NARAL
Pro-Choice Wisconsin

To: Senate Health Committee

From: Jill Poarch, R.N.

Re: AB 67

Date: October 7, 2003

Good afternoon. My name is Jill Poarch and I am an RN in Madison, WI. I am also a Program Coordinator for Wisconsin SANE (Sexual Assault Nurse Examiners.)

Thank you for this opportunity to testify against Assembly Bill 67. I know I speak for many of my colleagues in expressing my profound disappointment in this measure. Every day I have the pleasure of working with many people of different backgrounds, different political affiliations, and different faiths. *Our common commitment to patient needs transcends these differences.*

*I oppose this measure because AB 67 essentially ignores patient needs.* The breadth of this measure is very dangerous – encompassing not just the provision of services, but also prescriptions, referrals for services and even discussion about a wide variety of services. My role is to meet patient needs to the very best of my ability. This measure clearly permits medical professionals to withhold vital information from their patients – the law must never condone medical professionals failing their patients in so egregious a way.

*I also oppose this measure because AB 67 provides absolutely no protections to patients.* The measure offers no assurance that patients will receive necessary care in a timely fashion. In fact, *medical professionals unwilling to provide treatments, dispense medications or discuss medical options are not required to provide prior patient notification and are not required to provide referrals for these services. IF* a patient understands that her health care provider did not provide her with all the medically appropriate information about her case, she might spend days or even weeks seeking out another provider. She might be required to pay for the cost of a second office visit.

Finally, I am very concerned because this measure grants health care providers immunity from any civil, criminal or disciplinary liability. This liability serves as a check to ensure that health care providers are offering the very best, most responsible care possible. However, AB 67 permits medical professionals to violate long-established standards of care by denying medical treatment to patients and then denies those patients all recourse.

All individuals have the right to access necessary health care. This measure inappropriately interferes with this right. *Our health care system will crumble when patient needs no longer triumph over the personal beliefs of providers.*

# WISCONSIN CATHOLIC CONFERENCE

TO: The Members of the Senate Committee on Health, Children, Families, Aging and Long Term Care

FROM: Kathy Markeland, Associate Director for Respect Life and Health Care

DATE: October 7, 2003

RE: Support for Assembly Bill 67 – Conscience Protections for Health Care Workers

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The Wisconsin Catholic Conference supports Assembly Bill 67, which would expand the conscience protections for Wisconsin health care workers.

We affirm the value of legal recognition for rights of conscience. Catholics believe that the conscience is the most secret core and sanctuary of the human person. Our conscience enables each of us to assume responsibility for the acts we perform.

The formation of conscience is a lifelong task for individuals. And, over time, technology and human progress present people with new challenges and questions. Each generation confronts anew the choice between opting for that which we regard as good and avoiding that which we regard as evil.

The revisions to Wisconsin's conscience protections proposed in AB 67 reflect the reality of the new challenges facing the health care field. As science furthers our understanding of the human body, we encounter new ethical and moral concerns particularly at the beginning and the end of life.

Health care professionals stand on the front lines addressing these complex issues. They embrace an ethic to uphold the value of life and to "do no harm." At the same time, they confront a dizzying array of new treatments and technologies that, while promising hope for the continuation of one human life, may come at the cost of the destruction of another.

The Catholic tradition calls followers to refuse to cooperate in actions that have the effect of destroying or demeaning human life. Cooperation in immoral acts cannot be justified by invoking respect for the freedom of others or by appealing to the fact that civil law permits the act or even requires it. Rather, the law may not compel people to act contrary to their conscience.

Wisconsin law currently extends this protection to health care professionals. AB 67 broadens the application of that protection to include additional health care professionals and additional objectionable activities.

131 W. Wilson Street • Suite 1105 • Madison, WI 53703 • Tel 608/257-0004 • Fax 257-0376
E-MAIL: office@wisconsincatholic.org • WEBSITE: http://www.wisconsincatholic.org

While we generally find the provisions of the bill to be beneficial, we would like to address portions of the amended bill that deal with advance directives and the matter of contraception.

We note that concerns have been raised that the bill erodes protections provided to patients through Wisconsin's current advance directive laws. We believe that the bill as currently drafted has addressed many of the concerns raised during the course of deliberations on this proposal in previous legislative sessions.

The WCC strongly supports advance directives. Indeed in their 2002 statement, *Now and at the Hour of Our Death*, the bishops of Wisconsin affirmed advance directives as an effective means for individuals to communicate their wishes for end of life care. That document also affirms the Church's teaching with regard to medically assisted nutrition and hydration. The Church teaches that "There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient." (ERD, #58)

Based upon our consultations and after reflecting on comments made about this bill since its passage by the Assembly, we believe the provision regarding physician compliance with an advanced directive would benefit from additional clarity. Specifically, we are sensitive to those who express concerns that the language as drafted may foster the perception that a patient's advance directive may be overridden by a physician-- thereby devaluing advance directives generally.

While we do not view the proposed language as detrimental to the physician-patient relationship, we think it will be beneficial to all to clarify that a physician's refusal to transfer a patient will not prohibit the patient and their family from seeking an alternate physician to take on their care. Language making that explicit would further strengthen the bill.

Further we would like to address the issue of conscience protection for refusal to prescribe, counsel for or distribute contraceptive articles and services. The *Ethical and Religious Directives for Catholic Health Care* clearly prohibits Catholic health care from participating in contraceptive services. While a bill that explicitly includes protection for this practice would be preferable, we believe that the language proposed in the bill does not change current law and anticipate that Catholic health care would be able to continue to practice in a manner consistent with our values.

The provision of health care services is not a morally neutral practice. The actions of both patients and health care providers are by their nature acts that engage the consciences of both parties involved. Particularly when the acts have life and death consequences.

The legality of a particular activity does not make it moral. A law that respects the right of an individual not to take part in an act that he or she deems immoral does not erode freedom. Rather such a law serves freedom.

Accordingly, we encourage the Committee to support the freedom of conscience of health care workers, who by the nature of their profession are committed to serving human life, by supporting AB 67.

NARAL
Pro-Choice Wisconsin

To: Senate Health Committee

From: Julie Fagan, M.D.

Re: AB 67

Date: October 7, 2003

Good afternoon. My name is Dr. Julie Fagan and I am a practicing physician at UW Women's Health Center here in Madison, WI.

I have been a physician for _____ years, and I have *grave concerns* about Assembly Bill 67. *This measure is written in the language of non-discrimination, but in fact fosters an environment in which medical professionals can impose their personal beliefs and religious practices on patients against patient wishes. However, medical science, not personal ideology, must dictate health care decisions.*

AB 67 greatly expands the number of health care services medical professionals can refuse to provide or participate in for religious or moral reasons and in doing so, inappropriately impedes access to comprehensive reproductive health care. *The measure is defined broadly to ensure that medical professionals can even refuse to counsel in favor of medically necessary treatments. A patient might never know that her physician did not provide complete and honest information. She might not learn of this devastating omission until her health is in decline.*

An example: A physician might refuse to perform or even suggest an indicated prenatal test, such as amniocentesis, because a patient might use the results of these tests to make decisions about her pregnancy not directly related to the "beneficial treatment of the human embryo."

I most certainly respect the right of individual doctors to refuse to perform procedures which they oppose for moral or religious reasons – *the law already protects these doctors*. However, health care providers must not withhold information about medically necessary treatments from their patients. If they do, they will undoubtedly threaten the health and well-being of their patients. Additionally, *we must insist that medical professionals provide advance notice to their patients about the medical services they do not provide, and referrals for those services they will not perform. It would be unconscionable for medical professionals not to ensure that patients receive the care they need.*

I urge you to oppose this measure which so clearly denies the people of our state the health care they need and desire – a risk none of you should dare take.

# Testimony of Matthew B. Lee, MD to Senate Committee on Health, Children, Families, Aging, and Long-Term Care

October 7th, 2003

Re: AB 67

I would like to thank the committee and Chairperson Roessler for hearing my testimony to AB 67. My name is Matthew Lee. I am a board-certified obstetrician-gynecologist in private practice at St. Joseph Regional Medical Center in Milwaukee, Wisconsin. I have been there in practice for four years. I have a clinical appointment at the Medical College of Wisconsin as a Clinical Associate Professor.

At first when I heard about this bill I had no thoughts about coming to Madison and making my views known. The bill seemed to make sense and did not seem too controversial. Wisconsin already has "conscience clause" legislation and fair employment laws. AB 67 seemed to me to be an update of this legislation with regard to developing technologies and making the employment law more enforceable. However, I began to hear many criticisms of the bill and thought that I could help answer some of those critics.

I will first divulge my bias on these issues. I will stick to reproductive issues since that is my main field. I view abortion as morally wrong in all cases except for an immediate need to save the

life of the mother. (Here I use the Webster's dictionary definition for life not the U. S. Supreme Court's definition). I recognize that abortion is legal in the United States as regulated by states. My view is that most contraception is not abortion, however the IUD is troubling enough morally to preclude my usage. I perform sterilization procedures. I am opposed to using fetal tissue for research.

As I understand it, the opposition to this legislation revolves around the following arguments. First, that this legislation would reduce the rights of Wisconsin citizens. Second, that a law already exists. Third, some covered activities are illegal in Wisconsin already. Fourth, as regards to employment discrimination, no one has complained about workplace discrimination. Lastly, although not stated but implied, pharmacist are in no need of the same protection that current state law extends to hospitals, nurses, and physicians.

Instead of answering each of these charges separately, I believe I can boil these problems down to two issues that are at the heart of

this debate. First the question: Is the practice of medicine morally neutral? By that I mean can I as a physician divorce my own beliefs about life from my practice? Do you really want your physician to be amoral? My covenant with my patient is to do all that I can to treat her and to respect her autonomy. A covenant has two parties however, and it is my duty to tell my patient that I cannot participate in an act that is contrary to my convictions. The physician has autonomy in this relationship as well. The people of the State of Wisconsin speaking through their elected officials agree with this proposition as expressed through the current "conscience clause" legislation.

This brings me to my next point: consistency. The arguments against this proposed legislation seem to be devoid of consistency. I have as yet to hear anyone call for the elimination of our current law, most seem to accept it as fact. However, a right to exercise conscience either exists or it does not. Conscience is by definition a *personal* worldview. Thoughtful people of faith will disagree on issues such as abortion, euthanasia, stem-cell research or sterilization.

This proposed legislation logically extends the same protection granted for abortion and sterilization to activities that are trapped in similar ethical quagmires.

Thank you for your time and attention to this matter.

Matthew B. Lee, M.D.
FACOG

**NATIONAL ASSOCIATION OF PRO-LIFE NURSES**
P.O. BOX 26883
MILWAUKEE, WI 53226

VOICE: 414-442-8303
FAX: 414-444-2657
E-MAIL: mlinane@wrtl.org
www.nursesforlife.org

Testimony of

Marianne Linane

Executive Director of the

National Association of Pro-life Nurses

on

AB 67

The Conscience Clause Act

Tuesday, October 7, 2003

before the

Senate Committee on Health, Children, Families,
Aging and Long Term Care

Sen. Carol Roessler, Chairperson

I am Marianne Linane, Executive Director of the National Association of Pro-life Nurses and a resident of Milwaukee, WI. I am here to testify in favor of Assembly Bill 67, legislation which would ensure that health care professionals can refuse to participate in work-related activities which are objectionable to them on religious or moral grounds without fear of reprisal, including loss of employment or denial of promotion for which one is otherwise qualified and entitled.

Our organization, founded to unite and support pro-life nurses, is now 24 years old. From our very beginning it became apparent that our greatest need was to assist those nurses who were being asked to participate in activities which transgress our moral sensitivities. At the time, this concern was only in the context of abortion. We have since provided nurses with information about existing laws which would protect their right to refuse such participation, established a data base of attorneys and legal organizations who would help defend those rights, and established a legal fund to help with a portion of the financial assistance needed to initiate legal defense if necessary. The most valuable of our offerings has been the moral support of knowing that there are other nurses of the same ethical values and to encourage nurses to resist the pressure to participate in abortion activities.

As abortion becomes increasingly unfavorable as an acceptable practice of good medicine and is now largely performed in free-standing clinics staffed by those who favor its practice, and as laws protecting those who would refuse to participate in such activities are passed, we see less need of such support in the abortion context.

However, there are many other practices now invading the medical profession which are equally offensive to many of us in the profession because of our moral and religious conviction that life begins at conception and is to be respected until natural death. These offensive practices are not restricted to one area or one type of nursing. They pervade every aspect of the profession we are trained to practice. The list of ethical dilemmas continues to grow and include every one of the eight activities which would be protected in AB67. It is probable that a nurse would be involved in any one of these activities.

Probably the most rapidly growing practice which is the antithesis of our nurturing profession is the practice of withdrawing nutrition and hydration from non-terminal patients. Certainly the practice of withdrawal of nutrition from non-terminal patients has already had its share of legal challenges and, like abortion, continues to be controversial. It also remains objectionable to many of us who will be asked to participate in it. Most health care professionals adhere to the belief that our mission is to treat and heal patients the best of our ability, not to engage in actions that deliberately destroy human life, thereby creating an atmosphere in which human life is no longer respected. Certainly there are times when the withdrawal of nutrition and possibly even hydration is indicated, but not as it is currently being promoted for non-dying patients where the intent is to cause the death of the patient. Studies have shown this to be an extremely painful and gristly experience for the patient. Additionally, it is never a matter of emergency for it to be done immediately, giving the promoter adequate time to seek another physician or nurse willing to do the deed.

As pro-life nurses, we certainly do recognize the autonomy of the patient to refuse any treatment he or she does not want initiated. To force any treatment on the patient would be medical malpractice and could be considered an assault on the patient.

The organization recognized as the official spokesperson of American nurses, the American Nurses Association, has recognized the importance of the right of a nurse not to participate in morally unconscionable acts. I quote from their Code of Ethics: "Where nurses are placed in situations of compromise that exceed acceptable moral limits or involve violations of the moral standards of the profession, whether in direct patient care or in any other forms of nursing practice, they may express their conscientious objection to participation. Where a particular treatment, intervention, activity, or practice is morally objectionable to the nurse, whether intrinsically so or because it is inappropriate for the specific patient, or where it may jeopardize both patients and nursing practice, the nurse is justified in refusing to participate on moral grounds."

"Threats to (a nurse's) integrity may also include an expectation that the nurse will act in a way that is inconsistent with the values or ethics of the profession....Nurses have a duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving comprise."

The areas of concern to nurses appear to be very well addressed in the eight protections being proposed in AB 67. These provisions would protect pro-life nurses from being forced to choose between our moral sensitivities and our livelihood. Nursing has always been and, because of its service nature, will always be, comprised primarily of individuals of altruistic motivation who will rise to the defense of the vulnerable and defenseless. As recent polling of nurses by a prominent nursing journal reveals, they are overwhelmingly pro-life and would, indeed, find themselves in compromising situations if these protections are not implemented.

As the current nursing shortage continues to grow and with no end in sight, it would be unwise to drive out any nurse who would feel forced to give up his or her profession rather than to compromise conscience on any one of these issues. They must know that they will be protected from having to participate in these objectionable practices.

For all the pro-life nurses of Wisconsin, the National Association of Pro-life Nurses urges you to pass this legislation for protection of our moral and religious beliefs. Thank you.

My name is Rebecca Horne. I am a medical student and am here today to speak out against Assembly Bill 67, specifically, the section entitled "Refusals to participate in procedures on moral or religious grounds." Though its supporters may have the best of intentions, it is my belief that the real consequences of this bill would be disastrous. It terrifies me, not only as a future medical practitioner, but also as a pregnant woman.

It terrifies me that – based on their assumption that the results might lead me to terminate the pregnancy -- doctors could withhold standard prenatal tests that would allow me to prepare for a child with disabilities or special needs.

It terrifies me that medical treatment – even life-saving urgent medical treatment – could be withheld if it is judged to be "not related to the beneficial treatment of the human embryo or unborn child".

For example, if I am diagnosed with cancer during my pregnancy, treatment options could be withheld. Chemotherapy is a procedure that is very dangerous to a human embryo. This has, for many women, forced an awful choice. Endanger the fetus with the chemotherapy or possibly die by delaying treatment until after the birth? Should I be forced to delay treatment and risk dying because my doctor has a moral opposition to a procedure that would endanger the fetus? I can't say for sure what I would do if faced with such a terrible decision. I very well might choose to delay therapy, but I deserve to have all of the options that our medical system can provide. It is ultimately MY choice. Not my doctor's and definitely not yours.

Finally, if I were to be permanently injured or die due to a doctor's decision to withhold treatment based on his or her religious or moral objections, my family and I would have no legal recourse. The fact that there is no clause in this bill requiring physicians to refer patients whose treatment they are morally unable to provide themselves means that many women like me may not receive necessary, standard medical care – and they will have no recourse. This bill terrifies me. If it passes, I do not plan to practice medicine in Wisconsin and I will DEFININELY not have another child here. Thank you.

Rebecca Horne
412 S. Brearly St. #1
Madison, WI 53703

rhorne@students.wisc.edu

John Thomas Dunlop M.D.
Zion Clinic
3115 Lewis Ave.
Zion, IL 60099

Date of Birth: September 27, 1947
Cleveland, Ohio

Education:

- High School: Firestone High School, Akron, Ohio, 1965, Valedictorian
- B.S. Physics: Wheaton College, Wheaton, IL, 1969, Summa Cum Laude
- M.D. The Johns Hopkins University, Baltimore, MD, 1973, Alpha Omega Alpha
- M.A. Bioethics, Trinity International University, Deerfield, IL, 2003, Summa Cum Laude

Residencies:

- Internal Medicine, The Johns Hopkins Hospital, 1973-1975
- Internal Medicine, Rush Presbyterian St Luke's Hospital, Chicago, 1975-1976, Medical Resident of the Year

Diplomat: American Board of Internal Medicine, 1976

- American Board of Geriatric Medicine, 1987

Employment:

- Zion Clinic, Zion, IL, 1976 to present

Hospital Affiliation:

- Victory Memorial Hospital, Waukegan, IL, 1976-present
  - Member of Medical Staff Executive Committee, 1997-2003
    - President of the Medical Staff, 2000
    - Chair of the Executive Committee, 2002
  - Medical Director Cardiac Rehab Program, 1984-present

Professional Affiliations:

- Fellow: Center for Bioethics and Human Dignity, Deerfield, IL, 2002-present

State of Wisconsin
Senate Committee on Health, Children, Families, Aging
and Long-Term Care

Testimony given by:
John T Dunlop M. D.
October 7, 2003

I believe the following five points effectively argue for this excellent law that protects the right of conscience.

First: Conscience is in the tradition of American practice and jurisprudence.

Our first amendment prohibits congress from making a law that would deal with "an establishment of religion, or prohibiting the free exercise thereof." It would seem appropriate for rights of conscience to fall under that prohibition. More recently the precedent of conscience has been well established in U.S. case law. One frequently cited is *Brophy v. New England Sinai Hospital* (1986). There the court stated that physicians have the right to refuse to participate in actions that violate their ethical and moral standards.

Second: To require a physician to violate her conscience destroys the patient physician relationship

Medicine is a serving profession. When I am at the office I am there as a professional to serve my patient. I do not serve by simply doing the will of the patient. I serve as a professional. By that I mean that I profess to have a knowledge that I desire to use for the benefit of my patient. Further, I want to approach my patient concerned for her whole life situation. I want to understand the meaning of her disease in the context of her emotions, spiritual values and social relationships. Similarly I come not only with my knowledge but also with my whole self as a caring person. This must include my emotions and spiritual values. That relationship between patient and physician as two whole people is essential to the healing process.

A system that would require me to violate my conscience and give into the demands of a patient would destroy that relationship. Out of

respect for my patient, I am reticent to push her to do anything in violation of her conscience. Where medically appropriate I offer, educate, argue, strongly encourage, but I will not force my opinion on her. If a patient did not show the same respect for me, but insist that I act in violation of my conscience, I would consider that a grave violation of the covenant of mutual respect that must exist between us. I have continued to care for wealthy patients who do not have enough respect for me to pay their bills; I have continued to care for others who have sued me; but if a patient showed so little respect that they would force me to violate my conscience, I would not be able to continue their care.

I know I am not alone in this and suspect that if forced to violate conscience a number of exceptionally qualified individuals will leave or never enter the practice of medicine. I would humbly ask what kind of a physician would you like caring for you: one who is principled and sensitive to issues of conscience or one who is willing to do things which she feels are wrong?

Third: Right of Conscience is necessary to the practice of the type of medicine we want.

Medicine, with its current emphasis on evidence and outcome studies is based on the premise that research can demonstrate one best way to practice. This presupposes that there is objective truth. Medicine does not believe that any individual's approach is as good as another until studies have proved it. The nature of conscience is similarly based on the premise that there is right and wrong.

Many people deny that there is any objective truth. Truth for them is subjective and individual. Conscience is a subjective interpretation and is not related to any objective truth. Seeing no truth basis in their own consciences they do not allow for truth claims in the conscience of others. To force a practitioner to act against her conscience will dramatically alter the very nature of medicine.

Medicine is not to be arrogant over the truth as if we have all the answers. We are in a search for truth and only ask for the privilege of living in a way consistent with where we are in that search. That requires protection of conscience.

Fourth: To make a referral is just as much against conscience as to provide the service.

> When I refer to someone I am commending the patient to the doctor for the service and the doctor to the patient. I cannot do that when it would be contrary to my conscience. What I can do is politely defer, allow another physician to assume the care, and make sure that I do my utmost to provide records to assure an orderly resumption of care.

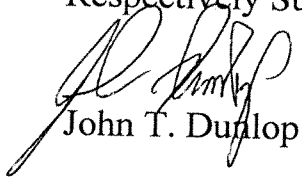
Fifth: There is no reason why a patient's autonomy should take precedence over that of the provider.

> Conflicts between the rights of individuals are intrinsic to free people. It is only in the context of a slave culture that the rights of one individual are allowed to trump the rights of another only on the basis of station in society. It is not appropriate for the rights of a patient to trump the rights of a physician simply because of their respective roles.

> I would say in closing, that, as a geriatrician, I am sensitive to the issues of the dying. I place great importance on advanced directives and sincerely seek to honor them. In 30 years of being a Doctor I have never had a conflict between advanced directives and my own conscience. It may some day come. If it did, I, and I believe all Doctors that I would consider worth their salt, would seek to work things out in gracious and caring ways which would allow respect for both the patient and the physician.

Senators I know that you recognize the sobriety of this matter. This is about the very character of medicine as it has been traditionally practiced in this country and which many of us continue to cherish. I believe that the house bill is wise and will protect the quality of medicine we want to preserve.

Respectively Submitted,



John T. Dunlop M.D.

Beth LaChance

My name is Beth LaChance. I am a registered nurse with over 25 years' experience, all with Wisconsin health service providers.

I want to thank you for the opportunity to tell my story. For what happened to me shows why we need Assembly Bill 67.

It's one thing to talk about freedom of conscience. But walking the talk is something else again. When I took a stand based on my deepest moral beliefs, I never thought it would cost me my job.

I had worked many long years of dedicated service at Waukesha Memorial Hospital. My service had been rewarded. I advanced to the position of charge nurse, earning respect and high regard from nursing management, nursing colleagues, physicians, and nursing staff.

But when our hospital announced a new abortion policy, I expressed a dissenting view on the basis of my religious belief and ethical commitments. Many co-workers joined me in moral opposition to the new policy. Over 100 of us signed a petition and took it all the way up the chain of command, to our CEO, then to our Ethics Committee, and finally to our Board of Trustees. Our petition was quite properly solicited, signed, and submitted. Signatures were not based on coercion, but solely on shared beliefs and ethics.

I would never have believed the awful travail and reprisals that followed this simple, solemn expression of dissenting views. I suffered an onslaught of disciplinary reprimands, retaliation, criticism, and ostracism. The professional respect I'd earned over many years from my managers deteriorated. All the many signers of our petition were denounced by our CEO as "single issue militant detractors." Many signers -- employees who had freely expressed their moral reservations over the new abortion policy -- were intimidated, and really stampeded, into retracting their signatures.

Our human resources manager and nursing manager interrogated me as to whether I'd induced other nurses to abandon their patients in order to attend an Ethics Committee meeting. This charge was utterly false, as the thought of a nurse turning her back on a patient is abhorrent to me, as it would be to any conscientious nurse.

Other interrogations followed as to "whether or not" I had been "sick," or as to "how do" I "get my work done," as if I'd abandoned patients in order to secure signatures on the petition -- yet another false charge.

I was no longer given assignments to train or mentor new nurses, despite the fact that my credentials and qualifications fitted me for these tasks, which I'd performed before I took my dissenting stand.

I was denied career advancement to clinical nurse three status. The research project, which I had designed and proposed, which would have qualified me for advancement, was reassigned to another nurse -- without my prior knowledge or consent.

When I applied and interviewed for transfer to a parish nurse position, for which I was well credentialed and very well qualified, I was grilled as if a "second class nurse" or "nobody." The interviewers attacked me for my moral protest against the hospital -- as if institutional loyalty should have trumped my deepest moral convictions. They blamed me for causing bad publicity. Finally, they told me that the vice president of nursing didn't even want them to interview me at all for this position, but then they conceded that I was "so qualified" that they had to interview me.

The lesson spelled out by my experience at Waukesha Memorial is clear: the hospital preferred, indeed it demanded mute, meek, silent acquiescence to the point of imposing -- and enforcing -- utter moral conformity. Dissent was equated with disloyalty. Moral opposition merited intolerance, rebukes, and the subsequent, unwelcome alteration of one's entire career.

For my own peace of mind and to regain a sense of self-respect and professionalism, I had to resign my employment at WMH about 18 months ago, when its first elective abortion took place. I lost ten years of accrued seniority and many other benefits. I had to leave a place that I had once loved.

Employees who exercise their right of conscientious dissent need remedies to support that right. Otherwise, dissent will merely sound a prelude to farewell. Rights are fragile, ephemeral and fleeting things, unless their possessors may obtain redress against those who violate such rights. This right of redress is the protection -- the bulwark -- that Assembly Bill 67 affords. Health care workers in Wisconsin need that protection.

STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
(608) 246-7013
Ombudsman Program (800) 815-0015
Medigap Helpline (800) 242-1060
Fax (608) 246-7001
http://longtermcare.state.wi.us



Testimony of
The Wisconsin Board on Aging and Long Term Care
before the Senate Committee on
Health, Children, Families, Aging and Long-Term Care

7 Oct 2003

Senator Roessler, members of the committee, Good Morning. I am William Donaldson, Counsel to the Wisconsin Board on Aging and Long Term Care. I am here this morning to express the Board's deep concern about certain segments of AB67. To the extent that these provisions of the bill limit an individual's exercise of personal autonomy, we oppose passage of this measure.

As currently written and amended, AB 67 allows health care providers greater latitude to ignore the valid expression of a patient's intent and wishes through the means of a Durable Power of Attorney for Health Care or a Declaration to Physicians (Living Will).

The bill is primarily directed at protecting the rights of health care providers to avoid conflict with their personal beliefs when providing care to patients who seek treatments and procedures which the provider objects to on moral grounds. While this is a reasonable goal, it should not be accomplished at the expense of the personal rights of the providers' patients.

The bill permits a hospital to deny admission to any person seeking any of the listed procedures that the authors believe to be a threat to the provider's conscience. The bill further states that no physician or hospital staff member may be required to participate in any of the listed procedures if the hospital does admit a patient for that purpose. We do not argue with this provision.

The bill requires a physician who is notified by a patient of the existence of a Living Will to inform the patient of the physician's intent to invoke his or her rights under this bill. Although there is a provision of Chapter 154 which requires a physician to facilitate a transfer for the patient to another physician who will comply with the patient's wishes, this bill removes any sanction against the physician for refusing to do so. This is unacceptable. The removal of sanction for refusal to transfer effectively permits the provider to hold the patient hostage to the provider's own sense of morality and ethics.

Similarly, if a physician is notified of the existence of a patient's Durable Power of Attorney for Health Care under Chapter 155 and of the principal's and agent's intent to request one of the listed procedures, the physician is required to notify the parties of any intent to invoke the rights granted under this bill. The immunity from sanction for failure to facilitate a transfer applies in this situation, as well. Here again, we object to the state's thinly veiled wink-of-the-eye at a provider who consciously interferes with the patient's right to control her or his own future.

The effect of these two grants of immunity from discipline by the state or from action by the employer is to significantly reduce the protections against paternalistic attitudes of health care providers leading to violation of the patient's right to self-determination. Physicians will be able to effectively do as they please without fear.

While there may be a substantial argument for or against the bill's provisions as they apply to the first six items on the "procedures list", item seven, relating to provision of nutrition and hydration has been thoroughly discussed in the courts and a protocol for this is widely understood. If a decision to perform this procedure is properly reached, according to accepted medical and legal guidelines, it is legal. If a provider should decide to refrain from participating in this procedure on the basis of conscience, that, in itself is not inappropriate. If, however, the provider refuses, with the tacit approval of the state, to allow the patient to transfer to another provider who will accommodate the

patient's wishes, we all are complicit in the disruption of the patient's exercise of her or his civil and human right of self-determination.

This bill attempts to return control of the patient's life to persons other than those chosen by the individual who are trusted and who have a statutory charge to advocate for compliance with the person's desires. Unfortunately, the practical effect of the bill will not be felt until a time when the emotional stress on the patient, her or his surrogate and family and the providers is at the peak. For patients who have taken the time and made the effort to thoughtfully execute an advance directive, this will be a rude slap in the face.

There are, of course, going to be suggestions that no one, as they near death, can be considered capable of making these sorts of decisions. We believe that, according to long-standing principle, compliance with a person's prior expressed desires is generally in that person's best interest. If a provider believes otherwise, he or she should be required to show that the contrary is true in court on a case-by-case basis.

Chapters 154 and 155 already have sufficient protective language built in that allows a provider to avoid being forced to perform activities that violate her or his moral code. This bill allows the provider not only to save her or his conscience, but to keep the patient under their control almost as if the provider were now the designated surrogate decisionmaker. While the patient, guardian or agent may have expressed a level of trust in the provider's skills and reputation, that provider was not designated as a surrogate by the patient, nor could he or she have been under the provisions of Chapter 155. This bill will, in effect, void the patient's ability to choose an independent person that will be in control of these very critical decisions and who will act in accord with the patient's desires, wishes and directions.

We strongly oppose section 26 of AB 67.

Thank you for your kind attention. I will be happy to answer any questions.

# Testimony of
# Cynthia Jones-Nosacek, MD
# Physician, Private Practice
# On
# AB 67
# Conscience Clause
# October 7, 2003
# Before the Committee
# On
# Health, Children, Families, Aging,
# And Long Term Care

# Conscience Clause Bill

My name is Cynthia Jones-Nosacek, MD. I am a board certified family physician with St. Mary's Medical Clinic in Milwaukee, WI. As a family physician, I cover all aspects of patient care from delivering babies to caring for patients in nursing homes. I am here to testify in favor of AB 67, the conscience clause bill.

If you read and listen to the responses against this legislation, you can't help but be shocked. The idea that basic health care would be denied Wisconsin residents sounds too horrible to be true. Pregnant women denied treatment for their diabetes and high blood pressure, patients dying in agony, even men being denied their medicine for genital herpes, what's next? The only thing that hasn't been said against this legislation is that it will destroy life on earth as we know it. Though perhaps being called part of the "Islamic Jihad of Wisconsin" is close.

So before I came here to testify, I did what any good voter should do and looked up the proposed legislation. And this is what it states: this bill protects the rights of conscience for health care providers, including pharmacists, who refuse on religious or moral grounds to do

1. "a sterilization procedure"
2. "an abortion" (defined as the "use of an instrument, medicine, drug or device with intent to terminate the pregnancy of a woman known to be pregnant or for whom there is reason to believe that she may be pregnant and with the intent other than to increase the probability of live birth, to preserve the life or health of the infant after live birth or to remove a dead fetus.")
3. "an experiment or medical procedure that destroys an in vitro human embryo or uses (its) cells or tissues…"
4. "an experiment or medical procedure on an in vitro human embryo that is not related to (its) beneficial treatment…"
5. "an experiment or medical procedure on a developing (unborn) child… in any stage of development that is not related to (its) beneficial treatment…"
6. "a procedure, including a transplant procedure, that uses fetal tissue or organs other than fetal tissue or organs from a stillbirth, spontaneous abortion, or miscarriage"
7. "the withholding or withdrawal of nutrition or hydration, if the withholding or withdrawal of nutrition or hydration would result in the patient's death…rather than from the underlying terminal illness or injury…"
8. "an act that intentionally causes or assists in causing the death of an individual, such as by assisted suicide, euthanasia, or mercy killing"

And after reading the above, I agree with my first impulse. What is being said is too horrible for the simple reason is that it is not true.

I am still unclear how this legislation would prevent a man from getting his medicine for genital herpes since he is not pregnant, can never get pregnant, does not involve the withholding of nutrition or hydration, or result in his death. But perhaps he misread the bill.

Women will not be denied prenatal care. In Planned Parenthood's sworn testimony before the state legislature, they insisted that this bill would include insulin for diabetic women. Others contend that women who had high blood pressure during pregnancy would not be treated. However, since both conditions must be treated to preserve and protect the health and life of both mother and child, these claims are easily refuted. It is true that some blood pressure medications are contraindicated in pregnancy, but there are many others that can be used instead. In fact, I am presently doing this for a patient of mine who wants to get pregnant. Unfortunately, I am racing against the clock of keeping her pressure under control before this happens, since her pro-choice physician simply removed her IUD and gave her no other contraception before sending her to me.

Other conditions that occur during pregnancy, such as a tubal pregnancy, will continue to be treated as before by pro-life physicians. In a tubal pregnancy, not only does implantation occur outside the uterus, ending it is not considered by pro-life physicians to be an abortion since the intent is to remove the diseased tube, not kill the embryo. I know this to be the case since this is what has been done to my patients when I have referred them to obstetricians who are passionately pro-life.

But these are simple cases. Let me give you more difficult ones and tell you why treatment will continue.

Take for example, epilepsy in pregnancy. The medicines used cause birth defects, and there are no good alternatives. Yet, we would not tell our pregnant patients to stop them because again, the life of both mother and child would be placed in jeopardy.

Here's a harder one. Say the woman has breast cancer. She could quite easily survive without treatment until the baby is born. But by then, it may be too late to save her life. She would be treated, even if that treatment places the fetus' life at risk. In fact, treatments are now available during this time only because pro-life women were not willing to abort their babies so that they would be treated. Even hysterectomy for cancer during pregnancy before viability of the fetus can be done for the same reason. The reason is that, in neither of these examples, does this constitute an abortion since the intent is to treat the disease, not kill the child.

For us, it is not an "and/or" situation. It is not the mother OR the child. It is the mother AND the child.

And how can I sit here and state this with such conviction? Because, in all the years since the legislation passed protecting physicians from being forced to perform abortions, I have not seen this happen. In all of these examples, patients have received care from their pro-life physician.

When it comes to denying "palliative treatment" to the dying, I am puzzled by the idea that refusing to deny food and water to a patient, unless medically contraindicated (which is covered in the statute), is denying treatment. Is refusing to deny treatment denying treatment? And while it is true that euthanasia is presently illegal, every year, bills have been introduced in the legislature to legalize this. Including this provision is just being proactive as is the protection against other treatments that involve the destruction of life such as the transplantation of cloned or fetal stem cells.

Patients and their families do have the right to vote with their feet if we disagree on treatment. I have had patients obtain abortions after I have counseled against it. Many continue to see me even after they have had the procedure.

Finally, the protection provided in this bill for the refusal to refer. This is not abandonment. We will continue to treat the patient. However, we refuse to treat in a manner that we think is immoral. Remember that what has been legal is not always moral. If a physician in the Tuskegee Syphilis study had refused to let his patients be placed into that study, should he have been forced to do so?

I have never heard before this that I must agree to do whatever the patient requests or refer to a physician who will. If that were true, if I saw a patient with a viral infection who continued to demand an antibiotic, I would have to find a physician who does.

In civil law, as I have been taught, if I refer to a surgeon I know to be incompetent and who botches the surgery, I will be sued along with the other doctor. Legally, I am just as responsible. If I knowingly refer a patient to Jack Kevorkian, I will be an accomplice to euthanasia which we all agree is illegal and I will face prison time. And I suppose that would also be true if a pharmacist did the same thing.

Recently in the news, there was an uproar about the US sending suspected terrorists to countries whose ideas of civil rights are not as delicate as ours. Even if we do not torture these prisoners ourselves, morally we are still responsible since we sent them to these countries knowing that to be a possibility. So it is with the referral of a patient for an abortion or euthanasia or any other treatment that involves the destruction of life such as embryonic stem cell transplantation. If we refer to another to end a life, we are no different than the person who says, "I don't do murder for hire. But here's the phone number of Vinny the Snake. He'll do it for you."

I also find it interesting, as a member of the Wisconsin Medical Society, that this organization who spent so much effort so that we physicians would not be "forced" to refer to chiropractors under managed care, sees nothing wrong in forcing us to be responsible for the destruction of a human life.

As pro-life physicians, we will continue to provide a high level of care to our patients without the taking of human life. We will not abandon our vulnerable patients. For human life is of inestimable value from the moment of fertilization to natural death and demands that we be there to support it, not take it.

Ultimately, it comes down to how those in the medical profession are allowed to provide care. Are we to be someone who just follows orders based solely on what is legal? Or may I be allowed to treat everyone who comes into my office as a person with basic dignity and value. That is the choice before us.

Thank you.

WISCONSIN RIGHT TO LIFE
35 Years advocating Life without limits
1968 - 2003
State Affiliate of the
National Right to Life Committee, Inc.,
Washington, DC 36004-1193



Wisconsin Right to Life, Inc.
10625 W. North Ave., Suite LL
Milwaukee, WI 53226-2331

Ph: 414-778-5780
Fax: 414-778-5785
Toll Free: 877-855-5007
Home Page: www.wrtl.org

# TESTIMONY OF

# MARY A. KLAVER

# LEGISLATIVE LEGAL COUNSEL

# WISCONSIN RIGHT TO LIFE, INC.

# ON

# ASSEMBLY BILL 67

**October 7, 2003**

**before the**

**Senate Committee on Health, Children, Families,**

**Aging and Long-Term Care**

Senator Roessler and members of the committee, my name is Mary Klaver. I am the Legislative Legal Counsel for Wisconsin Right to Life. I appear today in support of Assembly Bill 67, the conscience clause bill.

In today's world, more and more health care providers find that some health care practices raise serious moral concerns. Social, legal, and medical developments involving abortion, assisted suicide, euthanasia, withdrawal of feeding tubes for the purpose of causing a person's death by starvation or dehydration, human embryo destruction, human embryonic stem cell research and tissue transplants from aborted babies have put health care providers in the center of some of society's most controversial moral dilemmas. As medical technology evolves, the ethical dilemmas for Wisconsin's health care providers will continue to grow.

The federal government and most states have enacted "conscience clauses" -- statutes intended to protect the right of health care providers to refuse to provide or participate in certain procedures to which they have moral or religious objections. Most conscience clause provisions were adopted between 1973 and 1982, when the courts were broadly defining a new and very controversial constitutional privacy right to abortion. Consequently, most conscience clause statutes only protect the right to refuse to participate in an abortion. Some states also protect the right to refuse to participate in sterilization, contraception or artificial insemination. One state (Wyoming) covers euthanasia. Only one state statute (Illinois) provides conscience rights protection for all medical procedures.

The majority of opposition to AB 67 comes from the pro-abortion lobby, most notably Planned Parenthood, the state's largest abortion provider. Its opposition to AB 67 is no surprise since the pro-abortion movement has been involved in a national effort to force health care providers to participate in abortion. For example, in Alaska, the state supreme

court ruled that some community hospitals must perform abortions against their will. In Connecticut, a certificate of need was denied to a proposed outpatient clinic that refused to perform abortions. Similar pro-abortion successes have occurred in other states. In Congress, attempts have been made by the pro-abortion lobby to force medical programs to train students to perform abortions or lose accreditation. Assembly Bill 67 would provide protection for health care professionals and facilities should pro-abortion activists in Wisconsin attempt similar tactics.

Current conscience clause statutes

Wisconsin's current conscience clause statute, s. 253.09, has been on the books since 1973. Section 253.09: (1) protects the right of a hospital to refuse to admit any patient or to allow the use of the hospital facilities "for the purpose of performing a sterilization procedure or [an abortion]", (2) protects the right of a "physician or any other person who is a member of or associated with the staff of a hospital, or any employee of a hospital" to refuse to participate or assist in a sterilization procedure or an abortion, if the objection is in writing and based on moral or religious grounds, (3) prohibits "any disciplinary or recriminatory action" against a "physician or any other person who is a member of or associated with the staff of a hospital, or any employee of a hospital" who refuses to participate or assist in a sterilization procedure or an abortion, (4) protects "any person" from discrimination in employment, student status or staff status on the "ground that the person refuses to recommend, aid or perform procedures for sterilization or [abortion], if the refusal is based on religious or moral precepts", and (5) protects individuals and entities who receive "any grant, contract, loan or loan guarantee under any state or federal law" from being required to participate in various ways in a sterilization procedure or an abortion if this would be contrary

to the religious beliefs or moral convictions of the individual, the entity or the personnel of the entity.

Also, under Wisconsin law, civil immunity is provided for hospitals and hospital employees (s. 253.09), physicians (s. 448.03 (5) (a)) and nurses (s. 441.06 (6)) for any civil damages resulting from a refusal to perform a sterilization procedure or an abortion, if such refusal is based on religious or moral precepts.

No one seems to know who has enforcement responsibility for s. 253.09, the primary conscience clause statute. Several years ago, Wisconsin Right to Life asked the Department of Health and Family Services for advice on the enforcement responsibility for this statute. According to the Department Legal Counsel, no single agency is responsible for enforcement of this statute.

How AB 67 would work

Assembly Bill 67 clarifies and extends the current protections under Wisconsin's conscience clause law by doing the following:

1. Extending the protection of Wisconsin's current conscience clause law to acts involving the deliberate destruction of human life such as killing in vitro human embryos, use of tissues or organs from aborted babies, causing someone to die of starvation or dehydration, assisted suicide, and euthanasia.
2. Clarifying that each of these conscience clause laws grants protection from employment discrimination, professional liability and civil liability.
3. In cases that are not covered by the employment discrimination laws, granting persons whose conscience rights are being violated the right to sue for injunctive relief and damages.

4. Creating a conscience clause law for pharmacists that provides protection and remedies for the same activities covered for the other health care professionals.

Under AB 67, health care professionals can only refuse to participate in the 8 specified activities, 7 of which involve the willful destruction of human life. These activities are:

1. A sterilization procedure.
2. An abortion, as defined in s. 253.10 (2) (a).
3. An experiment or medical procedure that destroys an in vitro human embryo or uses cells or tissue derived from the destruction of an in vitro human embryo.
4. An experiment or medical procedure on an in vitro human embryo that is not related to the beneficial treatment of the in vitro human embryo.
5. An experiment or medical procedure on a developing child in a natural or artificial womb, at any stage of development, that is not related to the beneficial treatment of the developing child.
6. A procedure, including a transplant procedure, that uses fetal tissue or organs other than fetal tissue or organs from a stillbirth, spontaneous abortion, or miscarriage.
7. The withholding or withdrawal of nutrition or hydration, if the withholding or withdrawal of nutrition or hydration would result in the patient's death from malnutrition or dehydration, or complications of malnutrition or dehydration, rather than from the underlying terminal illness or injury, unless the administration of nutrition or hydration is medically contraindicated.
8. An act that intentionally causes or assists in causing the death of an individual, such as by assisted suicide, euthanasia, or mercy killing.

For your convenience, I am attaching a copy of the current conscience clause laws in Wisconsin and a copy of how these laws would read as amended or created by AB 67.

AB 67 does not cover routine medical care

The opponents of AB 67 are FALSELY claiming that this legislation would permit health care professionals to refuse to provide routine medical care and treatment to patients. AB 67 is FALSELY portrayed as applying to routine medical care such as pain medication, AIDS medication, prenatal care, fertility treatments, anti-depressant drugs and anti-seizure medications.

AB 67 does not apply to routine medical care and treatment. There is no conscience right for participation in any medical care or treatment that is not included in the list of 8 protected conscience activities. There is simply no activity that covers routine care and treatment.

AB 67 does not apply to prenatal care. The original bill had 6 protected conscience activities. Some opponents of the bill may have mistakenly interpreted the original 3rd activity to cover prenatal care. The original 3rd activity read as follows:

"3. An experiment or medical procedure **involving** any of the following:

a. The destruction of a **human embryo**.

b. A **human embryo** or **unborn child**, at any stage of development, in which the experiment or procedure is not related to the beneficial treatment of the **human embryo** or **unborn child**."

This language was clarified in Assembly Substitute Amendment 1 ("ASA 1", the current version of AB 67) and expanded into 3 separate activities which now read as follows:

"3. An experiment or medical procedure that destroys an **in vitro human embryo** or uses cells or tissue derived from the destruction of an **in vitro human embryo**.

4. An experiment or medical procedure **on** an **in vitro human embryo** that is not related to the beneficial treatment of the **in vitro human embryo**.

5. An experiment or medical procedure **on** a **developing child in a natural or artificial womb**, at any stage of development, that is not related to the beneficial treatment of the **developing child**."

This new language in ASA 1 clarifies the original intent of the bill by (1) deleting the word "involving" because it is ambiguous, (2) using the word "on" to clarify that the experiment or medical procedure has to be "on" the in vitro human embryo or "on" the developing child, not on the pregnant woman, (3) specifying that the conscience right regarding a human embryo only relates to an "in vitro" human embryo, that is, one who is living outside of a woman's body, or cells or tissue derived from one of these embryos, such as human embryonic stem cells, and (4) substituting "developing child in a natural or artificial womb" for "unborn child" to cover current technology on the development of artificial wombs.

There is no language in the revised conscience activities that applies to prenatal care itself or the routine care of a woman who is pregnant, such as anti-seizure medications. Also, nothing in AB 67 would interfere with ethical fertility treatments that are designed to help a woman have a child. The provisions relating to an in vitro human embryo merely protect a health care provider from being forced to destroy an in vitro human embryo or to participate in destructive research on an in vitro human embryo. AB 67 would not cover any medical procedure intended to benefit the in vitro human embryo.

AB 67 does not apply to pain medications. The conscience right on euthanasia and assisted suicide only apply to an act that **intentionally** causes or assists in causing the death of an individual. Pain medication is given for the purpose of relieving pain, not to

cause death. No action that is intended to treat or relieve a patient's condition or symptoms can be construed to fall under this conscience right.

Transfer issue

The opponents of AB 67 assert that if a physician is unwilling to participate in a protected conscience activity, then the physician should be required to transfer the patient to another physician who is willing to comply with the patient's request. *The problem with this assertion is it that presumes a duty on the part of the physician to find another physician who is willing to destroy human life, rather than simply transferring care to another physician.* Physicians who object on moral grounds to participating in activities involving the willful destruction of human life should not be forced to assist the patient in finding another physician who is willing to participate in a life destroying activity. *To do so would make the physician an accomplice in the wrongdoing.*

It is the responsibility of the patient, or a legal representative of the patient, to find a physician who is willing to comply with a patient's request for a life destroying activity. The physician exercising his or her conscience rights would only be obliged to allow the physician chosen by the patient or the patient's legal representative to immediately assume the care of the patient and to assure the prompt transfer of the appropriate medical records of the patient to that physician.

There is no general law in Wisconsin requiring physicians unwilling or unable to perform a particular medical procedure to refer their patients to another physician who is willing and capable of performing the procedure. Nor are physicians required to take any action to ensure that the physician to whom the patient is being referred will in fact provide the desired medical service.

The only exception is a limited provision in the advance directive laws – the laws governing living wills and powers of attorney for health care. Under the current law for advance directives, a physician is granted legal immunity for failing to comply with a living will, a power of attorney for health care, or the decision of a health care agent if the physician who refuses to comply makes a "good faith attempt to transfer" the patient to "another physician who will comply" with the directive.

AB 67 has limited application to advance directives. A living will is very narrow in scope and can only be used to refuse "life-sustaining procedures" or "feeding tubes" for a patient in a "terminal condition" or in a "persistent vegetative state". Since AB 67 does not deal with life-sustaining procedures, and there is an explicit exception in AB 67 for an incapacitated person in a terminal condition, AB 67 would only apply to a patient who is in a "persistent vegetative state" who has a living will directing the physician to starve or dehydrate the patient to death by withholding or withdrawing feeding tubes. A power of attorney for health care is much broader in scope, but AB 67 would only apply to the 8 specified protected activities and not to routine health care. For example, if the power of attorney for health care document directs the physician to perform an abortion on the patient or to starve or dehydrate a patient to death, then the physician can not only exercise his or her right to not be forced to participate in this willful destruction of life, the physician can also exercise his or her right to not be forced to find another physician "who will comply."

Physicians must review advance directives and give notice of intent to invoke conscience rights

The bill expressly provides that any physician, upon receiving a living will or a power of attorney for health care, is required to immediately review the document and, if the physician intends to invoke his or her conscience rights, to inform the person orally and in

writing as soon as possible. This gives the person advance notice of the physician's concerns, if any, about the advance directive. If the person is not satisfied with the physician's response he or she can always seek out another physician.

AB 67 will not prevent any patient from having advance directives honored. If the patient is not satisfied with a particular physician's refusal to participate in any of the protected activities, then the patient can take his or her business to another physician who is willing to provide the desired service. If the issue arises when the patient is incapacitated, then the patient's legal representative can find another physician. The physician exercising his or her conscience rights would then allow the physician chosen by the patient or the patient's legal representative to immediately assume the care of the patient and assure the prompt transfer of the appropriate medical records of the patient to that physician.

Physician cannot force a patient to undergo any refused treatment

AB 67 does not abrogate the general rule that a physician cannot treat a patient without the patient's consent. AB 67 does not create a conscience right with respect to the refusal of medical treatment or life-sustaining procedures. If a patient refuses such treatment, then the physician cannot force the patient to undergo the refused medical treatment. Even in a situation covered by AB 67, such as use of a feeding tube for a patient in a "persistent vegetative state," a physician cannot force a feeding tube on the patient without the patient's consent. In this situation, AB 67 would give the physician a right to withdraw from the case and transfer responsibility for care of the patient to another physician chosen by a legal representative of the patient.

Euthanasia and assisted suicide

Assisted suicide and euthanasia are not legal in Wisconsin, so why does AB 67 cover these activities? Although every effort is being made to prevent assisted suicide or

euthanasia from ever becoming legal in Wisconsin, a court could overturn our current laws prohibiting these acts, as surely as *Roe v. Wade* made our laws against abortion invalid. Should that occur, health care professionals and facilities that object to intentionally taking the lives of patients would be protected under AB 67.

Policy statements of national medical associations

Major medical associations support the conscience rights of their members. Excerpts of policy statements supporting the conscience rights of various health care professionals is attached to my testimony.

Conclusion

AB 67 recognizes that many health care professionals and facilities believe their mission is to treat and heal patients, not to engage in actions that deliberately destroy human life. This reasonable and commonsense legislation deserves to be enacted into law. Wisconsin Right to Life urges this committee to vote in favor of Assembly Bill 67 and protect the right of the health care providers in this state to practice their professions in a life-affirming manner without jeopardizing their means of livelihood.