

Testimony in support of LD 1948: An Act To Prohibit, Except in Emergency Situations, the Performance without Consent of Pelvic Examinations on Unconscious or Anesthetized Patients

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Hi everyone. My name is Hannah Martin, and I'm a medical student at the Tufts University School of Medicine Maine Track Program.

Everything I say today speaks to my own thoughts and opinions, and does not represent Maine Medical Center, Tufts University, or Cary Medical Center.

As a medical student in the Maine Track program, I've had the honor of caring for hundreds of Maine citizens. I completed my clinical rotations in Caribou, Maine at Cary Medical Center, and am taking a research year before starting my final year of medical school. I support LD1948, An Act To Prohibit, Except in Emergency Situations, the Performance without Consent of Pelvic Examinations on Unconscious or Anesthetized Patients, because it respects my patients' rights to their

bodily autonomy and teaches me how to have compassionate discussions with my patients.

Performing pelvic exams on un-consenting patients under anesthesia used to be equated to medical education. This is unequivocally untrue.

Medical students can and should learn to perform these exams without violating our patients' bodily autonomy. Students all train with patient actors who graciously coach us through giving our – often first – pelvic exam. Additionally, when patients are asked whether a medical student can perform a pelvic exam– under anesthesia or not, for purely education purposes or for medical reasons – the vast majority have assented. Throughout my third year, I had plenty opportunities to learn how to perform and practice how to give a pelvic exam.

I do not believe we should build a world where we train doctors that it's ok to ignore bodily autonomy in order to train physicians,

particularly when there are other ways to learn how to perform a pelvic exam.

Beyond protecting our patients, this legislation provides humanity to our patients as medical students. We medical students are not unfamiliar with uncomfortable situations. The vast majority of things we do in medical school and our clinical rotations are foreign, new skills to us: I have sat with patients as they learned about their cancer diagnosis; I have stitched up a traumatic wound to the jaw, and I've delivered babies. In all of these situations, I know that patients have consented to my presence as a medical student. By consenting patients, you're facilitating conversations between medical students, physicians, and patients – which have taught me more in medical school than anything else.

I've worked with phenomenal obstetricians, gynecologists, and family medicine physicians who care fiercely for their patients and have

actively ensured that their patients have provided consent for their procedures. They have demonstrated to me again and again how to be a good doctor and respect their patients. But we need legislation that reinforces the high ethical standards that physicians represent; we can't continue to rely on individuals or groups to hold this standard when the course of action is so clear.

I hope you realize that by passing this legislation not only are you upholding a physician's highest promise to do no harm, but you're also developing a more robust medical system, one in which students, physicians, and patients work together to optimize their care.