

**Proponent Testimony on Senate Bill 23
House Health Committee
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**Dennis M. Sullivan, MD, MA (Ethics)
Professor of Pharmacy Practice
Director, Center for Bioethics
Cedarville University**

1. Good morning Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the committee, thank you for allowing me to testify today on Senate Bill 23.
2. My name is Dr. Dennis Michael Sullivan. I am a citizen of the state of Ohio and I reside in Beavercreek, Ohio, where I have lived since 1997. I am pleased to give my expert opinion before this committee in support of S.B. 23, and will specifically address the ethical concerns at stake in the matter of abortion.
3. I am a physician and have been licensed to practice medicine since 1978, and in the State of Ohio since 1980. My medical degree is from Case Western Reserve University in Cleveland, Ohio, and I have specialty training in general surgery. I was board certified by the American Board of Surgery, and am a Fellow of the American College of Surgeons. I practiced medicine in the U.S. Army and internationally for 12 years. Since 1996, I have served on the teaching faculty of Cedarville University and I have taught human biology, including advanced anatomy and human embryology. During this time, I have received additional graduate training in bioethics and philosophy, and I now also teach moral philosophy and medical ethics. Since 2006, I have been director of Cedarville University's Center for Bioethics. I currently serve on the faculty of the School of Pharmacy, where I teach pharmacy ethics and pharmacy law. I am also a member of ethics committees at two area hospitals.

4. As a trained medical ethicist, I take particular note of the Hippocratic principle of non-maleficence, as important in the practice of medicine today as it was 2400 years ago. This simply means that physicians should do no harm. Induced abortion was specifically forbidden by the Hippocratic Oath.
5. Abortion is one medical procedure that is not designed to cure a disease, for what could be more natural than pregnancy or childbirth? Abortion is, in fact, an invasive procedure, one that separates an unborn child from her mother's womb. Many will disagree about the full ethical implications of abortion, but everyone in this chamber will agree that it is an abnormal act, and many will claim it is an evil. Some will say it is a necessary evil, but an evil nonetheless. That is why those who support abortion rights usually refer to themselves as "pro-choice," not "pro-abortion." Therefore, reducing the number of abortions is a goal for all of us, and this will take education and resources.
6. The legislation before us requires that information about the fetal heartbeat be obtained before entertaining the possibility of abortion, which is not an undue burden for clinical facilities. An office or clinic ultrasound prior to abortion is standard medical procedure, one that is readily accepted by healthcare professionals, women, and families.¹
7. So what is the significance of the fetal heartbeat? It is not the biological beginning of life, for that moment is when sperm and egg unite in conception. As a physician who has taught human development, I can tell you there is no great mystery here. Despite all of the vague talk about when human life begins, any competent biologist or physician knows that it is at conception. *Larsen's Human Embryology* (5th Ed., 2015) puts it this way: "Fertilization . . . results in the formation of a new cell having a unique genome, different from that of the cells of its mother or father . . . [allowing] subsequent phases of human embryology to occur."²

8. At conception, the embryo is complete and entire for its stage of development. To become a mature member of our species, nothing must be added except time and nutrition. Its unique genetic code makes it different than any other human being on the planet. Through a complex series of events, the embryo directs its own development. It grows and folds to form a nervous system, a GI tract, and blood vessels. Shortly after development of the abdomen and chest, the heart forms from the union of two separate tubes. This all occurs at about 21 days after conception, but even before then, those tubes have begun to pulsate. By the time fusion takes place, blood is pumping through the heart and blood vessels, often with a blood type different from that of the parents. The beating of the early heart is visible by ultrasound as early as six weeks after conception.
9. For those who observe it, this moment has great significance. The expectant mother can see that the life within her is not an appendage or some abnormal body part, but a unique human being in its own right. Many women report this as the moment when they first bonded with their unborn child, or even began to love it.
10. This moment has predictive medical significance as well. A number of studies have documented that detection of a heartbeat in the first trimester of pregnancy by vaginal or abdominal ultrasound is predictive of a good outcome in 93% to 97% of cases.³⁻⁶ In one study, even in pregnancies threatened with a miscarriage, the presence of a normal heartbeat predicted fetal survival 96% of the time.⁷
11. All of this speaks to the standard of fetal viability, language first introduced in the 1973 *Roe v. Wade* decision of the U.S. Supreme Court, but later undermined by *Casey v. Planned Parenthood* in 1992. Viability outside the womb is not the question, since modern technology has shown it is much earlier than *Roe* contended. As I have shown, an unborn

baby with a heartbeat has a strong chance of being born, if it is simply left alone to grow and develop in peace.

12. More relevant to our proceedings today is the question of the humanity of a human fetus.

Even the *Roe* court acknowledged this. In his 1973 majority ruling, Justice Harry Blackmun stated that the fetus would be protected by the Fourteenth Amendment if its personhood were established. However, the Court declined to rule on that basis, stating “We need not resolve the difficult question of when life begins.”⁸ I would contend that the medical and scientific facts are much clearer than in 1973, and that we can reasonably conclude that the humanity of the unborn begins at conception, and that the establishment of a heartbeat is a firm basis for fetal viability.

13. I wish to conclude as follows. Some would claim that the key ethical question should be phrased: “Is a fetus alive?” This is clearly the wrong question, for there is nothing more alive than an unborn fetus, unless an unfortunate complication occurs, or unless an outside interfering force interrupts this state. Others would phrase the relevant ethical question as: “Is an unborn child a human being?” From a scientific point of view, of course it is. It is simply a human being at an early stage of development, a stage that every one of us has passed through. The real question before us is this: “How should we as a society treat these fellow human beings among us?” That is the question for this legislative body to decide.

14. Thank you for the opportunity to testify in this matter.

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