



**Testimony in opposition to Senate Bill 16 An Act Prohibiting an  
Unauthorized Pelvic Exam on a Woman Who is Under Deep Sedation or Anesthesia  
Public Health Committee  
February 1, 2019**

Senator Abrams, Representative Steinberg and members of the Public Health committee, on behalf of the physicians and physicians in training of the American College of Obstetricians and Gynecologists Connecticut Chapter (CT ACOG) and the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide this testimony to you today in opposition to **Senate Bill 16 An Act Prohibiting an Unauthorized Pelvic Exam on a Woman Who is Under Deep Sedation or Anesthesia** .

When performed solely for educational purposes, with no expected health benefit to the patient, a pelvic exam under anesthesia should require specific informed consent. This already occurs in health care settings, and ACOG's committee opinion 439 on Informed Consent affirms that obtaining informed consent for medical treatment is an ethical requirement. As written in ACOG Ethics Committee Opinion: "*Pelvic examinations on an anesthetized woman that offer her no personal benefit and are performed solely for teaching purposes should be performed only with her specific informed consent obtained before her surgery.*"

However, it is also essential to distinguish between pelvic exams performed solely for educational purposes and those that are part of a woman's care at the time of surgery. The intraoperative gynecologic exam allows for assessment of uterine position, selection of appropriate surgical approach, and anticipation of potential intraoperative challenges such as the presence of scar tissue. This exam plays an essential role in the process of planning and performing safe gynecologic surgery. An examination being performed for a diagnostic or therapeutic purpose (e.g., to determine in what manner to conduct surgery) is of an entirely different nature than one performed for training purposes. Such exams are hardly isolated to gynecologic procedures; on the contrary, it is a surgeon's responsibility to be familiar with the anatomy of the structures on or around which he or she is operating – whether be it a breast, a liver, a leg, or a uterus. As such, a pelvic examination is an inextricable component of nearly any gynecological procedure to which a patient has consented.

It is of vital importance that clinicians partner with patients to explain how aspects of a procedure relates to their medical care. This is the underlying tenet of informed consent and the foundation of trust upon which the doctor-patient relationship is built. However, it is our view that government attempts to mandate specifics of medical practices, especially regarding informed consent processes, can set ill-advised precedents. Singling out pelvic examinations by requiring a separate consent form when the exam is medically indicated relegates women's health care to a place outside the scope of normal health care and related standards of care. As seen in other areas of women's health that have been treated differently by the law, this can

lead to marginalization and stigmatization of such care, which harms the very women we aim to serve.

We again thank the Committee for their time and attention to this important matter. We look forward to working with members of this committee to ensure that final legislation accomplishes our mutual goal.