

Testimony of Dr. Joan Leitzer, MD, Portland

Opposition to LD 116, An Act To Require a 24-hour Waiting Period prior to an Abortion  
LD 924, An Act To Educate Women on the Medical Risks With Abortion  
LD 1457, An Act To Strengthen the Consent Laws for Abortions  
Performed on Minors and Incapacitated Persons

Submitted to Joint Standing Committee on Judiciary

May 3, 2011

Good afternoon.

I am Dr. Joan Leitzer, a psychiatrist in Portland, and have practiced psychiatry for over twenty-five years. I am also the mother of two grown children. I am here to urge you to oppose all three anti-abortion bills. The proposal that I find most objectionable, as a physician, is the proposal (LD 924) that would require that doctors read a government-approved script to any patient seeking an abortion.

As a physician, I have an obligation to provide scientifically and medically accurate information to my patients. I also have an ethical obligation to ensure informed consent by all my patients prior to any treatment. The three tenets of informed consent for treatment are that 1.) the patient must have the capacity to give consent, 2.) consent must be truly voluntary, and 3.) a patient must be provided with adequate information to make decisions. LD 924 is counter to the concept of informed consent which requires that doctors ensure that patients are capable of making a decision, are making that decision on a voluntary basis free of coercion, and have accurate information to make that decision in an informed way.

Indeed, LD 924 contradicts this principle of informed consent by introducing elements of bias and coercion into the process. Counseling is not reading a government-approved script to a patient. Counseling is definitely not reading inflammatory anti-abortion language to a patient in an attempt to coerce or shame her into not having an abortion.

I understand that the Maine Right to Life Committee states that this bill was, and I quote: “modeled after legislation which has been successfully brought forward in other states: Missouri, Texas, South Dakota, and Georgia.”<sup>1</sup> However, the scripts developed by government officials in those states contain false, misleading and out-of-date information.

The brochures for Texas falsely assert that abortion causes breast cancer despite the fact that the National Cancer Institute has definitively stated that there is no such link. Even more concerning to a mental health professional like me, both Texas and South Dakota falsely assert that abortion causes negative, and only negative, emotional responses. That’s just not true. Some patients may feel sadness, guilt, or regret, but other patients may experience a decrease of anxiety and/or relief.

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<sup>1</sup> Accessed at: <http://mainerighttolife.com/News/newsalerts.aspx>

The findings of Munk-Olsen et al from the Jan 27, 2011 New England Journal of Medicine demonstrate no support of the "hypothesis that there is an increased risk of mental disorders after a first trimester abortion." This is a high quality observational study (cohort design) and offers strong evidence suggesting that first trimester abortion is NOT associated with an increased risk of psychiatric disorder. In other words, there is no statistical correlation between abortion and depression. But the states that have a script assert this and other falsehoods. The Texas and South Dakota brochures claim that a woman may experience suicidal thoughts or so-called "postabortion traumatic stress syndrome." This is a fictional diagnosis that is not recognized by either the American Psychological Association or the American Psychiatric Association. The South Dakota materials state that an "unborn child may feel physical pain." The Texas materials assert that pain perception can occur as early as 12 weeks' gestation, although "some experts have concluded that the unborn child is probably able to feel pain" at 20 weeks.<sup>2</sup> The truth, according to a 2005 article in the *Journal of the American Medical Association*, is that the sensory systems necessary to feel pain develop between the 23<sup>rd</sup> and 30<sup>th</sup> week of gestation. The misinformation, contained in brochures from the states after which Maine Right to Life has modeled this proposal, seems designed to convince women that abortion is wrong. Promoting an anti-abortion viewpoint through a government-issued brochure contradicts doctors' ethical obligations to our patients.

Even if we disagree, we should never impose our personal religious or political views on a patient. But that's exactly what this bill would do. I urge you to reject biased government-mandated scripting of what takes place in the doctor's office. I have dedicated my professional life to counseling women and men through some of the most difficult circumstances of their lives. As a professional, I uphold my ethical obligation to ensure that all of my patients provide informed consent to any course of treatment.

There is no need to single out abortion and treat it any differently than any other legal, medical procedure. I urge you – regardless of what you think about abortion – please do not impose a particular set of religious or moral views on women seeking abortion. Please reject LD 924 as well as LD 116 and LD 1457.

Thank you.

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<sup>2</sup>Richardson, Chinue Turner and Elizabeth Nash. "Misinformed Consent: The Medical Accuracy of State Developed Abortion Counseling Materials." *Guttmacher Policy Review*. Fall 2006, Vol. 9, No. 4.