

Testimony of Marilena Wolf, Osteopathic Medical Student – Year 1  
In opposition to SB157  
Submitted to the Families, Aging and Human Services Committee  
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My name is Marilena Wolf. I am currently enrolled as an osteopathic medical student at the Heritage College of Osteopathic Medicine, Dublin campus. Before I started my medical education, however, I was a student of medical ethics at Case Western Reserve University. During my studies, I became familiar with the bioethical principles that have shaped the American health system and the implications they have had on patient care.

As a nation that has historically valued self-directed freedoms and choice, it is no surprise that the American healthcare system has developed to favor individual autonomy. Bioethically, autonomy is the idea that we, as individuals, are the final decision-makers in choices surrounding our health. The ability to make autonomous choices in healthcare rests on the principle of informed consent—that is, there is an ethical obligation to provide all relevant information to a patient faced with a choice in as neutral, unbiased way as possible. Failure to do so makes it impossible for a patient to exercise autonomous choice because any decision they make will be guided with incomplete, inaccurate, or coercive information. In essence, the provider will have stolen the capacity for choice from their patient.

As a future physician, I imagine attempting to have a conversation about abortion care with a patient under these conditions. I imagine explaining to them the risks and possible complications of an abortion procedure. I imagine explaining the medical procedures, costs, and complications of resuscitating a fetus after an attempted abortion. I imagine explaining that this procedure could possibly involve prolonging the suffering of their family and violating existing standards of medical care to comply. I don't want to have to look my patient in the eye and tell them that, I, as their doctor, am required to inflict medically unnecessary trauma on them and their loved ones—whether they consent to it or not-- as part of my practice. The practice of resuscitation in these circumstances would be coercive. It would rob my future patients of their right to make autonomous medical decisions without undue persuasion and their right to experience beneficent, non-maleficent medical care.

I cannot imagine willingly entering a medical practice under those conditions. Medicine has never been far from the political and social conflicts of a given era—but medical students are now being trained to consider the responsibility of a clinician in these conflicts. We are being taught to consider what it truly means to “do no harm,” and understand how to wield medical knowledge as a tool for patient advocacy. In light of this, efforts to make doctors complicit in unethical and coercive care at the expense of the well-being of their patients forces students like myself to consider practicing elsewhere.