

TESTIMONY REGARDING SB 528 (Broome)
"To require the performance of an ultrasound prior to an abortion"
House Health & Welfare Committee, June 3, 2010

Good morning, Madam. Chairman and Members of the Committee!

My name is Dr. W. A. Krotoski. I am a physician and retired medical scientist, with M.D., Ph.D. and M.P.H. degrees, living in Louisiana since 1974, and in Baton Rouge since 1982. Currently, I am President of, and represent *The Hippocratic Resource*, a Louisiana-wide organization of physicians, dentists, nurses, scientists and other health professionals who have committed to promoting the life-respecting principles of the Hippocratic Oath – the foundation of medical ethics – and objective truth in Medicine. My active career included 26 years with the U.S. Public Health Service, and I have taught at both Tulane and LSU Schools of Medicine and Public Health, as well as their Graduate Schools. Currently, I continue to serve on the research ethics board of Baton Rouge General Medical Center, and have published in *The Linacre Quarterly*, a journal devoted to the philosophy and ethics of medical practice, in addition to other authorships. I mention all this solely to serve as a basis for my comments on Senator Broome's bill to require an obstetrical ultrasound examination prior to an abortion.

Although there is unfortunate language in this bill that identifies physicians, as such, as the performers of abortions – something clearly and explicitly in violation of the Hippocratic Oath – our membership of *bona fide* physicians and other health care workers who subscribe to the life-respecting principles of that Oath is, nevertheless, fully in favor of the bill's content otherwise.

One of the cardinal principles of correct medical surgical practice is informed consent. In some circumstances, informed consent is required even for drawing blood! And the more serious the risk to the patient, the greater the ethical requirement for completely informed consent. Abortion is undeniably the taking of a human life, even if very early in its life-long development. That, alone, should require every effort to instill full understanding of the process. In American jurisprudence, the taking of a life usually requires a unanimous verdict from a jury of twelve, and a huge amount of effort is required to assure the validity of a guilty verdict in cases where the life of the accused may be taken away. In the case of abortion, however, a totally innocent human being's life is taken away with little thought on the part of abortionists, who seek primarily to maximize their earnings with almost no concern for the welfare of the mother. Surely, it is incumbent on us as a society to maximize the information given to a mother who is making a life-and-death decision regarding her child, and whose own health and welfare are also at risk. After all, in addition to some risk to her own life, there are also risks for organ damage, uterine and/or bowel perforation, infertility, increased miscarriage, breast cancer -- as recently acknowledged by Dr. Louise Brinton of the National Cancer Institute to increase that risk by 40% -- major depression, and even suicide! Women who have undergone abortions, when compared to other women in essentially similar medical and social circumstances who have chosen *not* to have one, have a suicide rate of up to 6.5 times greater! Yet these medical facts are not generally acknowledged in the compulsion to get rid of an innocent child whose presence is considered undesirable or inconvenient. Surely, we can do more to protect both mother and child by at least giving her enough genuine information about the immediate and likely consequences of her actions, particularly when fostered by someone whose prime goal is financial. Has anyone heard of an abortionist willing to give of his or her time to post-abortion care or consolation of her or his "patient" on the loss of her child in a manner similar to that of a reputable, *bona fide* surgeon whose patient has had a bad operative result?

We must give a woman contemplating abortion as much information as possible about what she is about to allow to be done to her child and to herself – after all, *she* will be living with the consequences – and this obstetrical ultrasound requirement is as good a way as we have for her to understand, and to make the right decision for herself and for her unborn child.

Members of the Committee: within the last two months, the Oklahoma legislature recognized this need for *clearly informed* consent by overturning a gubernatorial veto of a very similar bill. Please support SB 528 for Louisiana, both for the sake of unborn children and for that of their mothers!

Thank you for your time and attention!

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