

Dr. Kristin Foley  
Opponent Testimony  
Senate Bill 164

Ohio Senate Health, Human Services, and Medicaid Committee  
September 12, 2017

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares, and members of the Ohio Senate Health, Human Services, and Medicaid Committee, thank you for the opportunity to present testimony regarding Senate Bill 164. I am a physician, a mother of three, and a central Ohio native. I have been a practicing radiologist for 11 years. I graduated from Yale University and from Washington University School of Medicine in St. Louis. I completed my residency and fellowship at the University of Pittsburgh and am board certified in Diagnostic Radiology.

One of the first things I learned in medical school was that the doctor-patient relationship is a fiduciary relationship, that is, one based on trust. This relationship has evolved from a paternalistic model into one more focused on shared decision making and patient autonomy. In this model, which is still based on the cornerstone of trust, physicians provide patients with the best information possible about the disease or situation, the available courses of action and their potential risks and benefits, as well as risks and benefits of not taking action, in order to help patients make medical decisions that align best with their goals and values. This last part is critical, as not all patients in a given situation have the same goals and values.

Much of my work in radiology revolves around imaging of cancer patients. I routinely attend and facilitate multidisciplinary tumor boards where different patients are discussed. The variation in diseases and presentations is immense, and equally diverse are patients' values and goals, with some patients wanting to pursue aggressive treatments and others preferring palliative options to try to maximize quality of life, perhaps at the cost of quantity. Their decisions are not always easy or straightforward, but they are the patients' to make, with input from their doctors and family members to the extent that they wish to include those others.

While not a perfect analogy, a prenatal diagnosis of Down Syndrome can engender a complex medical decision that is best made by the patient in the context of a doctor-patient relationship based on trust and the principle of patient autonomy. The Government does not dictate the treatment decisions of cancer patients and should not dictate the deeply personal and difficult decisions of pregnant patients. Unlike the patient's physician, the Government does not have a relationship with the patient and does not understand a patient or family's particular circumstances, values and goals. Inserting the Government into that situation, by criminalizing the physician for following the patient's wishes, would poison the trust between the physician and patient.

More than 20 years ago, prior to attending medical school, I worked at a women's health care clinic that provided abortion services. I remember a patient who came to have an

abortion. She didn't speak much English but knew the words "tracheostomy tube." I was able to glean that she had a young child with severe disabilities who had spent his entire short life at the hospital. This mother spent all of her time and all of her mental and emotional resources taking care of her disabled child and was not ready to divert any of that to a new child at that time. She made the decision to terminate her pregnancy based on the unique circumstances of her life and her own values and goals.

The fiduciary doctor-patient relationship, with its focus on shared decision making and patient autonomy, is critical for these difficult situations. SB164 inserts the Government into that relationship, undermining the trust between patients and doctors and undermining our fundamental principle of patient autonomy. I urge you to vote against SB164.