

Chair Lipps, Vice Chair Stewart, and members of the House Public Health Policy Committee,

My name is Katherine Cooper, and I am a second year medical student at Ohio University Heritage College of Osteopathic Medicine. I am a constituent of North Canton, OH 44720. I am writing in support of House Bill 89 "Regards intimate examination of anesthetized, unconscious patient". As a medical student, learning clinical skills is very vital to our education, however this should **never** be done at the expense of a patient's autonomy and rights. Genital, pelvic, and rectal examinations are highly intimate procedures that can be traumatizing to patients and/or bring up past traumatic experiences.

Throughout our education, we are taught to put our patients first and to advocate on their behalf, especially when they are unable to do so. This is one of those instances. Informed consent is one of the core foundations of ethical medical practice. One wouldn't think twice when saying that performing surgical procedures without informed consent is unethical. So why is this even a question for intimate examinations? In medical practice there is a term "capacity", which is essentially an assessment of whether or not a patient can acknowledge and understand risks/benefits of a medical intervention and subsequently make a decision to accept or deny that intervention. Patients who are said to be "incapacitated" are deemed unable to consent to interventions. A patient can be deemed incapacitated for a variety of reasons such as intoxication (from drugs or alcohol), states of delirium, or when a patient is **unconscious**. By this definition, patients who are anesthetized and unconscious have no capacity to consent to intimate exams being performed. Consent for this would need to be explicitly discussed and obtained prior to the patient being put under anesthesia.

Thank you for your time and consideration.

Sincerely,
Katherine Cooper, OMS-II, MA, MS.