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**Testimony of Linda Austin, MD
Physicians for Reproductive Choice and Health**

**Submitted to the South Carolina Senate
Committee on Medical Affairs on Senate Bill 84**

April 4, 2007

I am writing as a practicing physician in the state of South Carolina and a member of Physicians for Reproductive Choice and Health (PRCH) in opposition to Senate Bill 84, a bill to amend section 44-41-330 of the 1976 Code. PRCH is a national, not-for-profit organization created to enable concerned physicians to take a more active and visible role in support of universal reproductive health. We are committed to ensuring that all people have the knowledge, access to quality services and freedom of choice to make reproductive health decisions. We firmly support universal access to safe, effective and evidence-based reproductive healthcare.

As a physician, I strongly support access to comprehensive reproductive healthcare services for the citizens of South Carolina. Therefore, I must strongly oppose legislation that creates an unnecessary burden on patients seeking access to such services. I oppose Senate Bill 84.

Senate Bill 84 demands a unique and unprecedented intrusion into the decision-making process of our patients that is obviously religiously and politically motivated. Doctors have a professional duty to provide balanced, emotionally neutral information about risks and benefits to patients and family members about procedures. The decision to terminate a pregnancy is only one example of life-altering decisions where the doctor is a trusted conduit of information which is always in oral or written form. Other examples are decisions such as when to end life support for an aging parent; when to perform amputation of a diabetic limb; when to operate and risk losing eyesight, hearing, or the capacity to speak due to head and neck cancer; when to perform vasectomy; when to perform ovariectomy to save a woman's life. As a psychiatrist, I have daily opportunities to inflict my opinion about whom people should marry or divorce. In all of these decisions, our patients expect us to remain caring, neutral, and supportive of their decisions, and certainly not to inject our moral beliefs either overtly or insidiously.

As a physician, I find Senate Bill 84 to be a gross violation of the doctor-patient relationship and an ineffective and unnecessary intrusion into a woman's private medical decisions. Responsible healthcare providers know that mandating an ultrasound before an abortion is medically unnecessary because physicians will already perform an ultrasound if the situation warrants.

The obvious message of showing an ultrasound of a fetus is to create guilt and confusion in the patient. This is emotional battery and a blatant example of politically motivated medicine. One does not need to be a doctor to know that exposure to visual images can cause psychological trauma based on recurring 'flashbacks' of that image. As doctors, we take seriously the importance of minimizing the psychological wounding of patients during procedures by offering humane words of kindness and caring. Our role is simply to heal and to care, not to judge. Senate Bill 84 would force physicians into a posture of trying to shame and traumatize women at a time when they are most in need of compassion. This law is not based on best practices in medicine or grounded in science; rather it is a clear violation of the doctor-patient relationship and an example of the worst kind of political interference.

As a medical professional who respects my patients' healthcare decisions, I cannot allow such inconsiderate legislation to advance in this state. The only possible benefit of routine sonogram prior to an abortion is to ascertain gestational age, yet that can also be identified by other means, including "medical history of missed menses, pregnancy symptoms, pelvic examination, and a pregnancy test."ⁱ In most circumstances, the ultrasound procedure is not medically necessary.

Let's be honest. The State knows that South Carolina women already face informed consent procedures specific to abortion, including state-mandated counseling and the distribution of state-created materials. Abortion is a heavily regulated medical procedure in South Carolina. Physicians are legally and ethically bound to provide full information to each patient so she can make the best educated decision based on her needs. Such informed consent is the very essence of modern medicine and a tenet strongly held by doctors and patients. The American Medical Association defines informed consent as the "(t)he physician's obligation to present the medical facts accurately to the patient or to the individual responsible for the patient's care and to make recommendations for management in accordance with good medical practice."ⁱⁱ (emphasis added) Please allow doctors do the work we have been trained to do. Mandating an ultrasound even when not medically required and forcing a woman to view the ultrasound image is not an extension of informed consent—it is state-sanctioned bullying.

It is particularly loathsome that the legislature has so far not seen fit to grant an exception to women terminating pregnancies that resulted from rape or incest. This lack of exception is cruel and unnecessary, and forces doctors to relinquish their role as the patient's advocate. This bill will not benefit women or families in South Carolina. This is simply poor medicine and poor public policy. And it is clear

that this legislation's only intended effect is to force women to feel guilty for choosing a specific healthcare option, and unnecessarily raise the cost of medical care at a time when healthcare costs are already exceeding what patients can afford.

Some supporters of this bill are operating under the guise of protecting women from some phantom psychological harm caused by abortion. Research indicates that undergoing abortion does not cause psychological or emotional harm. While some women do report feelings of sadness or guilt after having had an abortion, the most prominent response is relief.ⁱⁱⁱ Indeed, a study that followed more than 5,000 women in the U.S. for eight years concluded that the experience of abortion did not independently affect a women's well-being.^{iv} The women of South Carolina do not need protection from abortion; what they do need is comprehensive, reproductive healthcare and the resources necessary to prevent unintended pregnancy.

Other supporters argue that Senate Bill 84 is a valid way to reduce the rate of abortion in the state. It is not. The only valid, medically sound and ethical way to reduce the rate of abortion is to reduce the rate of unintended pregnancy. We know how to do that. Accurate and complete family life education works. Preventing unintended pregnancy works. Strong doctor-patient communication, free from government interference, works. What does not work is legislating how doctors should practice medicine and care for their patients.

I believe the South Carolina legislature and doctors share the same goals. We want our patients—your constituents—to live healthy lives. We want to equip our patients with every resource possible so they can make the best healthcare decisions for themselves and their families. Senate Bill 84 will not help us achieve these goals. I cannot, in good conscience, support any measure that forces me to ignore my medical training in favor of a government-mandated procedure. My responsibility is to my patients. As a physician, I respectfully request you place science and medicine above politics and ideology. Please oppose Senate Bill 84. Let's work together to improve the health of South Carolina's citizens by expanding access to affordable family planning services and comprehensive, medically-accurate sex education. That would be good medicine and good public policy.

Thank you.

i Fielding, SL and Schaff, EA. Clinicians' perception of sonogram indication for mifepristone abortion up to 63 days. *Contraception*. 2002; 66: 27-31.

ii American Medical Association. E-8.08 Informed Consent. Accessed on April 3, 2007 from <http://www.ama-assn.org/ama/pub/category/8488.html>

iii Stotland, NL, M.D., M.P.H., *Improving Women's Health: Understanding Depression After Pregnancy*. Testimony delivered to the United States House of Representatives, Committee on Energy and Commerce, Subcommittee on Health. 29 September, 2004.

iv Russ NF, Zierk KL. Abortion, childbearing, and women's well-being. *Professional Psychology*. 1992; 23: 269-280.