



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the  
Senate Committee on Health  
Friday, February 10, 1:30 p.m. Room 229

By  
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And  
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### SB 2578 RELATING TO HEALTH

Aloha, Chair Green, Vice Chair Nishihara and members of the Senate Committee on Health.

The John A. Burns School of Medicine (JABSOM) trains medical students and MD graduates in obstetrics, gynecology and women's health, and supports the intent of your bill to respect the rights and promote the best health practices in the care of patients. We do respectfully request that some of the language in the bill be amended in the interest of accuracy, to reflect what we know to be actual practice.

We want to assure you, and have the record accurately reflect, that JABSOM's Department of Obstetrics and Gynecology (OB-GYN) and Women's Health has a policy regarding pelvic exams under anesthesia, and medical students introduce themselves to patients requesting permission to be involved in their care. If a pelvic exam under anesthesia is planned, they request permission to perform the examination.

All compensated and non-compensated faculty have been oriented to the policy. All medical students receive training regarding the policy on the first day of their rotation on the clinical service. The policy is included with their orientation paperwork. Kapi`olani Medical Center for Women and Children and The Queen's Medical Center, where our physicians conduct training, have both received the policy and it has been reviewed by their administrative and executive medical groups to ensure hospital and medical school policies are concordant.

This year a randomly selected group of women were questioned post-operatively and asked if a medical student was involved in their care. If they answered affirmatively, they were questioned regarding this policy. In all cases the patient stated the medical student had approached the patient, and informed the patient they would be participating in the patient's care including performing a pelvic exam, if such an exam was required for diagnostic purposes or clinical care.

With this background, we request that the first paragraph of the bill (page 1, lines 1-5) be deleted, along with the word 'further' in line 6. On page 2, line 10, we suggest that "The patient gives prior informed consent to the pelvic examination" be modified to enhance clarity, to the following: "The patient gives prior verbal or written informed consent to the pelvic examination".

The concept of informed consent ensures that patients understand the procedure, the risks and benefits of such a procedure, and that they agree to the procedure being performed. It suggests a dialogue has occurred between the patient and the provider. In general, a written consent document is signed by the patient as verification that such a discussion took place. The policy and procedures in effect at this time do require informed consent for the performance of a pelvic exam by a medical student.

We are concerned the current language in the bill is likely to be interpreted in its most conservative form, requiring written consent (versus our suggested "verbal or written informed consent.") This paperwork requirement, in addition to already extensive pre-operative hospital documentation needs, may reduce the medical students' ability to participate in operative procedures.

The OB-GYN rotation may be the only time medical students are exposed to women's health, and it may be their only opportunity to perform pelvic exams. Many will go on to other disciplines in medicine. Being able to perform a pelvic exam is necessary for a physician. Performing a pelvic exam while a patient is anesthetized is a unique and important learning experience, as the patient is fully relaxed and the intra-abdominal organs are easier to palpate. We know that many of our JABSOM graduates practice medicine in Hawai'i after they complete their training. It is important that we train the best physicians possible for our state and optimize their opportunities to perform pelvic exam.

Thank you for this opportunity to testify. Should you require a copy of our policy, please find it attached.

### **Pelvic Exams on the Anesthetized Patient**

American College of Obstetricians and Gynecologists (ACOG) Opinion (2007):  
“Physicians must learn new skills and techniques in a manner consistent with the ethical obligations to benefit the patient, to do no harm, and to respect a patient’s right to make informed decisions about health matters. These obligations must not be unjustifiably subordinated to the need and desire to learn new skills.” Some procedures, such as pelvic examinations, require specific consent. If any examination planned for an anesthetized woman undergoing surgery offers her no personal benefit and is performed solely for teaching purposes, it should be performed only with her specific informed consent, obtained when she has full decision-making capacity.”

The goal of this document is to establish guidelines around the performance of the exam under anesthesia (EUA)

- 1) Pelvic EUA will be performed for clinical or diagnostic purposes. Exams will not be performed solely for educational purposes.
- 2) Medical students will introduce themselves to patients undergoing abdominal or gynecologic surgery and will request permission to perform an abdominal or pelvic EUA, if such an exam is indicated for clinical or diagnostic reasons.
- 3) Medical students can “opt out” of performing an abdominal or pelvic EUA
- 4) Medical students are responsible to become competent in the performance of the pelvic examination during their rotation on obstetrics and gynecology, regardless of whether or not they perform abdominal or pelvic EUA.