actually treating a patient and knows their health history. This could be used by online providers and via telehealth, and may expose patients to risk. This could serve to devalue our profession and allow the further erosion of good medical care. I would be curious to see some data on how many people could gain access to contraception if this were implemented. I would be willing to defer to our Gyne colleagues on their impression of the resolution. I am also concerned about the possibility of establishing policy that supports one product or manufacturer, until there is competition in the marketplace. And ISMS might want to establish policy that any author who wants a resolution forwarded to the AMA be an active member in good standing at the AMA.

I would want to see other organizations support of this procedure, specifically ACOG and CDC, before the AMA came out in favor of this practice.

yes and perhaps as part of this- could have the first injection or two be in the office observing technique and side effects and subsequent be at home

I agree w this resolution on general principle of equity and safety

Convenience is important. The issue becomes reliability of the patient using the injectable. Who is responsible for patient error, and/or patient ineptitude, Or patient improper judgment.

Medical risks are far too great

Sure seems reasonable to me

Oppose this resolution. This is a drug with many potential side effects/risks and cannot/should not be used long-term (more than 2 years). Most women use injectable contraceptives for one year or less. Monitoring every 3 months for a 1-2 year period seems very appropriate.

i disagree with this