

Chairman Burke, Ranking Member Antonio, and members of the Senate Health, Human Services, and Medicaid Committee: My name is Alexander Curtis and I am here to testify as a citizen of Ohio who is a medical doctor with a background in public health and philosophy. I have come here today to ask that you consider my testimony before voting on SB 23.

Many factors affect fetal viability beyond location, including maternal health, site of placental attachment, and organ maturation. No intelligent conversation about evaluating viability is possible without discussing three physiologic shunts – ductus venosus, foramen ovale, ductus arteriosus. Each is required for normal fetal circulation and irrefutably affects viability. No one is justified in corrupting how or when viability is evaluated without a clear understanding of these fetal structures. SB 23 diametrically opposes what we hope to accomplish as healthcare providers. Evidence-based medicine compels physicians to think of viability as the point in development at which there is sufficient evidence that the ability to sustainably maintain adequate blood flow independent from another human can be confidently assured. Of course, the precise point in development is unique to each pregnancy. SB 23's pursuit for a radical liberalization is imprudent and has no place in the practice of careful medicine. Its claim that a new standard is somehow needed is a tactic to prohibit a woman from achieving her reproductive freedom. SB 23 is not a bill that rests on thoughtful arguments. It does not solve any problems. It is a bill about an unpopular belief.<sup>1</sup>

SB 23 line number 843 mentions the American Medical Association's Code of Medical Ethics. The first of its nine principles addresses respect for human dignity. It is surprising to find a reference to the respect for human dignity in this bill. Why? Precisely because SB 23 undermines exactly this in multiple ways. SB 23 implies that a small group of lawmakers are somehow better equipped to make decisions regarding women's reproductive capabilities than any woman in consultation with her trusted healthcare provider. How do we know that acting on such a reckless assertion would undercut human dignity? We need not look any further than the routine patient-physician encounter. When a patient engages with a physician, the standard of care dictates that the physician invest reasonable time and attention in determining the smartest course of action with the patient. Two essential points must be recognized: (1) physicians need to help patients make informed decisions and (2) care needs to be consistent with patients' values. Physicians, therefore, must provide peer-reviewed evidence and then listen. SB 23 derails the intelligent order of the patient-physician decision-making process in a least three ways. It rejects patients' values, prevents physicians from providing evidence-based medicine, and it forces physicians to disobey what we know about human physiology. As such, SB 23 harms patients directly, weakens physicians' credibility,

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<sup>1</sup> Only 10% of adults indicate that, "Only to save the life of the mother" reflects their belief about access to abortion. This information was obtained from <https://www.kofc.org/un/en/resources/communications/american-attitudes-abortion-knights-of-columbus-marist-poll-slides.pdf> on March 4, 2019.

and subverts our ability to practice good medicine – which undermines patient dignity. Acknowledging a patient’s values is fundamental to the practice of good medicine, is required in order for compassionate care to be delivered, and is a practice no one has the right to dismantle.

How do we calculate value? It is important to recognize that any reliable method involves highly nuanced assessments that are often time-sensitive and deeply personal. As a result, it is easy to understand why physicians invest wholeheartedly in eliciting our patients’ values. Failing to do so would engender catastrophe. No one is entitled to intrude on any patient’s individualized value assessment.

Knowing what we value helps us to address our responsibilities. Most adult humans have two types of responsibilities – distinguishable and indistinguishable. Distinguishable responsibilities exist independently from us, indistinguishable responsibilities do not. Our responsibilities can be additionally categorized into those we determine to be desirable and those we determine to be undesirable.<sup>2</sup> We are here today to discuss an indistinguishable responsibility – pregnancy. Undesired pregnancies cause women to request abortions. Desired pregnancies do not. It is critically important to recognize that forcing a woman with a desired pregnancy to undergo abortion is as egregious a violation as prohibiting a woman with an undesired pregnancy from accessing abortion. Rejecting this violates the sanctity of an indistinguishable responsibility.

SB 23 violates the sanctity of an indistinguishable responsibility. It undermines human dignity and fails to justify the need for a new standard to determine viability. SB 23 punishes pregnant women for being pregnant. Ohioans deserve to be safeguarded against such attacks. Vote ‘No’ on SB 23.

I would be happy to answer any questions the committee members may have.

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<sup>2</sup> This creates four distinct responsibility scenarios (distinguishable & desirable, distinguishable & undesirable, indistinguishable & desirable, indistinguishable & undesirable).