

**Statement of Yale University School of Medicine Concerning  
SB 16, An Act Prohibiting an Unauthorized Pelvic Exam  
on a Woman Who is Under Deep Sedation or Anesthesia**

Senator Abrams, Representative Steinberg, and Members of the Committee, thank you for the opportunity to comment on SB 16, "An Act Prohibiting an Unauthorized Pelvic Exam on a Woman Who is Under Deep Sedation or Anesthesia." We share your concerns about the welfare of patients and commend the Committee for considering this issue. However, we believe legislation is not the best solution.

The pelvic exam under anesthesia is an important component of most gynecologic procedures in the operating room. It provides understanding of the patient's anatomy and can drive clinical decision making and surgical planning. Among gynecologists, it is considered a standard practice.

Those professional norms also guide our clinical curriculum, which involves hands-on teaching of invasive clinical skills, such as the pelvic exam. In teaching, we use a number of didactic techniques, including standardized patients who teach pelvic and breast exams, simulations, and pelvic models, among other forms of experiential teaching. In the clinical setting, such as the operating room, trainees become part of the team and learn the importance of complete evaluation of the patient as well as use of appropriate techniques for patient care. This includes the pelvic exam under anesthesia because the exam provides essential direction for surgical procedures.

The provider-patient relationship is based on trust. There is widespread agreement among obstetricians and gynecologists that providers should not perform a pelvic exam under anesthesia without prior consent. It is our practice to obtain consent from our patients at the preoperative visit with the gynecologist. The preoperative consultation provides an opportunity for the gynecologist to discuss the planned procedure and to explain the involvement of the team members who will be involved in the procedure. Additionally, all consent forms contain specific language explaining the involvement of trainees in the decision making and procedural process.

However, there can be emergency situations where the ability to obtain consent is limited. For example, a pregnant patient may face immediate risk and may require an urgent delivery; for another example, suppose a patient arrives to the hospital in a non-verbal state. In these situations, the pelvic exam can be critical to the care of the patient even if prior consent cannot be obtained. Under these circumstances, SB 16 could hinder the delivery of the most appropriate care.

Furthermore, legislation may not be the best way to ensure that informed consent is obtained. The bill seeks to legislate specific standards for medical examination and procedures and clinical management. The legislative process is imperfect and can have unintended effects, such as impeding the delivery of the best care in an emergency setting. Instead, we recommend that the Committee rely upon medical societies to establish evidence-based, well vetted standards for obtaining consent.

In summary, we caution the Committee from legislating about clinical decision making and procedures. As physicians, we take an oath to take care of our patients, and we work collectively to set professional standards to ensure that we meet our obligation to provide appropriate and excellent care to our patients. The provider-patient relationship is built on trust, and prior consent is integral to that trust. The pelvic exam is an essential component of most gynecologic procedures and we recommend that the Committee rely upon the relevant medical societies to set clear standards for when it is medically appropriate or necessary to conduct a pelvic exam on an anesthetized patient.

Thank you for this opportunity to share our views about SB 16.