

Testimony of Parvaneh K. Nouri, MD/MPH Candidate  
Opposing Senate Bill 145  
February 13, 2018

Chair Manning, Vice Chair Rezabek, Ranking Member Celebrezze, and members of the Criminal Justice Committee,

My name is Parvaneh Nouri and I am a 3rd year medical student and Masters of Public Health student from Wright State University Boonshoft School of Medicine. I am currently the president of my school's chapter of Medical Students for Choice. I am here to provide testimony in opposition of Senate Bill 145 from the perspective of a physician in training.

From the medical perspective, I'd like to highlight how this bill is incredibly harmful - and I preface by saying it goes far beyond the ways in which this bill turns my colleagues, physicians skilled and dedicated to providing reproductive care to Ohioans everyday, into criminals:

D&E, Dilation and Evacuation, is the most common method of ending a second trimester pregnancy. Commonly, this procedure requires the use of a curette (a surgical instrument) and is then sometimes referred to as a D&C, Dilation and Curettage.

While to many this procedure equates to an elective abortion, it is important to note this procedure is also used to end wanted pregnancies that have been determined as incompatible with life outside of the uterus, such as in the cases of severely debilitating fetal anomalies. By prohibiting the D&E procedure, a procedure where patients are often able to go home on the same day, you will be forcing patients to undergo the many and long hours of labor and subsequent traumatic birth process. For those fetal anomalies that will not fit through the birth canal, this may result in an invasive and potentially life-threatening C-section that (if successful) requires weeks of recovery.

I am currently rotating in pediatrics. I recently had a patient whose mother was present with him. When I needed to the child to be placed on the physical exam table, his mother said she was not able to lift him. I was happy to lift the child myself, but when I asked if everything was alright with his mother, she told me what had happened. While she was further along in a wanted pregnancy the week prior, she and her doctors had discovered the fetus had developed an anomaly incompatible with life and she required a C-section. Through fought-back tears, the mother explained it was because of this C-Section, that she was unable to lift her child sitting in front of us. While fetal anomalies are thankfully uncommon, I cannot fathom putting a patient through induction, labor, and potentially a C-Section because less invasive procedures were prohibited - not unavailable - but prohibited. The experience I just shared with you all highlights how this bill written in black and white does harm by not considering the many cases of gray.

I ask that you also consider how the psychological trauma that will be inflicted upon patients by this bill is a measure of harm many of us in this room cannot imagine. As a physician in training, I have knowingly committed myself to a service profession where the patient is the foremost priority. However, I ask for you to consider the additional psychological trauma to physicians that will come with asking us to knowingly dedicate many, many hours to put our patients through induction and labor that could have otherwise been avoided.

Compared with the rest of our country, everyday, we healthcare professionals of this state battle an increasing maternal mortality rate coupled with an alarmingly high infant mortality rate. We are tired of watching our patients die when put into situations that could have been prevented had we been enabled by our government to provide our patients with safe, high quality care through means that are already available to us. It has been shown over and over again, that making abortions illegal does not decrease the amount of pregnancies ended. It does however compromise safety and ultimately puts more lives at risk. If instituted, this bill will increase the number of Ohioans dying every year.

The American Congress of Obstetrics and Gynecology (otherwise known as ACOG), the body responsible for holding OB GYNS to professional and ethical standards of care released the following statement in regards to legislature that limits reproductive care:

“Access to reproductive services, including abortion care, is essential for millions of American women...By forcing women to carry pregnancies to term, regardless of their reasons for needing an abortion, these bans will compel high-risk women to endanger their lives, increasing maternal mortality. At a time when maternal mortality is already on the rise in the United States, we should be working together to improve women’s health – not to attack it.”

As for what this means for medical students, we make decisions on where we train for residency and who we serve based on the restrictions placed on our ability to care for patients. For those of us who want to work together with our government to provide patients with comprehensive reproductive care, this bill quite simply means leaving this state. At present, Ohio is categorized as an “extremely hostile state” in regards to comprehensive reproductive care. This bill will undoubtedly cost Ohio countless qualified and compassionate care providers.

I believe our healthcare system and government involvement have the *great* potential of operating as a mutual partnership; one that facilitates positive patient outcomes and preserves our global leadership in the highest standard of care. As a physician, I want to serve my patients under that standard of care, regardless of which state I practice in.

Thank you for your time and attention.