Opposition to SF1

My name is Andrew Redmann, and I am a pediatric otolaryngologist in Minnesota, with a focus on caring for patients with complex congenital medical conditions. I am also a trained medical ethicist who completed an ethics fellowship at the University of Chicago MacLean center of clinical medical ethics. Finally, I am the Minnesota state director for the American Academy of Medical Ethics. In these capacities, I am writing in opposition to SF1 for a number of reasons, which are detailed below.

I feel it is necessary to say that many of the proponents of this bill will invariably say that opposition to this bill is based on non-scientific or religious objections. This is simply a strawman argument, and I encourage the legislature to grapple with the arguments at face rather than retreat to ideological presuppositions. Much of the testimony in support of this bill will likely endorse autonomy as a reason to support this bill, and this particular surgeon is a big fan of autonomy in general, as it undergirds the entire concept of informed consent and allows ethical medical practice. However, what will likely be left unsaid is that there are also other competing ethical principles that medical ethicists use to make decisions, including those of justice, beneficence, and nonmaleficence. All of these principles are undercut by the bill as written. Justice for the unborn child, the ability to receive benefits of appropriate medical care, and the physicians oath to "first do no harm" would all be harmed by this bill.

My opposition to this bill is focused on the following points:

1) The language talks of the rights of individuals, but does not define what is meant by an "individual". Arguably the fetus is an individual who has rights that are not being protected by the text of the bill. This clear dissonance is not reconciled in the text of the bill.

a) Does the bill include all minors, with no age restriction? Psychological research is clear that adolescents have a limited ability to recognize how their immediate actions especially as it relates to decisions with long term consequences. Allowing minors to procure abortions without parental notification would not be in line with the majority of American states, and would be against public opinion on this topic.

b) There is no mention in the bill of the competing individual rights of the unborn child. There are numerous well-documented studies that demonstrate that pre-born children can experience pain as early as 24 weeks. (There are also studies that show pre-born children as early as 20 weeks will withdraw from a pinprick, but it is debated whether this is truly perception of pain at the cortex level or just a reflex). At any rate, when intra-uterine surgery is performed as early as 22 weeks (a procedure which I am sometimes involved in), analgesia and anesthesia are routinely used. Anesthesia and analgesia are certainly used in the delivery of premature infants.

2) The bill makes no mention of the potential harms of abortion:

a) Psychological: many cases are documented of women with depression, PTSD, and regret years after an abortion. While the exact degree of this is debatable, it does seem clear from the data that abortion is not an entirely benign procedure and leads to decisional regret in a segment of the population undergoing abortion.

b) Risks of complications from surgical and medication-induced abortions. These are real and not insignificant, including infertility, severe infections, and even death. There is very little oversight of abortion clinics described in the bill to protect women from these potential complications.

c) Long term health concerns: increased risk of pre-term birth in future pregnancies, such as increased risk of Pelvic Inflammatory Disease.

3) The bill makes no mention of restricting late term abortion. These procedures involve injection of saline or another chemical into the uterus to kill the baby, then surgically dismembering the baby and removing the parts one by one. I recommend you watch a video of the procedure and then try to honestly convince yourself this is a good idea. I myself often work in the St. Paul Children's Hospital NICU only a few blocks from here, where we work to save the lives of 21-22 week prematurely born infants. It is not without some degree of irony that we also allow the brutal taking of an innocent life at 24 weeks (even up to 35 weeks) in this state. This should induce a degree of cognitive dissonance. If this bill were logically consistent, it would also include language (as Peter Singer and others have argued for) legalizing infanticide. That it does not is simply a measure of political expediency, not one of moral or ethical difference.

Finally, it is instructive to note that the vast majority of countries in the world do not allow late term abortion, including all of western Europe. This particular bill would place Minnesota in line with the countries that do—notably North Korea and China. This isn't exactly the company the majority of Minnesotans would prefer to be in.

For the reasons outlined above I would urge you to oppose this bill as written, as it puts Minnesota in line with the outlier of both public policy and public opinion with regards to abortion.

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