No. 19-1392

In The Supreme Court of the United States

THOMAS E. DOBBS, STATE HEALTH OFFICER OF THE MISSISSIPPI DEPARTMENT OF HEALTH, *et al.*,
Petitioners,

v.

JACKSON WOMEN'S HEALTH ORGANIZATION, *et al.*,
Respondents.

On Writ of Certiorari to the United States Court of Appeals for the Fifth Circuit

BRIEF OF *AMICUS CURIAE* CHRISTIAN MEDICAL & DENTAL ASSOCIATIONS IN SUPPORT OF PETITIONERS

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STATEMENT OF INTEREST OF AMICUS CURIAE[1]

The Christian Medical & Dental Associations ("CMDA") is a non-profit, non-partisan 501(c)(3) organization that provides resources, programs, education, and services with a motto of "changing hearts in healthcare," and for the purpose of providing a public voice for its current membership of more than 19,000 Christian healthcare professionals. Founded in 1931, CMDA is committed to bringing hope and healing to the world by educating, encouraging, and equipping healthcare professionals to serve with excellence and compassion, care for all people, and advance Biblical principles of healthcare within the Church and throughout the world. To this end, CMDA promotes positions and addresses policies on healthcare issues, distributes educational and inspirational resources through publications, conferences, and multi-media programs. CMDA's mission, philosophy, and work—including its publications—can be viewed at its website: https://cmda.org/.

CMDA has a longstanding interest in advocating for the dignity of the medical profession and the protection of all human life, which is rooted in its

[1] Pursuant to Supreme Court Rule 37.6, amicus curiae states that no counsel for any party authored this brief in whole or in part, and that no entity or person other than amicus curiae and its counsel made any monetary contribution toward the preparation and submission of this brief. On June 1, 2021, Respondent filed a blanket consent to the filing of all amicus briefs. On June 9, 2021, counsel for Petitioner gave blanket consent to the filing of amicus briefs.

fundamental belief that all humans are made in the image of God. As questions regarding the constitutionality of state efforts to promote respect for life return to the Court—and particularly their implications for the integrity and ethics of the medical profession—CMDA offers the following to aid the Court's analysis.

INTRODUCTION AND SUMMARY OF THE ARGUMENT

The Hippocratic Oath encapsulates the most fundamental ethical duty of all physicians: "First, do no harm" ("*primum non nocere*"). This Court has repeatedly affirmed the importance of the medical profession to our society, and has recognized the government's important interest in regulating the profession to help preserve and promote a physician's ethical duty to protect life rather than inflict harm on others or even destroy life.

To this end, Mississippi's law preventing abortions after the 15th week of gestation serves not only the important interest of protecting innocent human life, but also seeks to uphold the integrity and ethics of the medical profession itself. The importance of this independent state interest is evident when the physician's role in performing standard abortion procedures during the second trimester is examined in all its detail—indeed, the harm inflicted by the very doctors who have sworn an oath to inflict no harm is difficult to contemplate, much less countenance. The contrast between a physician's solemn oath and the devastating harm inflicted by abortion procedures is even more stark when viewed through the lens of abortion-surviving children, many of whom carry both the physical and emotional scars of that procedure throughout their lives. Stories of the surviving children also deserve to be heard when weighing the government's interest in protecting future unborn children from a medical system that too often tolerates this harm.

Accordingly, because this Court has recognized the unquestionable interest in protecting the integrity and ethics of the medical profession, and Mississippi's ban on abortions after 15 weeks' gestation furthers this legitimate interest, this Court should uphold Mississippi's law.

ARGUMENT

I. The Hippocratic Oath's History Demonstrates that Performing Abortions Was Originally Understood to Be Inconsistent with a Physician's Ethical Duty to Not Do Harm.

Hippocrates of Kos (c. 460 – c. 370 B.C.) is traditionally regarded as the "Father of Medicine" not only because he made numerous lasting contributions to medical practice, but because he is traditionally credited with creating the Hippocratic Oath, which is still widely used and regarded as the foundation of modern medical ethics. At its most basic level, the Oath outlines a physician's fundamental ethical duty to do no harm to his or her patients. While the language of the Oath has changed somewhat over the centuries, the version most frequently cited as the original Hippocratic Oath includes an explicit pledge that physicians will not participate in euthanasia and abortion. *See* Howard Markel, *'I Swear by Apollo'—On Taking the Hippocratic Oath*, 350 NEW ENG. JOURNAL OF MEDICINE 2026-29 (2004). The relevant portion of the Oath as translated from the Greek reads:

> I will neither give a deadly drug to anybody if asked for it, nor will I make

> a suggestion to this effect. Similarly I will not give to a woman an abortive remedy.

Ludwig Edelstein, THE HIPPOCRATIC OATH: TEXT, TRANSLATION AND INTERPRETATION 3-64 (Johns Hopkins Univ. Press 1967).

Scribonius Largus, a first-century A.D. court physician and pharmacologist to the Roman emperor Claudius, provides the earliest known reference to the Hippocratic Oath, making him an important source for how the Oath was understood early on and by physicians of his day. *See* T.A. Cavanaugh, HIPPOCRATES' OATH AND ASCLEPIUS' SNAKE: THE BIRTH OF THE MEDICAL PROFESSION 122 (Oxford Univ. Press 2018). In his writings, Largus references the Oath's provision forbidding a doctor from giving a patient an "abortive pessary," explaining that it was Hippocrates, "the founder of our profession[,]" who "handed on to our discipline an oath by which it is sworn that no physician will either give or demonstrate to pregnant women any drug aborting a conceived child." *Id.*

Moreover, in the early second century A.D., Greek physician Soranus of Ephesus, one of the most revered physicians of the classical era, practiced medicine in Rome during the rules of Trajan and Hadrian. In his most important work, *Gynecology*, Soranus expanded on the Hippocratic Oath's treatment of abortion, describing the two predominant and dueling interpretations among physicians at that time:

> [A] controversy has arisen. For one party banishes abortives, citing the testimony of Hippocrates who says: "I will give to no one an abortive"; moreover, because it is the specific task of medicine to guard and preserve what has been engendered by nature. The other party prescribes abortives, but with discrimination, that is, they . . . [only prescribe abortives] to prevent subsequent danger in [birth] if the uterus is small and not capable of accommodating the complete development, or if the uterus at its orifice has knobby swellings and fissures, or if some similar difficulty is involved.

Soranus, GYNECOLOGY 63 (O. Temkin, trans., Johns Hopkins Univ. Press 1956). Accordingly, it is evident from some of the earliest known references to the Hippocratic Oath that physicians at the time largely understood the Oath to require either declining to perform abortions altogether to "preserve what has been engendered by nature," i.e., to protect life, or to permit them in limited circumstances when necessary to "prevent . . . danger" to the life of the mother or other medical complications. *See id.* Subsequent versions of the Oath throughout the centuries have similarly limited or restricted euthanasia and abortion procedures in large measure—and while the revised versions of the Oath most used today have largely removed these prohibitions, the contentious debate over both issues in the medical profession

continues unabated to this day. *See* Markel, *supra* at 2027.

For instance, despite society's ongoing debate regarding the proper role of physicians in performing euthanasia and abortion, the sections of the Hippocratic Oath discussing these two subjects are now omitted in most oaths administered by U.S. medical schools. *See id.* As of 1993, only fourteen percent of such oaths prohibited euthanasia, and just eight percent restricted abortion. *See* R.D. Orr, et al., *Use of the Hippocratic Oath: A Review of Twentieth Century Practice and a Content Analysis of Oaths Administered in Medical Schools in the U.S. and Canada in 1993*, 8 J. CLIN. ETHICS 377-88 (1997). Nevertheless, controversial medical ethical dilemmas and debates like these still frequently return to a proper interpretation and application of the Hippocratic Oath's principles and dictates. And although most doctors today do not take the portion of the original Oath addressing euthanasia and abortion, the fact that these portions of the Oath were originally included to protect human life merits the Court's careful consideration when evaluating Mississippi's interest in protecting the integrity and ethics of the medical profession, given that these ethics are founded largely on the timeless principles of the Hippocratic Oath as administered to physicians who participated in ratifying the Bill of Rights and then the Fourteenth Amendment.[2]

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[2] There was significant physician participation in Congress for the first century of its existence, i.e., the 1st through the 50th Congresses (1789-1889), with physicians comprising 4.6 percent

II. Mississippi Has an Interest in Protecting the Integrity and Ethics of the Medical Profession and Promoting Respect for Life.

Notwithstanding some in the modern medical profession's shift away from the Hippocratic Oath's original pronouncement respecting a physician's ethical duty to protect all life, this Court unanimously upheld a state's ban on physician-assisted suicide in *Washington* v. *Glucksberg*, holding in part that the statute was "unquestionably" rationally related to the legitimate interest in protecting the integrity and ethics of the medical profession because it protects against blurring of the line between healing and harming. *See* 521 U.S. 702, 728-31 (1997). And this Court has recognized that this legitimate governmental interest extends to the abortion context where the government seeks to uphold a physicians' duty "to preserve and promote life" by preventing doctors from acting "directly against the physical life of a child" that has been partially delivered out of the womb. *See Gonzales* v. *Carhart*, 550 U.S. 124, 157

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of the members of Congress (252 out of 5,405), as well as in the Founding era. Mark G. Jameson, *Physicians and American Political Leadership*, 249 JAMA 929-930 (1983); *see also id.* at 929 ("Of the 363 persons who served in [the Continental Congress], 31 (8.5%) were physicians. Second, of the 56 persons who signed the Declaration of Independence in 1776, six (10.7%) were physicians. Third, of the 39 persons who wrote the US Constitution in 1787, two (5.1%) were physicians."). By contrast, between 1960 and 2004, only 1.1 percent of the members of Congress were physicians (25 out of 2,196). Chadd K. Kraus & Thomas A. Suarez, *Is There a Doctor in the House? . . . Or the Senate?* 292 JAMA 2166 (2004).

(2007) (upholding constitutionality of the Partial-Birth Abortion Ban Act of 2003) (citation omitted).

This Court should again affirm the government's important interest in protecting the integrity, ethics, and indeed the humanity of the medical profession by upholding Mississippi's statute preventing second-trimester abortions after the 15th gestational week. More specifically, contrary to the district court and the court of appeals, which concluded that no State interest is ever adequate to limit pre-viability abortions, this Court should at least consider and assess the State's interests. *See* Pet. App. 6a-19a (reviewing and then affirming district court's approach of ending inquiry at viability).

A. This Court Has Affirmed the Government's Interest in Protecting the Integrity of the Medical Profession.

As this Court has repeatedly emphasized, "[t]here can be no doubt the government has an interest in protecting the integrity and ethics of the medical profession." *Gonzales*, 550 U.S. at 157 (internal quotation marks omitted) (quoting *Glucksberg*, 521 U.S. at 731 (1997)); *see also Barsky* v. *Board of Regents of Univ. of N.Y.*, 347 U.S. 442, 451 (1954) (indicating the State has "legitimate concern for maintaining high standards of professional conduct" in the practice of medicine).

In *Glucksberg*, for example, four physicians brought a constitutional challenge to the State of Washington's ban on physician-assisted suicide. The

physicians argued that the law placed an undue burden on the exercise of a liberty interest extending to a personal choice by a mentally competent, terminally ill adult to commit assisted suicide. 521 U.S. at 708. This Court upheld the Washington statute because it was "unquestionably" rationally related to legitimate government interests both in protecting the integrity and ethics of physicians and in preserving human life. *Id.* at 728-31.

Importantly, the *Glucksberg* Court credited reports from the American Medical Association that physician-assisted suicide "is fundamentally incompatible with the physician's role as healer," *id.* at 731, while noting that assisted suicide could undermine the "trust that is essential to the doctor-patient relationship by blurring the time-honored line between healing and harming." *Id.* (citation omitted). In affirming the state's interest in protecting the integrity of this fundamental relationship, the Court also cited as persuasive the testimony of doctors and physicians' groups that the "societal risks of involving physicians in medical interventions to cause patients' deaths is too great," and that "[t]he patient's trust in the doctor's whole-hearted devotion to his best interests [would] be hard to sustain" if the line between healing and harming were blurred by permitting assisted suicide. *Id.* (citation omitted).

Similarly, in *Gonzales*, this Court again affirmed that, under its precedents, "it is clear the State has a significant role to play in regulating the medical profession." 550 U.S. at 157. In that case, a

challenge was brought to the Partial-Birth Abortion Ban Act of 2003, which prohibited a method of abortion in which a fetus is killed just inches before completion of the birth process. *Id.* As justification for that law, Congress determined that "[i]mplicitly approving such a brutal and inhumane procedure by choosing not to prohibit it will further coarsen society to the humanity of not only newborns, but all vulnerable and innocent human life, making it increasingly difficult to protect such life." *Id.* (citation omitted).

The *Gonzalez* Court affirmed the constitutionality of Congress's ban of partial-birth abortions, noting that the law furthered "its legitimate interests in regulating the medical profession in order to promote respect for life, including life of the unborn." *Id.* at 158. In support of this determination, this Court credited Congress's finding that partial-birth abortion confuses the medical, legal, and ethical duties of a physician "to preserve and promote life, as the physician acts directly against the physical life of a child, whom he or she had just delivered, all but the head, out of the womb, in order to end that life." *Id.* at 157 (citation omitted); *see also id.* at 160 (crediting Congress's finding that partial-birth abortion "undermines the public's perception of the appropriate role of a physician" and perverts the process of bringing life into the world) (citation omitted).

As in *Glucksberg* and *Gonzalez*, the Mississippi law at issue prevents "brutal and inhumane," *cf. Gonzalez*, 550 U.S. at 157, abortion procedures

during the mid-to-late second trimester, particularly including the dilation and evacuation ("D&E") method. *See id.* at 160 (acknowledging the argument that "the standard D&E is in some respects as brutal, *if not more*, than the intact D&E" used in partial-birth abortions (emphasis added)). Instead of the partial-birth abortion procedure banned in *Gonzalez*, where a child is removed feet first from the uterus to terminate the baby's life while his or her head is still inside, here Mississippi seeks to guard against the harm from standard D&E procedures performed during the mid-to-late second trimester where a growing baby is typically crushed (including his or her head if too large to be pulled through the cervix) and dismembered by forceps with sharp metal jaws prior to full extraction from the womb. Christian Medical & Dental Associations, *Standards4Life – Abortion* at 2-4, https://cmda.org/standards-4-life/ (hereinafter "CMDA Standards4Life") (last visited July 28, 2021). This is in addition to the procedure's dangerous risks to the mother's life and health, which the Mississippi legislature also sought to protect, *see infra* Section II.b., including uterine (or cervical) perforation or laceration by sharp bone fragments, as well as severe bleeding, pelvic inflammatory disease, placenta previa, or even death of the mother. *See* CMDA Standards4Life at 4-5.

Another less common procedure that Mississippi's law protects against is the so-called "saline abortion" that takes place after 16 weeks' gestation. *Id.* at 3. To perform this procedure, a doctor withdraws

amniotic fluid and injects a concentrated solution of poisonous salt which the baby breaths in and swallows; the baby's skin is then burned by the salt as it draws water out of the baby's body. *Id.* The baby dies within one to two hours, often after violent movements. *Id.* Within 36 to 72 hours, the mother goes into spontaneous labor and delivers her shriveled baby. *Id.* Saline abortion carries significant risks for the mother if the amniotic fluid enters the mother's blood stream, including widespread blood clotting, uncontrollable bleeding, seizures, coma, or even death. *See id.*

Whether harm is inflicted inside or outside the womb, the dehumanizing impact on the medical profession, as well as the corrosion of its integrity and reputation, are incalculable just the same.

Accordingly, as in *Gonzalez* and *Glucksberg*, and for the reasons discussed further below, Mississippi's law furthers its legitimate interest in protecting the ethics and integrity of the medical profession and guarding the public perception of the appropriate role of a physician.

B. Mississippi's Law Furthers Its Legitimate Interest in Regulating the Medical Profession to Promote Respect for Life.

Without question, Mississippi's law furthers the State's interest in ensuring that the medical profession and its members are viewed as healers, not harmers. The Mississippi Legislature essentially found just that, based on conclusive scientific

evidence. For example, it cannot be disputed, as the Legislature found, that:

> The majority of abortion procedures performed after fifteen (15) weeks' gestation are [D&E] procedures which involve the use of surgical instruments to crush and tear the unborn child apart before removing the pieces of the dead child from the womb.

Miss. Code Ann. § 41-41-191(2)(b)(i); *see also Gonzalez*, 550 U.S. at 136; Traci C. Johnson, *What Are the Types of Abortion Procedures?* WebMD (Apr. 20, 2021), https://www.webmd.com/women/abortion-procedures#2-6 (last visited July 28, 2021) ("While doctors can do vacuum aspirations until about 14 weeks, the most common type of second-trimester abortion is called dilation and evacuation, or D&E."). Furthermore, the Legislature determined based on sound medical evidence that [D&E] procedures are "dangerous for the maternal patient."[3] *Id.* And its additional legislative findings—"that the intentional commitment of such acts for nontherapeutic or

[3] For example, the Legislature determined that maternal patients face a risk of dangerous medical complications while receiving dilation and evacuation abortion procedures, including "pelvic infection; incomplete abortions (retained tissue); blood clots; heavy bleeding or hemorrhage; laceration, tear, or other injury to the cervix; puncture, laceration, tear, or other injury to the uterus; injury to the bowel or bladder; depression; anxiety; substance abuse; and other emotional or psychological problems. Further, in abortions performed after fifteen (15) weeks' gestation, there is a higher risk of requiring a hysterectomy, other reparative surgery, or blood transfusion." Miss. Code Ann. § 41-41-191(2)(b)(iv).

elective reasons is a barbaric practice . . . and demeaning to the medical profession"—are policy determinations within the prerogative of the legislative branch, rationally related to its legitimate interest in protecting the medical profession as described above. *Id.*

While this Court does not place "dispositive weight" on such legislative findings, it does review them under a "deferential standard." *Gonzalez*, 550 U.S. at 165. In this case, there is no basis in the record or otherwise to suggest that any of the Legislature's findings are "factually incorrect" or "superseded." *Id.* Nor is there any basis to reject the Legislature's policy determinations justifying Mississippi's law as a legitimate regulation of the medical profession, fully consistent with the physician's Hippocratic Oath to do no harm.

Indeed, there is little in the record below concerning the harm inflicted by abortions after 15 weeks' gestation. The district court limited discovery to the issue of viability, Pet. App. 4a, and thus refused to hear from neurological embryologists and fetal development experts concerning the issue of fetal pain for example. *See id.* at 56a-57a. But, importantly, what little made it into the record is still enough to underscore that the limits placed are consistent with scientific principles—principles firmly moored to the core ethos of the medical profession.

Accordingly, because Mississippi's law furthers its legitimate interest in protecting the integrity of the medical profession, as well as respect for life, it should be upheld under rational basis review.

C. Standard Abortion Procedures Confuse the Duties of a Physician by Requiring Doctors to Act Directly Against the Physical Life of an Unborn Child.

In the standard D&E abortion performed during the second trimester, an unborn baby is usually torn apart, limb from limb, and a doctor may take 10 to 15 passes with forceps to remove the fetus in its entirety from the uterus. *See Gonzales*, 550 U.S. at 136. As the doctor conducts each of these passes, the child typically remains alive. *See Stenberg* v. *Carhart*, 530 U.S. 914, 958-59 (2000) (Kennedy, J., dissenting). In *Stenberg*, Dr. Leroy Carhart, the plaintiff in that case, testified that when he conducted the "dismemberment" process, he could usually see the unborn child's heart beating, and described how it continued to beat even after a child's arm was removed. *Id.* at 959 (describing past observation of fetal heartbeat via ultrasound even with "extensive parts of the fetus removed"). Justice Kennedy noted in his dissent that the unborn child in many cases "dies just as a human adult or child would: It bleeds to death as it is torn limb from limb." *Id.* at 958-59.

These disturbing (and undoubtedly haunting) actions against the physical life of an unborn child deeply undermine and confuse the duties of the physician to "preserve and promote life," *Gonzales*, 550 U.S. at 157. Mississippi unquestionably has an interest in preventing such confusion from jeopardizing the integrity and ethics of the medical profession, *see Glucksberg*, 521 U.S. at 794, and has taken the steps necessary to do so through its law.

D. Preventing Lasting Scars and Trauma Borne by Children Who Survive Abortions Furthers Mississippi's Legitimate Interest in Protecting the Integrity of the Medical Profession.

Doctors are aware that children have survived abortions and have grown up to lead normal lives but still bear the physical and emotional scars of the attempted abortion. *See, e.g.*, *Stenberg*, 530 U.S. at 959.

To illustrate, a woman named Sarah Smith survived an abortion attempt in 1970, while her twin brother died from the procedure. According to Sarah, "[a]fter surviving the abortion, I was born with bilateral, congenital dislocated hips and many other physical handicaps. . . . Many surgeries and body casts followed over the next few years. Unfortunately, doctors are telling me that now I'll need surgeries about every 5 years." *See* Learning Centre, *Survivor #4: Sarah Smith*, Life Inst., https://thelifeinstitute.net/learning-centre/abortion-facts/survivors/sarah-smith (last visited July 28, 2021). She thanks God she survived the abortion, but "the pain continues for everyone in [her] family," especially because of the loss of her twin brother Andrew. *Id.*

In another shocking story, Melissa Ohden grew up being told by her adoptive parents that she had been born prematurely, only to discover later as a teenager that she was actually an abortion survivor. Adam Eley & Jo Adnitt, *The Failed Abortion Survivor Whose Mum Thought She Was Dead*, BBC

(June 5, 2018), https://www.bbc.com/news/health-44357373 (last visited July 28, 2021). In 1977, Melissa's nineteen-year-old mother underwent an abortion using a toxic saline solution over the course of five days. Although Melissa was born at eight months old (and weighed just under three pounds), she was disposed of in a garbage can with medical waste, only to be discovered by a nurse hearing her weak cries and slight movements. *Id.* She was rushed to an intensive care unit where she was resuscitated against all odds. *Id.* Although doctors believed she would be born blind and with a fatal heart defect, she went on to live a physically healthy life. *Id.* Yet discovering the truth that she was an abortion survivor took a tremendous toll on her mental health; she developed an eating disorder and suffered with alcohol abuse for years while struggling to cope. *See id.*

Then there is the heart-wrenching story of Sarah Elizabeth Brown. At 36 weeks old, when her mother decided not to keep her, a doctor attempted to abort Sarah with a shot of potassium chloride to the heart; however, instead of her heart, the poisonous needle punctured her brain three times. *See* Learning Centre, *Survivor #11: Sarah Brown*, Life Inst., https://thelifeinstitute.net/learning-centre/abortion-facts/survivors/sarah-brown (last visited July 28, 2021). Miraculously she survived and was born two days later with visible puncture wounds in her face and skull, and consequent brain injuries that became progressively worse as Sarah grew older. *Id.* Tragically, the toxin caused her to be born blind and suffer a stroke at around six months old from which she never fully recovered. *Id.* Her ingestion of the poison during the attempted abortion also caused her

to develop progressive airway disease, from which she suffered the rest of her life. *Id.* She eventually passed away from kidney failure at just the age of five, peacefully surrounded by the loving family that had adopted her after the failed abortion attempt. *Id.*; Learning Centre, *Abortion Survivors*, Life Inst., https://thelifeinstitute.net/learning-centre/abortion-facts/survivors (last visited July 28, 2021) (hereinafter "*Abortion Survivors*").

In addition to these stories, there are numerous other abortion survivors who are permanently scarred, both emotionally and physically. *See Abortion Survivors*. These stories cast significant light on the disturbingly unethical abortion practices of physicians and the destructive influence these procedures have on the lives of innocent children, with scars and trauma that often persist for the rest of their lives.

Finally, as abortion survivors continue suffering trauma and physical harm at the hands of doctors, the medical profession—including many Mississippi obstetricians and gynecologists who do not offer or perform the D&E abortion procedure—will likely become increasingly stigmatized. Preventing this stigmatization of the medical profession also undoubtedly serves the State's interest in maintaining the integrity and "time-honored line between healing and harming" of the medical profession. *Glucksberg*, 521 U.S. at 731.

Accordingly, these stories of abortion survivors bring into sharp contrast the distinction between the medical ethics of the Hippocratic Oath on the one hand and the physical pain and emotional suffering inflicted by abortion-performing physicians on the

other. Preventing further infliction of such lasting scars and trauma on the innocent to protect the dignity and ethics of the medical profession is yet another legitimate basis justifying Mississippi's law.

CONCLUSION

In his 1892 address to Minnesota medical students, Sir William Osler, one of the four founding professors of Johns Hopkins Hospital, congratulated the students on their "choice of calling which offers a combination of intellectual and moral interests found in no other profession." Sir William Osler, OSLER'S 'A WAY OF LIFE' & OTHER ADDRESSES, WITH COMMENTARY & ANNOTATIONS 117 (Duke Univ. Press 2001). Mississippi's law furthers its legitimate interest in protecting the integrity, ethics, and morality of this "noble heritage" of the "ancient and honorable Guild" of medicine, *see id.* at 124, against practices and procedures that call on a physician to do harm.

This Court should thus uphold the constitutionality of Mississippi's statute.

Respectfully submitted,

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