



**House Public Health Committee
Proponent Testimony for House Bill 89
Emily Gemar, Public Policy Director
Ohio Alliance to End Sexual Violence
May 3, 2023**

Chair Lipps, Vice Chair Stewart, Ranking Member Liston, and Members of the House Public Health Policy Committee:

Thank you for the opportunity to provide proponent testimony in support of House Bill 89, which would prohibit intimate exams on anesthetized and unconscious patients without their express consent. As Ohio’s statewide sexual violence coalition, the Ohio Alliance to End Sexual Violence (OAESV) advocates for comprehensive responses and rape crisis services for survivors and empowers communities to prevent sexual violence. We view the practice of non-consensual intimate examinations, defined in bill as “pelvic, prostate, or rectal” exams, as an unethical and abusive practice.

Patients rely tremendously on medical professionals to provide critical knowledge and expertise that impacts their health and wellbeing. They place significant trust in healthcare providers to treat them appropriately and ethically. And trust is vital – patients are at their most vulnerable when unconscious, such as those under anesthesia. It is our understanding that these non-consensual intimate exams are often conducted on unconscious patients, who typically remain unaware that such an exam has occurred.

It is essential that patients have the right to informed consent and bodily autonomy prior to and during medical procedures. Non-consensual intimate exams can be traumatic and constitute a violation of a patient's body and their trust in their healthcare provider. Some patients have discovered they were given an intimate exam while under anesthesia, or have awoken during an exam, and have rightfully been very upset that this practice is permitted.¹

And patients are not the only ones who object to this practice – Medical organizations have issued guidance discouraging the practice. The Association of American Medical Colleges, has issued guidance stating that “performing pelvic examinations on women under anesthesia, without their knowledge or approval ... is unethical and unacceptable”² and the Committee on Ethics of the American College of Obstetricians and Gynecologists (ACOG) has similarly stated

¹ Goldberg, E. (2019). She didn’t want a pelvic exam. She received one anyway. *The New York Times*. <https://www.nytimes.com/2020/02/17/health/pelvic-medical-exam-unconscious.html>

² Wilson, R. F. (2005). Autonomy suspended: using female patients to teach intimate exams without their knowledge or consent. *J. Health Care L. & Pol’y*, 8, 240. <https://ssrn.com/abstract=880120>

that “Pelvic examinations on an anesthetized woman ... performed solely for teaching purposes, should be performed only with her specific informed consent obtained before her surgery.”³ Further, medical students also express discomfort performing intimate exams on unconscious patients who have not consented.⁴

The emphasis on informed consent and bodily autonomy in this legislation are cornerstones of sexual violence prevention efforts. As a result, House Bill 89 not only upholds the values of the anti-sexual violence movement, but it is also extremely important for survivors seeking healthcare. A survivor of sexual abuse or sexual assault has already experienced a violation of their bodily autonomy. Performing an intimate examination without their informed consent represents yet another violation - however this time it is when they are relying upon critical health services. By ensuring patients’ boundaries are respected during medical procedures, this bill will prevent re-traumatization by ensuring no intimate exam is performed without their express consent.

The least we can do for people undergoing medical treatment is to protect their bodily autonomy and ensure that they feel respected and dignified. It is therefore crucial for medical professionals to obtain express consent from their patients before performing any intimate medical exams. OAESV strongly supports this bill and recommends its advancement. Thank you for your consideration of my testimony today. I can answer questions at this time; alternatively, I am available by email at egemar@oaesv.org.

³*Professional Responsibilities in Obstetric-Gynecologic Medical Education and Training*, Comm. Opinion (Amer. College of Obstetricians and Gynecologists), Aug. 2011, reaffirmed 2017, at 1.

⁴Friesen P. (2018). Educational pelvic exams on anesthetized women: Why consent matters. *Bioethics*, 32(5), 298–307. <https://doi.org/10.1111/bioe.12441>