

Dr. Nan Wang
SB 23 Opponent Testimony
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I have always hated the terms “pro-life” and “pro-choice.” I am “pro-life,” but the life I fight for is the life of the woman, someone’s mother, wife, sister, daughter. The term “pro-choice” makes it seem like I am fighting for whether a woman can “choose” to have an abortion like how she chooses which shoes to wear, but, in reality, I am fighting for her life. Every pregnancy increases a woman’s risk of dying, and for women with pre-existing medical conditions, every pregnancy poses a risk to her life. For the woman with diabetes, carrying a pregnancy to term means she could go blind, be admitted to the ICU for diabetic ketoacidosis or lose consciousness from hypoglycemia (both life-threatening conditions for mother and child). She also has a high risk of having pre-eclampsia which could cause seizures, a life-altering stroke, as well as problems for her pregnancy and unborn child. For the woman with a history of heart problems or heart surgery, a pregnancy could cause her to go into heart failure or have a heart attack. Even healthy women have a risk of dying from their pregnancy due to massive hemorrhage, pre-eclampsia leading to seizures or stroke, overwhelming infection, blood clots, or postpartum depression. Women take on these risks to have children, but what about the woman who chooses to survive to take care of her other children at home. Do we have to force her to put her life on the line?

These are the issues I face every single day. I am constantly thinking about the consequences of surgery and pregnancy, and balance how best to advise my patient regarding these risks as well as respecting her autonomy and her own decisions. Medicine is not a black and white field and is always changing and that is why I believe that medical decisions cannot be dictated from the statehouse. The last time I attended a testimony, there was a case that the definition of “viability” changes with advancing medical technology, thus a heartbeat should be the limit in which an abortion should be performed. I will argue that this is an excellent example of why this issue should be left out of the laws and decisions should be made in the doctor’s office. A detailed, individualized conversation between the patient and the doctor can include all the different personalized risks of each option. Laws are inflexible and do not accommodate for all the situations and nuances of the medical field. They do not accommodate the fast-changing new advances, and cannot dictate what solution is the best for each individual person. I am asking that this conversation be moved out of the statehouse and courtroom and back into the physician’s office or hospital. There is no other aspect of medicine that is as hotly debated or as regulated as abortion. I will not pretend to know all the laws surrounding abortion, that is not my area of expertise. I only know enough to ensure that I do not go to prison. I do entrust that my elected officials help to keep me and my family safe. But I will also ask that you extend me the same professional courtesy and do not insert the law into my practice or dictate the right decision for each one of my individual patients.

Let me leave you with a harrowing possibility if this law were to pass successfully. Mary, a 32 year old mother of 3 beautiful children finds out that she is pregnant. Initially, she is overjoyed at the possibility of another child, but she quickly remembers what happened during her last pregnancy. She had postpartum cardiomyopathy shortly after she delivered. Initially, it started out with some shortness of breath, but when she got to the hospital, she was quickly moved to the ICU and was diagnosed with heart failure. She was started on several medications and she was so weak she could hardly get out of bed. She is now able to take care of her children, but she still has difficulty keeping up, getting short of

breath just walking across a room. The doctors told her another pregnancy could be life-threatening and she realized that she needed to stay healthy and alive for her other children. Unfortunately, she is unable to have a safe, legal abortion in Ohio as she just missed a period, but there is a heartbeat. Having no other options, she continues her pregnancy. Three months later, she is 20 weeks, and the pregnancy is still not yet viable, but she starts getting swelling and is unable to breathe. Now, deemed an emergency, she gets an abortion, but her heart never fully recovers given the strain.

It is for patients like Mary and all of the other women I treat on a daily basis that I urge you to vote no on SB 23. Medicine should be practiced by experts like me, not politicians.