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Good afternoon, Mr. Chairman and members of the Senate Health, Human Services, and Medicaid Committee. My name is Dennis M. Doody, M.D. and I am a proponent of S.B. 23, the Heartbeat Bill. I am a physician in the specialty of Pediatrics in Columbus. I am a 1974 graduate of The Ohio State University College of Medicine and Public Health. I have an appointment to The Ohio State University as an adjunct assistant clinical professor of Pediatrics. I served a residency in Pediatrics at The Ohio State University Medical Center and Nationwide Children's Hospital from 1974 to 1977. I began the private practice of Pediatrics in 1977.

In medical school I received education in obstetrics and gynecology during my rotation in that department at both The Ohio State University Medical Center and Riverside Methodist Hospital during the months of February and March, 1973. This was immediately following the Roe versus Wade Supreme Court decision. I walked onto that obstetrics and gynecology clinical rotation a mere ten days after the United States Supreme Court issued that decision.

I would like to briefly describe to you the level of obstetrical technology that was available at the time Roe versus Wade was decided. Even at the major medical centers in which I did my training, the methods to detect the heartbeat of an unborn baby would be considered insufficient by today's standards. In the clinic we used DeLee-Hillis fetoscopes to detect the heart sounds of unborn infants. An image of

this device is attached to the text of this testimony. This device relied simply on listening with a regular stethoscope with an added head attachment to enhance the sound of the heart tones. We did not have ultrasound at that time. In the labor and delivery area we had very early Doppler devices.

One of the great things about the Heartbeat Bill is that it doesn't limit physicians to the current technology, which is quickly outdated, as I described. The bill specifies that "standard medical practice" be employed in detecting the unborn child's heartbeat, allowing the standards to grow and improve as technology improves.

Senate Bill 23 also gives physicians the ability to bypass the testing and/or other requirements if "in the physician's reasonable medical judgment," they are performing a procedure

"designed or intended to prevent the death of the pregnant woman or to prevent a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman." This language not only gives physicians the ability to bypass the law in a medical emergency, but it is language which has already been upheld by the courts, and is currently Ohio law found in the post-viability bill.

At this time in history we are blessed to have very accurate methods of observing many things about babies *in utero*. Today we have far greater abilities to see the baby and hear heartbeats.

The detection of a heartbeat is a standard universally accepted proof of life. A person, born or yet unborn, is always considered alive when the heartbeat is detected. This has been true throughout the history of medicine and in

all countries and cultures throughout the world. It would be a departure from historical standard medical practice not to use the heartbeat as an indicator of the presence of human life.

And so I urge swift passage of S.B. 23 by the committee and the full Senate so that babies whose heartbeats can be detected can have the same legal protections the rest of us enjoy.

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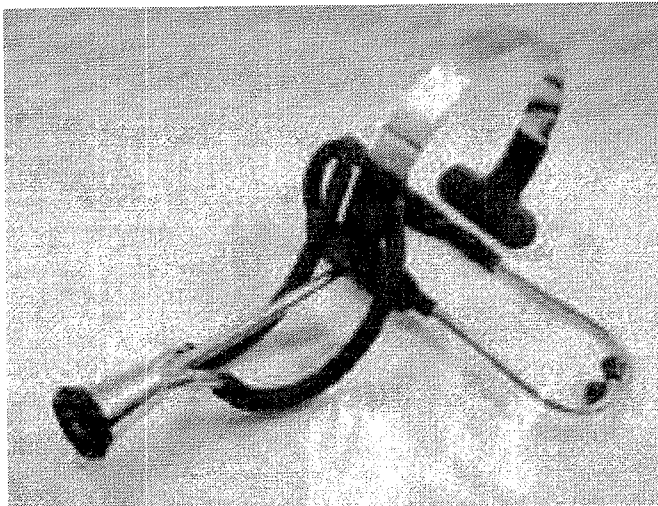
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# DeLee-Hillis Fetoscope



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### PRODUCT DESCRIPTION

These fetoscopes are loved by midwives for the simple reason that they can be hands free during a check up. The DeLee-Hillis Fetoscopes padded metal headband allows you to be hands free while monitoring fetal heart tones.

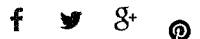
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