

TESTIMONY IN SUPPORT OF SB 2578

To whom it may concern,

My name is Peter Thorson and I am a 4th-year medical student at the University of Hawaii at Manoa's John A Burns School of Medicine. I am writing in support of SB 2578 to require informed consent for pelvic exams under anesthesia by medical students and in cases where such exams are not medically necessary. As a 3rd year medical student on my 7-week Obstetrics and Gynecology clerkship I participated in many aspects of women's health in a learning capacity. During the gynecologic surgery component of the clerkship I participated in a wide range of gynecologic surgical procedures, which frequently began with a bimanual pelvic exam being performed by the surgeon, the resident on the case, and myself. The majority of pelvic exams under anesthesia are unlikely to be affected by this bill as they fall under the exemptions from the consent requirement. There were many cases, however, for which the exam was procedural rather than educational in my opinion. This may very well be due to my inexperience in such exams and the difficulty I had in appreciating subtle findings but there were certainly cases where the pelvic exam was extraneous to the case. To give an example of such, I recall a case in which a woman in her early 30's came in for the placement of a pair of contraceptive devices in her fallopian tubes. I had reviewed the patient's chart and spoken with her so I knew there was no chance she was pregnant and there was no concern for a tumor or other abnormality. After the patient was under anesthesia the attending doctor instructed the resident and myself to do pelvic exams. It was not the only case in which I could see no medical reason for a pelvic exam but it sticks out in my memory because I recall feeling very uncomfortable about doing it and I almost spoke up against it. Medical students, like patients are in a position of perceived subordination, which makes voicing an objection difficult. In my case I was conflicted but lacked the necessary courage to object. I must make it clear that I never witnessed any patient treated without respect while under anesthesia and only individuals involved in the case participated in exams but I feel that those advocating for educational exemptions to the right of self-determination granted to all patients will find themselves on the wrong side of history.

I have discussed the practice with my fellow students since this bill was introduced and some have pointed out that pelvic exams are an important skill to learn and that in cases where a tumor is to be removed it is very important to know the size and location of the tumor. I agree that training is important but so is the indoctrination into an ethical medical culture where patient's rights are respected. In discussing the issue with my wife she asked, "Does every guy that goes in for surgery in his abdomen get a prostate exam?". I explained that this was an issue pertaining only to surgeries involving female reproductive organs and that I was unaware of the practices for male reproductive surgeries where a prostate exam was not clearly indicated but her question certainly brought the issue home to me in a visceral way. I am not saying that students should not try to appreciate the difference between normal and abnormal exams but I am saying that if an exam is purely for training reasons, then the patient's consent should absolutely be required.

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