

House Committee on Federal and State Affairs
March 14, 2017
Testimony of Carol Joy Darrah, M.D., Opposing HB 2319

Mr. Chairman and Members of the Committee:

My name is Carol Joy Darrah. I am a licensed medical doctor in the state of Kansas, specializing in diagnostic radiology. My expertise is in breast imaging and detection of breast cancer. I have been working in this subspecialty field since 1985.

I encourage you to vote against HB 2319. This bill proposes amendments to the Women's-right-to-know Act - an Act that already has a number of irrational stipulations on disclosure requirements that are scientifically unfounded. Requiring unique disclosure serves as a means to further stigmatize and alienate abortion providers from their professional counterparts. It is a disservice to the patients who seek accurate information about this kind of medical procedure in that it attempts to obstruct and interfere with the doctor-patient relationship.

The Kansas Board of Healing Arts is led by a team of medical professionals sworn to uphold best practices for the good of those seeking medical help. There is already an extensive process a physician must go through in order to attain a medical license in this state. If these kinds of regulations were thought to be necessary, the Board would require such disclosure requirements for all physicians, but they do not. I am not required to disclose at time of service when I received a medical license, how long I have worked at my place of business, whether I have ever lost admitting privileges at any time in my career, whether I have had any disciplinary action brought against me, whether I have malpractice insurance (that is, by the way, a requirement to actively practice medicine in this state), nor whether I am a resident of this state (while I am currently proudly a resident of Kansas, this is information that is entirely irrelevant and unnecessary, and I have been licensed and practiced medicine in Kansas in the past while residing in another state). All of this information is readily available to patients on the Board of Healing Arts website for any patient to obtain should they so choose.

If I do not need to disclose this information, why should any doctor for that matter? What is the purpose of this bill? Is it meant to be discretionary against physicians who provide abortion care? Can anyone provide actual data that indicates the real need for this legislation, and, if so, could you please ask that it be presented and educate us as to its need? Or is it superfluous and therefore unnecessary? Does it provide needed information, and if so then shouldn't all providers of medical care be subjected to the requirements? Or is it meant to provide so much superfluous information that it obscures the real information that a patient actually needs to be an informed decision maker? As a both a patient and physician advocate, I think that these are questions that need to be answered honestly and with good intent. No one specialty or sub-specialty should be subjected to this kind of regulation as laid out by our legislative body. These are not requirements from our Board, and with all due respect, legislators should find comfort in their ability to rely on the Board of Healing Arts for their expertise and regulation instead of attempting to go beyond their scope.

It is clear to me that this bill and legislation meant to regulate abortion providers is biased. I would like to point out that there is a section in the HB 2319 amends that provides medically inaccurate information. In section 2(3) of K.S.A. 2016 Supp. 65-6709, it states that a woman must be informed of "risks related to proposed abortion method, including... risk of breast cancer." There are other falsehoods and inflammatory speech that is used in this bill, but as my expertise in the field of breast imaging and breast cancer diagnosis guides me, I feel it necessary to point out this example of misinformation in this Act. According to the National Institute of Health's National Cancer Institute (NCI), an organization that regularly analyzes and reviews scientific literature on many topics, abortion has been found to have no effect on risk or instances of breast cancer (January 2010). Yet, this information is still offered to patients. Neither the American College of Radiology nor the American Cancer Society indicates that having had an abortion puts a patient in a high-risk category for breast cancer. This misinformation proves an egregious lack of patient concern. It also compromises physician integrity.

I realize this part of the bill is not up for amendment at this time, but it is a clear example of an unfortunate strategy that is in place. This information goes to a vulnerable patient who is trying to make an informed decision, a patient who trusts her doctor to provide accurate, non-biased

information so that she is able to make a decision, a decision that best suits her needs and individual circumstances.

Each patient, taking into consideration all of her options, needs the information presented to be factual, and pertinent. You cannot present information as fact that is someone's hypothesis rather than based on scientific evidence. It is manipulation at its worst - compromising a patient's informed decision and forcing a physician to provide misinformation.

The same can be said for the misleading information that is part of HB 2319. If no other physician is required to disclose this information to their patients personally, then this is an attempt to devalue and demoralize a specific subspecialist group of doctors. This singles them out in a way that is unnecessary and has no medical basis.

Not all physicians are perfect, and I don't mean to imply that regulation is not necessary to hold our profession to its highest standards. This is why we have our Board of Healing Arts to oversee the ethical practices of medicine. I myself have a goal to practice the highest quality of medicine for my patients, and if I were to be mandated to disclose this information to my patients, I would want to know that there was data that showed it was going to actually improve patient care. I would also highly oppose any regulation that requires my disclosing hypotheses and outright falsehoods to my patients, or simply information that obscures what is actually needed for my patient to be able to make an informed decision for her care.

Thank you for your time and consideration.

Sincerely,

Carol Joy Darrah, M.D.

Citations:

National Cancer Institute (October 2016) Breast Cancer Prevention (PDQ®)-Patient Version. Retrieve from: https://www.cancer.gov/types/breast/patient/breast-prevention-pdq#section/_12

Further information presented:

National Cancer Institute (January 2010) Abortion, Miscarriage, and Breast Cancer Risk. Retrieved from: <https://www.cancer.gov/types/breast/abortion-miscarriage-risk>