Senate Bill 17-284

Concerning the creation of the "Women's Reproductive Information Guarantee for Health and Transparency (Right) Act"

My name is Tom Perille and I am a physician who has practiced in Denver for almost 34 years. I have extensive experience developing clinical best practices and quality improvement. It is because of this expertise that I would like to speak on behalf of Senate Bill 17-284.

Informed consent is a foundational principle in modern American medicine. In order to support a patient's right to make autonomous decisions, a physician is obligated to inform their patients of the nature of the medical procedure contemplated, its risks, its benefits and all reasonable alternatives to the medical intervention. Without timely and evidence based information, patient autonomy is a sham. Decisions without proper informed consent usually reflect some level of coercion by the physician, their partner/family, or by society at large.

Currently, 35 states require that women receive counseling before an abortion is performed.[1] 27 of these states also require that women wait a specified amount of time before obtaining the abortion – most often 24 hours.[1] Another 26 states require the provision of ultrasound by abortion providers and most of these also mandate that the patient be provided the opportunity to view the ultrasound images.[2] Colorado remains a state with no regulations pertaining to the provision of abortion and certainly nothing to ensure that women contemplating abortion have access to accurate, evidence based information. Under normal circumstances, legislative mandates to enforce informed consent norms would not be required. However, given the politicized nature of abortion, legislative directives are the only way to guarantee that established informed consent guidelines are followed.

So what should informed consent look like for abortion procedures? It first must describe what is being removed in the process of abortion – a unique, living human being somewhere along the continuum of human development. The pregnancy is being terminated because a human life is being terminated. This is not wild speculation or hyperbole – this is scientific fact. A pre-procedure ultrasound to establish gestational age is considered a best practice in abortion care.[3-4] A clinical exam can be substituted for an ultrasound to establish gestational age in the first trimester but is not as reliable.[3] Thus, an ultrasound should play a dual role in the abortion process. It provides accurate information concerning the gestational age/physiology of the embryo/fetus for the woman and her abortion provider and facilitates the safe execution of the procedure. Ultrasound is not an undue burden manufactured by pro-life zealots. It is an integral part of the informed consent and abortion processes.

The second part of the informed consent process entails describing the risks incurred by the woman in the abortion process. This includes the expected consequences of the abortion – pain and bleeding. It also includes some of the potential adverse effects of the medical or surgical abortion procedures: nausea, vomiting, diarrhea, headache, dizziness, hemorrhage, infection, cervical laceration, retained products of conception, uterine perforation, uterine rupture, disseminated intravascular coagulation, embolism, and death.[3-4] There should also be a description of possible (albeit controversial) long term

sequelae of the procedure including premature birth[5], breast cancer[6], and mental health problems[7], including PTSD[8].

The third element of informed consent should include alternatives to abortion. Interference with a woman's education, a woman's work or care for other dependents as well as the perceived inability to afford a child are the most commonly cited reasons for abortion.[9] Pregnancy and prenatal resources and adoption services should be shared with the woman contemplating abortion. Other resources that offer options regarding education, work leave, childcare, and financial support should be made available to the woman as well.

Armed with information regarding the developing fetus, the risks of medical/surgical abortion and the alternatives to abortion, a woman can make an informed decision on whether to proceed. Otherwise, she is at risk for regretting her decision because of incomplete knowledge of her condition and options.

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Protect Life Coalition

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3. American College of Obstetricians and Gynecologists (ACOG). Medical management of first-trimester abortion. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2014 Mar. 17 p. (ACOG practice bulletin; no. 143). [113 references
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