

Ohio House Government Oversight Committee

May 19, 2022

Proponent Testimony – HB 598

Dr. Michael Parker

Chairman Wilkin, Vice-Chair White, Ranking Member Brown and members of the House Government Oversight Committee, thank you for the opportunity to provide proponent testimony for House Bill 598, the Human Life Protection Act. My name is Dr. Michael Parker. I testify today as an OB/GYN who has been in practice for over 30 years. I am also the past president of the National Catholic Medical Association.

As an OB/GYN, I care for two distinct patients: a mother and her unborn child. My duty is to protect and preserve the lives of both the mother and her unborn child, for whom I provide care. As a physician, my patients have always trusted me to recommend what is best for them and their unborn child, regardless of the current political or cultural trends.

Since the introduction of the original Hippocratic Oath, there has been a clear separation of medical care from the intentional killing of a patient. As the original Hippocratic Oath states, “Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion.” The role of the doctor is to provide healing. Healthcare consists of the “efforts made to maintain or restore physical, mental, or emotional well-being, especially by trained and licensed professionals.”

Modern science supports the original Hippocratic Oath and the dignity of each human person, both born and unborn. At the moment of fertilization, a new, distinct, living and whole human person comes into existence. From the scientific perspective, this is not controversial. 95% of biologists agree that life begins at

fertilization.¹ The newly conceived child lives up to 5-7 days, growing and differentiating until it makes the biological connection with his or her mother. As the unborn human implants in the uterine wall, this process continues and ultimately culminates with a child being born into the world approximately 9 months later.

This equal responsibility to ensure the health of both patients during pregnancy and beyond is not foreign to the medical field. Within the field of Obstetrics and Gynecology, there exists the subspecialty of Maternal and Fetal Medicine. The mission statement of the Society of Maternal-Fetal Medicine recognizes these two distinct patients as it “advocates to optimize the health of high-risk women and their babies.”² Today, surgeries are even performed on unborn children to treat conditions such as spina bifida. Recently, at the Cleveland Clinic, a lung surgery was performed on an unborn child. This genetically distinct and inherently valuable human person is worthy of the same dignity and respect as all other human persons. Therefore, we see that abortion violates the basic tenets of medical ethics, to do no harm, because it ends the life of an unborn child.

However, today, certain segments of society and medical organizations have adopted views that are contrary to both traditional medical ethics and science. Even the American College of Obstetricians and Gynecologists (ACOG) has changed its stance on when life begins several times. These changes reflect not a dedication to the Hippocratic Oath but rather an obsession with political posturing that surrenders the very lives of our patients to societal whims.

Abortion proponents would like us to believe that abortion is essential to women’s healthcare. If this were the case, doctors would have a moral and ethical obligation to perform abortions. However, only 10% of OB/GYNs perform abortions. 90% of

¹https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3211703

²<https://www.smfm.org/what-is-the-society/mission-and-vision>

OB/GYNs **do not** perform abortions³. Additionally, more than 95% of abortions are elective procedures that are performed for economic or social concerns, not to protect women's health or lives⁴.

Elective abortion treats no disease state and carries significant potential harm for women. Numerous studies have shown that elective abortions increase the risk of preterm delivery⁵ in future pregnancies, increase a woman's risk of mental health disorders and suicide⁶, and increase her risk of breast cancer⁷ if she has not yet had a full-term pregnancy. In addition, the chances of a woman dying from abortion-related complications are higher if the abortion is done in the second trimester and beyond⁸. Finally, abortion contributes to maternal mortality through hemorrhage and maternal severe infection or sepsis.

In women with significant medical problems, pregnancy may complicate or worsen a disease or condition, such as diabetes, hypertension, and heart disease. However, abortion is not a therapeutic cure for any of these diseases. The underlying condition will still remain. As medical professionals, we should use our training and expertise to sustain and support these women through challenging diagnoses and provide therapeutic medical care. Instead of abortion, physicians can provide medical care until the child can be induced or delivered. For those disease states that require medically necessary early delivery or a hysterectomy, the physician is not performing an abortion, because he or she is not intentionally killing an unborn child.

³ <https://www.sciencedirect.com/science/article/pii/S0010782417305218>

⁴ https://abort73.com/abortion_facts/us_abortion_statistics/

⁵ <https://aaplog.org/wp-content/uploads/2019/12/FINAL-PRACTICE-BULLETIN-5-Abortion-Preterm-Birth.pdf>

⁶ <https://aaplog.org/wp-content/uploads/2019/12/FINAL-Abortion-Mental-Health-PB7.pdf>

⁷ <https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-8-Abortion-Breast-Cancer-1.9.20.pdf>

⁸ <https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-6-Induced-Abortion-Increased-Risks-of-Maternal-Mortality.pdf>

The death of the child is an unintended and indirect consequence of treating another disease state. This is permitted with House Bill 598.

In the nearly 50 years since the United States Supreme Court wrongly decided *Roe v. Wade* and *Doe v. Bolton*, medical science has progressed significantly and has increasingly supported the pro-life position. It is time that Ohio law recognizes the advances in medical science and supports the human rights of all our patients. It is time for medical professionals and the state legislature to boldly defend the lives of unborn children and their mothers. We must empower women to choose life and defend against coercive abortions which pit women in crisis against their children. Women and their children deserve our unwavering support, not the destruction of abortion.

We would be wise to heed the words of the late Martin Luther King, Jr: "On some positions, cowardice asks the question: Is it safe? Expediency asks the question: Is it politic? Vanity asks the question: is it popular? But conscience asks the question: Is it right? And there comes a time when one must take a position that is neither safe, nor politic nor popular, but he must take it because conscience tells him it is right."

Thank you for your consideration of the bill, and I will answer any questions that the committee may have.