

Testimony In Support of LD 1948  
01/28/2020

Senator Sanborn, Representative Tepler, Distinguished Members of the Committee on Health Coverage, Insurance and Financial Services:

My name is Dr. Jay Naliboff, I live in Chesterville, and I practiced Obstetrics and Gynecology at Franklin Memorial Hospital for thirty-six years. I am here on behalf of myself and the Maine Medical Association.

One of the core principles of medical ethics is patient autonomy and in the surgical setting that autonomy is expressed as informed consent. Informed consent includes the full description of the proposed procedure, who will be performing the procedure, and the potential risks and benefits of performing or not performing that procedure. If a student or resident is participating in the surgery, that needs to be disclosed and documented as well and the patient given the option of agreeing to or declining the presence of that student.

In gynecology it is usually necessary to perform a pelvic exam under anesthesia prior to beginning surgery. Often valuable information is gained that will impact the route and extent of surgery, information that is difficult to obtain with the patient awake. It was our practice to add "Pelvic Exam Under Anesthesia" to our surgical consents and to explain the rationale to our patients. If a student was going to participate in the exam this was disclosed to the patient and her right to decline was respected. Obtaining this consent added a negligible amount of time to our surgical booking process.

You might ask why, if a pelvic exam is a routine part of the surgery, should an explicit consent be obtained? Unfortunately, women's bodily autonomy has been disrespected in the past, and many medical students learned pelvic anatomy by examining unconscious women without their consent. This happens much less frequently now but requiring a specific consent for a pelvic exam under anesthesia respects patient autonomy, acknowledges the sensitive nature of the examination, and does not intrude upon the doctor-patient relationship.

The American College of Obstetricians and Gynecologists of which I am a Fellow, states "Some procedures, such as pelvic examinations under anesthesia, require specific consent. In women undergoing surgery, the administration of anesthesia results in increased relaxation of the pelvic muscles, which may be beneficial in some educational contexts. However, if any pelvic examination planned for an anesthetized woman offers her no personal benefit and is performed solely for teaching purposes, it should be performed only with her specific informed consent, obtained before her surgery." (Committee Opinion #500)

I ask you therefore recommend LD 1948 as "ought to pass".

I would be happy to answer any questions.

Respectfully submitted,

Jay Naliboff MD FACOG