UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

**College of Law**

231 Law Building
504 East Pennsylvania Avenue
Champaign, IL 61820-6996

**Robin Fretwell Wilson**

*Associate Dean for Public Engagement*
and Roger and Stephany Joslin Professor of Law
Director, Epstein Health Law and Policy Program

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**BY EMAIL**

Senate Committee on Government Operations, Technology, and Consumer Protection

and

Wisconsin Representative Chris Taylor
Room 306 West
State Capitol
PO Box 8953
Madison, WI 53708
Rep.Taylor@legis.wisconsin.gov

**Re: Senate Bill 635 Consent for pelvic examinations by medical students on an anesthetized or unconscious patients**

Dear Senators and Representative Taylor:

I write to urge the members of Senate Committee on Government Operations, Technology, and Consumer Protection to support Senate Bill 635, which prohibits intimate pelvic examinations[1] on female patients for medical teaching purposes, *without the patient's consent*. The passage of Senate Bill 635 will ensure that norms of autonomy and respect for all persons are honored and that no one is treated as a means to an end. As I explain below, requiring explicit consent for intimate exams guarantees the dignity and respect that female patients deserve *without* jeopardizing the quality of medical education in Wisconsin.

Part A of this letter applauds this important legislation, the passage of which would place Wisconsin squarely within the growing number of states giving patients the right to decide whether medical students will perform intimate exams on them for the students' learning. Part B addresses the claim that lawmakers should *not* act because unconsented exams simply do *not* occur. If unconsented exams do occur, asking for specific consent gives women the dignity and autonomy all patients deserve—and if teaching exams never occur without consent, Senate Bill 635 still

[1] *See generally* Mayo Clinic, Pelvic Exam, https://www.mayoclinic.org/tests-procedures/pelvic-exam/about/pac-20385135.

reinforces the norm that all patients should be respected in deciding what happens with their bodies.

Part C details the extent of intimate examinations for medical training without the patient's consent. Part D describes legislation in ten states that proscribes unauthorized educational pelvic examinations. The consensus of medical ethics groups is that such intimate exams should not occur without consent. Parts E, F, and G refute common justifications for performing such intimate exams without permission. Specifically, Parts E and F rebut the unfounded justification that women have impliedly or expressly consented upon admission to the hospital. Part G shows empirically, that when asked patients consent to practice exams in overwhelming numbers and consequently, should be enlisted as "respected partners" [2] in medical teaching.

### A. Senate Bill 635 Would Provide Crucial Protections

Passage of Senate Bill 635 would place Wisconsin squarely within an emerging legislative trend among states to require healthcare providers to ask permission before using women as tools for teach intimate exams. Virginia, California, Delaware, Hawaii, Illinois, Iowa, Maryland, Oregon, Utah, and most recently New York all require explicit consent for pelvic examinations performed on unconscious patients for teaching purposes.[3]

Like the laws of those states, Senate Bill 635 would require every hospital to "have and enforce a policy that requires written and verbal informed consent to be obtained before a medical student may perform a pelvic examination on a patient who is under general anesthesia or otherwise unconscious" In addition, it would require every hospital to "inform medical students and the physicians supervising" them of the policy and to "take appropriate action to discipline any individual who violates the policy or instructs a medical student to conduct an examination in violation of the policy."[4]

Charging hospitals with oversight in wise: hospitals agree with medical schools to serve as teaching venues and hospitals frequently facilitate the duty by physicians to obtain informed consent to medical procedures.[5] Thus, hospitals can fulfill this role easy with no added cost.

In the AMERICAN BAR ASSOCIATION JOURNAL, the former director of the Center for Bioethics and Medical Humanities at the Medical College of Wisconsin, Robyn Shapiro, said:

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[2] Jennifer Goedken, *Pelvic Examinations Under Anesthesia: An Important Teaching Tool*, 8 J. HEALTH CARE L.& POL'Y 234, 235 (2005).

[3] See *infra* Part C.

[4] Senate Bill 635. *Compare* Cal. Bus. & Prof. Code § 2281 (2010) ("A physician and surgeon or a student undertaking a course of professional instruction or a clinical training program, may not perform a pelvic examination on an anesthetized or unconscious female patient unless the patient gave informed consent to the pelvic examination, or the performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination to be performed on the patient or, in the case of an unconscious patient, the pelvic examination is required for diagnostic purposes").

[5] Alan Meisel, *Canterbury v. Spence: The Inadvertent Landmark Case*, HEALTH LAW AND BIOETHICS: CASES IN CONTEXT (Sandra H. Johnson, Joan H. Krause, Richard S. Saver, & Robin Fretwell Wilson, eds., Aspen Publishers, 2009).

"I would be very surprised to run across a state that didn't have that sort of a law."[6] Wisconsin does not, and, as Representative Taylor has said, "that just needs to end."

### B. Answering The "It Does Not Happen Here" Claim

Some medical educators and hospital administrators reflexively assume that unconsented to exams never occur. Later parts of this testimony show that intimate teaching exams without consent have persisted for the two decades I have worked on this question. As Magill University Bioethics Professor Phoebe Friesen explains in companion testimony, medical students widely report being asked to do such exams without the specific consent of the patients.

Against this evidence, some medical educators contend that laws are unnecessary because unconsented exams *never* occur.

Now, it is difficult to prove that unconsented exams occur. Only in the last year have patients come forward after discovering that they have been used for medical teaching without permission, as I show below. That should surprise no one, however. By its very nature, teaching intimate exams while the patient is under anesthesia or unconscious takes patients who are in the worst possible position to know—they are asleep—and asks them to police what is happening to them while being cared for. Patently, asking medical students to act as whistleblowers to end this practice is unrealistic and unfair—teaching faculty have considerable control over students' futures.

Given the fast pace of medical education and teaching on the wards, hospital administrators may simply be unaware if teaching faculty forget to ask for specific permission, whether advertently or not. Further, given the rise of community teaching hospitals, it is difficult for medical schools and their principal teaching hospitals to know whether their rigorous consent practices are adhered to at smaller, far-flung hospitals where medical teaching occurs.[7] Hence the need for strong policies and norms that Senate Bill 635 would instill.

Indeed, Senate Bill 635 builds on the leadership already shown by the University of Wisconsin School of Medicine and Public Health, which adopted a policy in 2019 governing "educational sensitive exams," including breast, pelvic, urogenital, prostate and rectal exams on patients under anesthesia or otherwise sedated.[8]

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[6] Lorelei Laird, *Pelvic exams performed without patients' permission spur new legislation,* AMER. BAR. ASSN. J. (Sept. 1, 2019), http://www.abajournal.com/magazine/article/examined-while-unconscious.

[7] Robin Fretwell Wilson, *Autonomy Suspended: Using Female Patients to Teach Intimate Exams without Their Knowledge or Consent*, 8 J. Health Care L. & Pol'y 240 (2005).

[8] David Wahlberg, *Bill seeks informed consent for pelvic exams under anesthesia by medical students*, WISCONSIN STATE JOURNAL (Jan 7, 2020).

More fundamentally, Senate Bill 635 is valuable and should be enacted, *whether or not* strong evidence shows that unconsented exams are occurring. If unconsented exams do occur, asking for specific consent gives women the dignity and autonomy all patients deserve. And if such exams never occur without consent, Senate Bill 635 will serve to reinforce the norm that all patients should be respected in deciding what happens with their bodies.

Senate Bill 635 is a no-harm-no-foul proposition, even as to facilities that have already instituted policies that respect patient autonomy.

### C. The Extent of the Practice

Despite widespread ethical condemnation recognizing that "the practice of performing pelvic examinations on women under anesthesia, without their knowledge and approval [is] unethical and unacceptable,"[9] experience shows that unauthorized exams continue across the U.S. I wrote recently about a woman in Arizona who discovered she was subjected to an unauthorized pelvic exam after *stomach*, not gynecological surgery.[10] In testimony to the Utah Senate Health and Human Services Committee, another patient, Ms. Ashley Weitz, testified that she had been subjected to an unauthorized pelvic exam while sedated in the emergency room.[11] Medical students from Duke and other institutions say that they have been asked to do exams without consent.[12]

Empirical studies document the persistent nature of unauthorized pelvic examinations. A 2005 survey of medical students at the University of Oklahoma found that a large majority had performed educational pelvic examinations on patients under anesthesia—in nearly three of four instances, consent was not obtained.[13] In 2003, Peter Ubel and Ari Silver-Isenstadt reported that 90% of medical students at five Philadelphia-area medical schools performed pelvic examinations on anesthetized patients for educational purposes during their obstetrics/gynecology rotation.[14] In 1992, Charles Beckmann reported that 37.3% of United States and Canadian medical schools

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[9] Am. Ass'n of Med. Colls., AAMC Statement on Patient Rights and Medical Training (June 12, 2003).

[10] Robin Fretwell Wilson & Anthony Michael Kreis, *#JustAsk: Stop Treating Unconscious Female Patients Like Cadavers*, CHI. TRIB. (Nov. 30, 2018), https://www.chicagotribune.com/news/opinion/commentary/ct-perspec-pelvic-nonconsensual-exam-medical-students-vagina-medical-1203-story.html.

[11] Lorelei Laird, *Pelvic exams performed without patients' permission spur new legislation,* AMER. BAR. ASSN. J. (Sept. 1, 2019), http://www.abajournal.com/magazine/article/examined-while-unconscious.

[12] Associated Press, Bills seek special consent for pelvic exams under anesthesia (May 12, 2019), https://www.savannahnow.com/zz/news/20190512/bills-seek-special-consent-for-pelvic-exams-under-anesthesia/1.

[13] S. Schniederjan G.K. Donovan, *Ethics versus education: pelvic exams on anesthetized women*, 98(8) *J Okla State Med Assoc* 386 (2005).

[14] Peter A. Ubel et al., *Don't Ask, Don't Tell: A Change in Medical Student Attitudes After Obstetrics/Gynecology Clerkships Toward Seeking Consent for Pelvic Examinations on an Anesthetized Patient*, 635635 AM. J. OBSTETRICS & GYNECOLOGY 575, 579 (2003).

reported using anesthetized patients to teach pelvic exams.[15] A study from the United Kingdom found that 53% of students at a single English medical school performed approximately 700 intimate examinations on anesthetized patients.[16] Students acted without any written or oral consent in 24% of the exams.[17]

### D. The Legislative and Professional Response

In response to this widespread use of patients, ten U.S. states by legislation now require explicit consent for pelvic examinations on unconscious patients for medical teaching purposes.[18]

This legislation reflects the consensus of American professional medical organizations that healthcare providers should obtain explicit for intimate teaching exams.[19] In the "Statement on

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[15] Charles R. B. Beckmann et al., *Gynaecological Teaching Associates in the 1990s*, 26 MED. EDUC. 105, 106 (1992).

[16] Yvette Coldicott et al., *The Ethics of Intimate Examinations -- Teaching Tomorrow's Doctors*, 326 BRIT. MED. J. 97, 98 tbl. 2 (2003).n

[17] *Id*. at 98.

[18] *See* Va. Code Ann. § 54.1-2959 (2010) ("Students participating in a course of professional instruction or clinical training program shall not perform a pelvic examination on an anesthetized or unconscious female patient unless the patient or her authorized agent gives informed consent to such examination, the performance of such examination is within the scope of care ordered for the patient, or in the case of a patient incapable of giving informed consent, the examination is necessary for diagnosis or treatment of such patient"); 410 ILCS 50/7 (2010) ("Any physician, medical student, resident, advanced practice nurse, registered nurse, or physician assistant who provides treatment or care to a patient shall inform the patient of his or her profession upon providing the treatment or care, which includes but is not limited to any physical examination, such as a pelvic examination. In the case of an unconscious patient, any care or treatment must be related to the patient's illness, condition, or disease"); Cal Bus & Prof Code § 2281 (2010) ("A physician and surgeon or a student undertaking a course of professional instruction or a clinical training program, may not perform a pelvic examination on an anesthetized or unconscious female patient unless the patient gave informed consent to the pelvic examination, or the performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination to be performed on the patient or, in the case of an unconscious patient, the pelvic examination is required for diagnostic purposes"); Oregon Rev. Stat. § 676.360 ("(1) A person may not knowingly perform a pelvic examination on a woman who is anesthetized or unconscious in a hospital or medical clinic unless: (a) The woman or a person authorized to make health care decisions for the woman has given specific informed consent to the examination; (b) The examination is necessary for diagnostic or treatment purposes; or (c) A court orders the performance of the examination for the collection of evidence (2) A person who violates subsection (1) of this section is subject to discipline by any licensing board that licenses the person"); Haw. Rev. Stat. § 453-18 ("A physician, osteopathic physician, surgeon, or student participating in a course of instruction, residency program, or clinical training program shall not perform a pelvic examination on an anesthetized or unconscious female patient unless: (1) The patient gives prior verbal or written informed consent to the pelvic examination; (2) The performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination scheduled to be performed on the patient; or (3) The patient is unconscious and the pelvic examination is required for diagnostic purposes.").

More recently, in 2019, Utah, Maryland, Delaware and New York have enacted laws requiring specific consent. *See* NY CLS Pub Health § 230-a; 2019 Utah S.B. 188; 2019 Maryland H.B. 364; Delaware H.B. 239.

[19]*See, e.g.*, Am. Ass'n of Med. Colls., AAMC Statement on Patient Rights and Medical Training (June 12, 2003); American College of Obstetricians and Gynecologists Committee on Ethics, Professional Responsibilities in Obstetric-Gynecologic Medical Education and Training, Ruling No. 500 (August 2011), http://www.acog.org/~/media/Committee%20Opinions/Committee%20on%20Ethics/co500.ashx?dmc=1&ts=20120

Patient Rights and Medical Training" in 2003, the American Association of Medical Colleges, which represents 125 accredited U.S. medical schools and over 400 teaching hospitals, described "pelvic examinations on women under anesthesia, without their knowledge and approval ... [as] unethical and unacceptable."[20]

In an August 2011 Committee on Ethics ruling, the American College of Obstetricians and Gynecologists affirmed that "[r]espect for patient autonomy requires patients be allowed to choose to not be cared for or treated by [medical student] learners when this is feasible."[21] The Ethics Committee ruling applied this ethical tenant to pelvic examinations specifically: "Pelvic examinations on an anesthetized woman that offer her no personal benefit and should be performed only with her specific informed consent before surgery."[22] In the January 2019 AMA Forum, Professor of Medical Science Eli Y. Adashi at Brown University's Warren Alpert Medical School called unconsented exams "a lingering stain on the history of medical education," and concluded:

> Viewed in hindsight, it is difficult to see how the conduct of unapproved pelvic examinations by medical students could have been rationalized, let alone condoned.[23]

As the next Parts of this letter demonstrate, however, some teaching faculty offer a number of justifications for dispensing with the simple step of asking for permission[24] — justifications that simply do not withstand scrutiny.

**D. Patients Have Not Implicitly Consented to Intimate Educational Exams.**

The first justification that teaching faculty advance for not obtaining specific consent for educational pelvic exams is that patients have implicitly consented by accepting care at a teaching

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112T1021153539; Joint Statement of The Association of Academic Professionals in Obstetrics and Gynaecology of Canada and Society of Obstetricians and Gynaecologists of Canada, No. 246 (Sept. 2010) ("[P]atient autonomy should be respected in all clinical and educational interactions. When a medical student is involved in patient care, patients should be told what the student's roles will be, and patients must provide consent. Patient participation in any aspect of medical education should be voluntary and non-discriminatory").

[20] Am. Ass'n of Med. Colls., AAMC Statement on Patient Rights and Medical Training (June 12, 2003).

[21] American College of Obstetricians and Gynecologists Committee on Ethics, Professional Responsibilities in Obstetric-Gynecologic Medical Education and Training, Ruling No. 500 (August 2011), http://www.acog.org/~/media/Committee%20Opinions/Committee%20on%20Ethics/co500.ashx?dmc=1&ts=20120112T1021153539.

[22] *Id*.

[23] Eli Y. Adashi, *Teaching Pelvic Examination Under Anesthesia Without Patient Consent*, JAMA FORUM (Jan. 16, 2019), https://newsatjama.jama.com/2019/01/16/jama-forum-teaching-pelvic-examination-under-anesthesia-without-patient-consent/.

[24] Robin Fretwell Wilson, *Unauthorized Practice: Regulating the Use of Anesthetized Recently Deceased, and Conscious Patients in Medical Training*, 44 IDAHO L.REV. 423, 427 (2008) (presenting comments by faculty at George Washington University Hospital, UCLA Medical Center, and the Medical University of South Carolina).

hospital. Empirical evidence suggests that many patients do not consciously chose teaching facilities or even know they are in one.

One study, for example, found that 60% of patients at a teaching hospital in Great Britain were unaware that they were at a teaching hospital until they encountered students for the first time.[25] Indeed in the U.S., an overwhelming number of facilities in the United States give little indication to prospective patients of the hospital's teaching status.[26] Public disclosure of hospitals' teaching status varies drastically. Some hospitals, like Duke University Medical Center[27] and New York-Presbyterian —The University Hospital of Columbia and Cornell,[28] indicate their medical school affiliation in their name. These two examples are exceptions to the rule, however. Of the approximately 400 members of the Council of Teaching Hospitals and Health Systems, only 94 —less than 25%—contain the word "college" or "university" in their name.[29]

The University of Wisconsin School of Medicine and Public Health partners with multiple healthcare facilities, including Marshfield Medical Center in Marshfield, Aurora BayCare Medical Center in Green Bay, Meriter Hospital and St. Mary's Hospital in Madison, and Milwaukee Academic Campus of Aurora Healthcare in Milwaukee.[30] Many of these institutions' names do not suggest any affiliation with the UW School of Medicine and Public Health or otherwise tip patients off to their status as a teaching hospital.

While a hospital's name or website may not relay its teaching mission to patients, physical proximity to a medical school can, arguably, give patients constructive notice of a hospital's teaching status. It is reasonable to assume that a patient at New York-Presbyterian, located less than sixty feet from the Columbia Medical University College of Physicians & Surgeons, knows the facility is a teaching hospital.[31] But, patients at the 50 different facilities associated with

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[25] D. King et al., *Attitudes of Elderly Patients to Medical Students*, 26 MED. EDUC. 360 (1992) (reporting on results of survey, prior to discharge, of patients whose average age was 80 years old).

[26] Wilson, *supra* n. 17, at 432.

[27] *See, e.g.,* Duke University Medical Center website, at http://www.dukehealth.org. See also The University Hospital, University of Medicine & Dentistry of New Jersey website, at http://www.uhnj.org/; Johns Hopkins Hospital & Health System website, at http://www.hopkinsmedicine.org.

[28] New York-Presbyterian, The University Hospital of Columbia and Cornell is the primary teaching hospital of Columbia University College of Physicians & Surgeons and the Weill Medical College of Cornell University. See NewYork-Presbyterian, The University Hospital of Columbia and Cornell website at http://www.nyp.org https://members.aamc.org/eweb/DynamicPage.aspx?site=AAMC&webcode=AAMCOrgSearchResult&orgtype=Hospital/Health%20System. This full title appears on the exterior building and on all hospital publications. Personal communication with Cathy Thompson, Office of Public Affairs & Media, Columbia-Presbyterian Medical Center. (Oct. 29, 2003) (on file with Robin Fretwell Wilson).

[29] AAMC Hospital/Health System Members, Council of Teaching Hospitals and Health Systems, https://members.aamc.org/eweb/DynamicPage.aspx?site=AAMC&webcode=AAMCOrgSearchResult&orgtype=Hospital/Health%20System.

[30] https://www.med.wisc.edu/.

[31] Google Maps gives the distance from Columbia's location at 630 W. 168th Street to New York Presbyterian's location at 622 W. 168th Street as less than 0.01 miles, maps.google.com.

Columbia's medical school located throughout New York, New Jersey, and Connecticut,[32] cannot possibly be on constructive notice.

The same is true in Wisconsin. Consider the Wisconsin Academy of Rural Medicine (WARM) program, a far-flung network of rural facilities that act as a "clinical campus for the University of Wisconsin School of Medicine and Public Health, providing third and fourth-year UW-Madison medical students in clerkship rotations in Eau Claire, Marshfield, Minocqua, Rice Lake, and Wausau."[33]

### E. Patients Have Not Expressly Consented to Intimate Educational Exams

Many teaching faculty assert that the patient has consented upon admission to a teaching facility.[34] This claim takes two forms: In the stronger form, teaching faculty assert that the student's pelvic exam is an ordinary component of the surgery to which the patient has consented.[35] A variant on this claim holds that if consent was obtained for one procedure, it encompasses consent for additional, related procedures.[36]

This is just not so as a matter of contract interpretation. In a typical consent form, patients will:

> [A]gree and give consent to [teaching hospital], its employees, agents, the treating physician ... medical residents and Housestaff to diagnose and treat the patient named on this consent to any and all treatment which includes, but might not be limited to ... examinations and other procedures related to the routine diagnosis and treatment of the patient.[37]

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[32] NEW YORK PRESBYTERIAN HEALTH SYS. (noting that "In collaboration with two renowned medical schools, Weill Cornell Medicine and Columbia University College of Physicians and Surgeons, NewYork-Presbyterian is consistently recognized as a leader in medical education, groundbreaking research, and innovative, patient-centered clinical care."), at https://www.nyp.org/about-us.

[33] UW, MARSHFIELD CLINIC HEALTH SYSTEM RECOGNIZE EDUCATION PARTNERSHIP WITH NAME CHANGE, https://www.marshfieldclinic.org/news/news-articles/uw-name-change.

[34] AM. COLL. OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG), COMM. OPINION 181: ETHICAL ISSUES IN OBSTETRIC-GYNECOLOGICAL EDUCATION 2 (1997).

[35] Liv Osby, *MUSC May Change Pelvic Exam Practice*, GREENVILLE NEWS (S.C.), Mar. 13, 2003 (quoting the OB/GYN clerkship director at the Medical University of South Carolina, who indicated that "no specific permission" is sought for educational pelvic exams and acknowledged, "maybe this is something we need to revisit").

[36] *See e.g.*, Michael Ardagh, *May We Practise Endotracheal Intubation on the Newly Dead?*, 23 J. MED. ETHICS 289, 292 (1997) (making this observation with respect to practicing resuscitation procedures on the recently deceased); A.D. Goldblatt, *Don't Ask, Don't Tell: Practicing Minimally Invasive Resuscitation Techniques on the Newly Dead*, 25 ANNALS EMERGENCY MED. 86, 87 (1995) (analogizing to "construed consent," which authorizes related tests or diagnostic procedures).

[37] Palmetto Health Richland, *About Prisma Health*, https://www.palmettohealth.org/patients-guests/about-prisma-health.

*The typical admission form authorizes care for the patient's benefit, not for student educational purposes.*

This authorization should encompass only the treatment that a patient would reasonably expect to receive when checking into a health care facility— treatment that provides the patient with a direct benefit to herself.

### F. Exaggerated Fears of Widespread Refusal

Some members of the medical education community argue that performing educational exams without specific consent is necessary. Their argument is essentially that “we can't ask you, because if we ask you, you won't consent.”

These fears are wholly misplaced. Study after study has shown that women will consent to pelvic examinations for educational purposes. These include not only “hypothetical” studies—studies asking patients how they would respond if asked to do a variety of things—but also studies of actual women giving actual consent to real exams.

A 2010 Canadian study found that 62% of women surveyed said they would consent to medical students doing pelvic examinations, 5% would consent for female students only, and only 14% would refuse.[38] A study in the United Kingdom found that 46% of women in outpatient care did not object to having students perform pelvic exams on them.[39] In a private practice setting, another study found refusal rates of approximately 5% to perform educational pelvic exams.[40] In yet another study, 61% of outpatients reported that they would definitely allow, probably allow, or were unsure whether they would allow a pelvic examination.[41]

Even more women consent to examinations before surgery. In one study in the United Kingdom, 85% of patients awaiting surgery consented to educational exams by students while the patient was under anesthesia.[42] These studies involved *actual patients* giving *actual consent* to *real exams* by *real students*. Responding to hypothetical questions, more than half of the patients surveyed in another study (53%) would consent or were unsure if they would consent to pelvic exams, if asked prior to surgery.[43]

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[38] S. Wainberg et al., *Teaching pelvic examinations under anaesthesia: what do women think?*, 32 J OBSTET. GYNAECOL CAN 49 (2010).

[39] J. Bibby et al., *Consent for Vaginal Examination by Students on Anaesthetised Patients*, 2 LANCET 1150, 1150 (1988). Lawton et al., *Patient Consent for Gynaecological Examination*, 44 BRIT. J. HOSP. MED. 326, 326 (1990) (discussing study by J. Bibby et al).

[40] Lawton, *supra* n. 38, at 329.

[41] Peter A. Ubel & Ari Silver-Isenstadt, Are Patients Willing to Participate in Medical Education?, 11 J. CLINICAL ETHICS 230, 232-33 (2000)

[42] Lawton, *supra* n. 38, at 329.

[43] Ubel & Silver-Isenstadt, *supra* note 40, at 234.

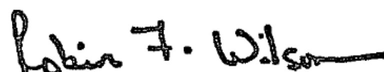
### G. Conclusion

Without adequate safeguards to protect the autonomy of women to consent to medical teaching, many will be reduced into acting as "medical practice dummies" without their permission. You should simply not allow such disrespectful treatment of patients who would gladly consent if only asked.

Representative Taylor is right that not asking for permission to perform intimate teaching exams on women is a vestige of the past. Senate Bill 635 would bring Wisconsin into line with other states that give women the autonomy to decide to participate in medical teaching; it would build on the University of Wisconsin School of Medicine and Public Health's sensible example and leadership; and it would affirm the dignity of persons at a time of great vulnerability, building trust in the healthcare system.

I welcome any opportunity to provide further information, analysis, or testimony to the Wisconsin State Legislature.

Respectfully Yours,[44]



Robin Fretwell Wilson
*Associate Dean for Public Engagement*
and Roger and Stephany Joslin Professor of Law
Director, Epstein Health Law and Policy Program

[44] Academic affiliation is for identification purposes only. I write in my individual capacity and my university takes no position on this or any other bill.