

Good afternoon, Senator Hastings, Representative Nass, and representatives of the Joint Standing Committee on the Judiciary. My name is Dr. Julie Keller Pease. I received my undergraduate training at the Massachusetts Institute of Technology (MIT), my medical degree from the University of Minnesota, and I completed my residency in psychiatry from the University of Vermont Medical Center Hospital. I've lived in Maine since 1987, and I reside in Brunswick.

I urge you to oppose LD 116, LD 924, and LD 1457. I will address the problems in particular of biased “scripting” for counselors and parental consent in turn, but before I do, I'd like to dispel a myth that has been bandied about today: There is absolutely no credible evidence that abortion leads to mental disorders. While it is natural that those who have an abortion may feel some sadness or even regret, it is also natural for women who have an abortion to experience positive feelings of deep relief and gladness. Moreover, sadness and regret should not be confused with clinical depression. The New England Journal of Medicine published a population-based cohort study in January, 2011 that reviewed women and girls who experienced a first-trimester abortion and the incidence of first-time psychiatric disorders. I have attached the article to my testimony. This is the most comprehensive study of its kind including all women in Denmark who had a recorded abortion between 1995 and 2007. The study found no increase in depression or any other psychiatric disorder following abortion. Interestingly, while the risk of psychiatric disorder did not increase after abortion, the risk of psychiatric disorder did increase with childbirth.

This was particularly interesting to me because I was involved with starting the “Post Partum Depression Project” at the Maine Association of Psychiatric Physicians. The project is designed to increase the recognition and treatment of perinatal depression by developing educational programs and encouraging collaboration between psychiatry, other medical specialties and mental health care providers. Postpartum depression is the most common complication of childbirth and affects approximately 15% of mothers. As psychiatrists, we seek to serve all women, and we work hard to address the challenges for new mothers. We also work hard to serve women who choose to have an abortion, and there is absolutely no data to demonstrate that women who have an abortion have a more difficult time than women who decide to have a child.

Studies that purport to show any link between abortion and depression or other psychiatric disorder have had methodological limitations including self-selection, low sample sizes, and high drop out rates. A New Zealand study, for example, suggested a correlation between abortion and mental disorder, but further scrutiny indicates that in New Zealand, where I have lived and practiced medicine, the majority of abortions are authorized on the basis of mental health indications – a restriction on abortion that introduces a bias to the study itself. In other words, if mental health conditions are the reason a woman seeks an abortion, it is not accurate to state that the abortion then causes mental health problems.

In the United States, the National Longitudinal Survey of Youth, conducted by the Center for Human Resources Research (CHRR) at Ohio State University in collaboration with

the U. S. Bureau of the Census, has collected information about self-reported psychological outcomes of abortion in the United States. The data is hotly debated; researchers suggested that a woman who has had one abortion has higher levels of well being than either women who have had no abortions or women who have had multiple abortions. What is not hotly debated is that the best indicator of well being for women following an abortion was their self reported level of well being prior to obtaining an abortion. In other words, women who suffered from depression prior to having an abortion remained likely to suffer from depression, and women who reported high levels of well being prior to having an abortion were likely to report high levels of well being following their abortion. In short, all of the available scientific research shows that abortion does not cause psychiatric disorders, not even depression, to a statistically significant degree. Many will experience mixed emotions, including deep sadness. Some women may experience depression (15% of women experience depression during the post-partum period). Most women do not.

Therefore, it is unfortunate that opponents of abortion would propose such drastic measures. LD 924 would require that doctors read the contents of a government brochure to patients. I cannot imagine being required to do that for any other medical procedure, and I am deeply concerned that some would contemplate mandating such an intrusive law. Doctors, including psychiatrists, are trained to be objective and to present patients with all of the facts, so that they may make the best decisions for themselves, in accordance with their own needs and their own religious views. I would never impose my personal views on a patient, and I hope that this legislature refrains from attempting to impose a particular set of religious or political views on patients.

I am further disturbed by the suggestion that parental consent be mandated for abortion, contraception or for mental health counseling. Of course, we all want parents and their children to have healthy communication. As a psychiatrist, I work with patients who are minors to find constructive ways to involve their parents. Healthy parental involvement is critical to successful treatment and therapy. But we have all read in the newspaper about the parents who fail their children – parents who are unable or unwilling to provide their children with the love and support they need to succeed. For these children, LD 1457 would be dangerous because it would mandate consent by parents when sometimes that's just not possible.

Finally, I oppose LD 116, which mandates a 24-hour delay. The legislature would not contemplate this for any other medical procedure. This is political interference in a woman's most private, personal medical decisions and her trusted relationship with her doctor. Doctors' relationships with our patients are based upon trust. Our patients trust that we are going to provide them with full, impartial information. We trust that our patients are going to share with us highly personal and private details about their medical history. Patients trust that we are going to recommend the best course of treatment for them. We trust that patients will make the best decision for themselves and their families about what treatment to pursue.

Trust women. Trust doctors. Vote "ought not to pass" to LD 116, LD 924, and LD 1457.