



*Remarks re: Informed Consent Bill Banning Nonconsensual Pelvic Exams*

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I am Amal Bass, and I'm a staff attorney at the Women's Law Project, a nonprofit legal advocacy organization based in Pennsylvania that seeks to advance the legal, social, and economic status of all people regardless of gender through impact litigation, public policy advocacy, community education, and individual counseling. Among our core values is a belief in the right of all people to bodily integrity and personal autonomy, and for this reason, we support the forthcoming legislation sponsored by Representative Fiedler and Representative Hanbidge.

This bill requires medical providers to obtain specific consent before they perform a pelvic exam, a rectal exam, or a prostate exam on an unconscious patient or a patient under anesthesia. This bill has been introduced in response to recent reports of medical providers subjecting patients to these types of exams without their consent or knowledge.

These reports are recent, but this is not a new problem, and several surveys indicate that it is widespread. A 2005 survey found a large majority of medical students had performed pelvic exams on patients under anesthesia, and that the patients had not explicitly consented in three-quarters of these cases.

This practice is a remnant of dangerous paternalism in the field of medicine, which, like the society in which it functions, has historically devalued the bodily autonomy of women—especially Black and brown women—as well as people with disabilities, queer and gender-nonconforming people, and people from lower socioeconomic backgrounds. It is a remainder, and a reminder, of the long and shameful legacy of abuse in the name of medical progress.

Nonconsensual exams can happen in any type of hospital, but they have been especially common in teaching hospitals where medical students receive training. These hospitals, often located in urban centers, serve more diverse populations in terms race, ethnicity, and economic status than non-teaching hospitals, suggesting that these groups disproportionately bear the disadvantages associated with nonconsensual medical exams.

It's wrong to think of a nonconsensual pelvic exam, which entails a provider examining and touching the reproductive organs commonly associated with women, as harmless. Our bodies are not public property. We are not living test dummies to be experimented and practiced upon. In circumstances outside of this narrow medical context, penetrating a person's body without their consent while they are unconscious would be categorized and addressed as a crime.

Using our private parts as a learning tool assaults our dignity and our right to control our bodies. It invades our privacy and shows disrespect for us as people. It also undermines the trust at the heart of the doctor-patient relationship.

Requiring specific consent before a pelvic exam will strengthen and protect the doctor-patient relationship without interrupting the training of medical students, who have often reported in surveys of feeling uncomfortable and conflicted about performing nonconsensual examinations. There is no need for this shameful practice to continue. Studies show that a majority of patients will consent to pelvic exams for teaching purposes when asked, and to the extent they don't—and it should be their right to choose—alternatives exist, such as the use of paid volunteers.

No one should be exploited. This legislation protects patients as well as doctors and medical students. We strongly support its passage. Thank you.