

Can You Trust Your Physician?

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Statutes in 8 states are not designed to assure informed decision-making, say these psychiatrists; instead they represent an unprecedented effort by the government to use physician communications as an instrument for discouraging pregnant women from exercising their constitutional right to make their own reproductive choices.

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Laws in many states now require physicians to provide false information to patients who seek abortions. The intent of these laws is to dissuade women from having abortions.

As physicians, we are committed to accurate and truthful communication and to placing the welfare and concerns of patients first. A woman ought to be able to trust that her physician is informed about scientific evidence and will utilize this knowledge to provide optimal treatment. Moreover, she should be able to count on her physician to be empathic and respectful of her wishes and values, even when these differ from those of the physician.

In stark contrast to these expectations, physicians in Arizona, Arkansas, Georgia, Indiana, Kansas, Louisiana, Minnesota, Missouri, Oklahoma, South Dakota, Texas, and Utah are required to tell women who seek an abortion that the fetus will feel pain as it is being aborted. This information is not supported by current scientific research. A large 2010 review by the Royal College of Obstetricians and Gynaecologists in Britain found that the fetus cannot experience pain before 24 weeks' gestation because the neural connections into the cerebral cortex are not developed until then.¹ In a 2013 position paper, the American Congress of Obstetricians and Gynecologists (the companion organization to the American College of Obstetricians and Gynecologists) came to the same conclusion after reviewing the scientific literature.²

A rigorous 2005 scientific review of evidence published in the *Journal of the American Medical Association* (JAMA) concluded that fetal perception of pain is unlikely before the third trimester. Although ultrasound monitoring can show intrauterine fetal movement, no studies since 2005 demonstrate fetal recognition of pain.

Physicians in Arizona, Indiana, Louisiana, Mississippi, Ohio, Oklahoma, Virginia, and Wisconsin are legally required to compel women who seek abortions to pay for an ultrasound examination and to view the screen on which it is displayed. The only purpose for requiring this costly and medically unnecessary procedure is to influence women to change their minds about having an abortion.

Five states (Arkansas, Kansas, Mississippi, Oklahoma, and Texas) require that physicians inform women who seek an abortion that the procedure will increase their risk of breast cancer. This is false. The National Cancer Institute has concluded that "induced abortion is not associated with an increase in breast cancer risk."³

As psychiatrists, we are particularly concerned about the laws in 8 states (Kansas, Michigan, Nebraska, North Carolina, South Dakota, Texas, Utah, and West Virginia). These laws require physicians to inform women who seek an abortion that the procedure places them at great risk for

negative psychological consequences and to refer them for counseling about these issues. Scientific studies have determined that this is false. A 2011 report in the *New England Journal of Medicine* reinforced previous findings that an abortion does not cause any increase in rates of depression, suicidal thoughts, or psychiatric hospitalization.⁴

Richard Carmona, MD, US Surgeon General under President George W. Bush, warned, "There is nothing worse than ignoring science or marginalizing the voice of science for reasons driven by changing political winds." These politically motivated laws undermine the concept that medical decision-making is based on scientific evidence. They force physicians to act as agents of the state government rather than put their patients' interests first. They are intended to intimidate women so that they will not have abortions. They are corrosive to honesty in the physician-patient relationship, interfere with the physician's responsibility to the patient, and violate medical ethical principles.

In a recent position statement, the American Psychiatric Association declared that while it is appropriate for states to require disclosure of material information regarding the risks of any recommended treatment and to obtain informed consent, these statutes are not designed to assure informed decision-making; instead they represent an unprecedented effort by the government to use physician communications as an instrument for discouraging pregnant women from exercising their constitutional right to make their own reproductive choices.⁵

DISCLOSURES:

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