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OPEN LETTER TO TEXAS LEGISLATORS: GET OUT OF OUR EXAM ROOMS

All eyes are on Texas again this week as the fate of a far-reaching measure to restrict abortions and close many abortion facilities faces its last days of debate. Unlike almost any other issue, abortion generates strong feelings on all sides. This is true within our own organization, the American Congress of Obstetricians and Gynecologists (ACOG), and we respect that our 58,000 members have deeply held personal beliefs on this topic.

While we can agree to disagree about abortion on ideological grounds, we must draw a hard line against insidious legislation that threatens women's health like Texas HB2 (House Bill 2) and SB1 (Senate Bill 1). That's why we're speaking to the false and misleading underlying assumptions of this and other legislation like it: These bills are as much about interfering with the practice of medicine and the relationship a patient has with her physician as they are about restricting women's access to abortion. The fact is that these bills will not help protect the health of any woman in Texas. Instead, these bills will harm women's health in very clear ways.

We're setting the record straight, loudly and unequivocally, with these simple messages to all politicians:

GET OUT OF OUR EXAM ROOMS

Physicians from all specialties insist that there must be only two people in our exam rooms: the patient and the doctor. The sanctity of the patient-physician relationship is central to good medicine, a critical tenet embraced by ACOG and other medical societies such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians. These organizations recently wrote in the *New England Journal of Medicine*:

"Legislators, regrettably, often propose new laws or regulations for political or other reasons unrelated to the scientific evidence and counter to the health care needs of patients. Legislative mandates to the practice of medicine do not allow for the infinite array of exceptions where the mandate may be unnecessary, inappropriate, or even harmful to an individual patient. ... Lawmakers would also do well to remember that patient autonomy as well as individual needs, values, and preferences must be respected."¹

FACTS ARE IMPORTANT

Facts are very important, especially when discussing the health of women and the American public. And a lot of "facts" are being asserted in this debate. Truth be told, the scientific underpinnings of this legislation are unsound. First, there's the 20-week ban, which is based on the argument that a fetus can feel pain. Recent and rigorous scientific reviews have concluded that there is no evidence of fetal perception of pain until 29 weeks at the earliest² (third trimester is 28–40 weeks).

These bills would also impose a number of requirements for abortion facilities that are touted as necessary to ensure the health of the woman, but are, in fact, unnecessary and unsupported by scientific evidence. These

proposed requirements, concerning door width and other irrelevant issues, would only make it extremely difficult or impossible for most clinics, including clinics that primarily provide important non-abortion well-woman health care services such as mammograms and prenatal care to low-income women, to stay open. For example, the bills would require physicians who perform abortions to have admitting privileges at a hospital within 30 miles and allow abortions only in clinics that meet surgical clinic standards, imposing government regulations on abortion care that are much stricter than for colonoscopy and other similar low-risk procedures. The fact is that abortion is one of the safest medical procedures, with minimal—less than 0.5%—risk of major complications that might need hospital care.

WOMEN CAN MAKE THEIR OWN MEDICAL DECISIONS WITHOUT STATE INTERFERENCE

Texas women are renowned for their strength, courage, and smarts. Women across this nation are completely capable of making their own medical decisions with their physicians, as they make many other important decisions every day for themselves, their families, and their businesses. Women do not need—or want—any government to make medical decisions for them.

Women must have access to all needed health care—from mammograms to prenatal visits to reproductive care—based on scientific facts, not political ideology. ACOG opposes Texas HB2 and SB1, which jeopardize women's health care and interfere with medical practice and patient-physician relationship. Politicians are not elected to, nor should they, legislate the practice of medicine or step foot into our exam rooms.

SINCERELY,

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ACOG
THE AMERICAN CONGRESS OF
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SOURCES:

¹ Weinberger, Lawrence, Henley, Alden, & Hoyt. Legislative Interference with the Patient-Physician Relationship, *N Engl J Med* 2012; 367:1557-1559

² Bellieni & Buonocore, Is Fetal Pain A Real Evidence?, 25 *J. Maternal-Fetal & Neonatal Med.* 1203, 1205 (2012)

² Royal College of Obstetricians and Gynaecologists, Fetal Awareness: Review of Research and Recommendations for Practice 11 (Mar. 2010)

² Lee, Ralston, Drey, Patridge, & Rosen. Fetal Pain: A Systematic Multidisciplinary Review of the Evidence. *JAMA* 2005; 294(8):947-954