

STATEMENT OF NORIG ELLISON, M.D., PRESIDENT

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

before the

COMMITTEE ON THE JUDICIARY

UNITED STATES SENATE

November 17, 1995

Chairman Hatch, members of the Committee. My name is Norig Ellison, M.D. I am the President of the American Society of Anesthesiologists (ASA), a national professional society consisting of about 32,000 anesthesiologists and other scientists engaged or specially interested in the medical practice of anesthesiology. I have previously served ASA in a variety of capacities, including serving as its Vice-President for Scientific Affairs for three years. I am also Professor and Vice-Chair of the Department of Anesthesiology at the University of Pennsylvania School of Medicine in Philadelphia, and am a staff anesthesiologist at the Hospital of the University of Pennsylvania. I am a Diplomate of the American Board of Anesthesiology.

I appreciate your allowing me to testify before the Committee on such short notice, and I will be very brief. I appear here today for one purpose, and one purpose only: to take issue with the testimony of James T. McMahon, M.D. before a subcommittee of the U.S. House of Representatives last June. As I understand it, that subcommittee was considering legislation banning "partial birth" abortions, apparently the same issue now before this Committee.

According to his written testimony, of which I have a copy, Dr. McMahon stated that anesthesia given the mother as part of the procedure eliminates any pain to the fetus, and that a medical coma is induced in the fetus, causing a "neurological fetal demise", or -- in lay terms -- "brain death".

I believe this statement to be entirely inaccurate. I am deeply concerned, moreover, that the widespread publicity given to Dr. McMahon's testimony may cause pregnant women to delay necessary and perhaps life-saving medical procedures, totally unrelated to the birthing process, due to misinformation regarding the effect of anesthetics on the fetus.

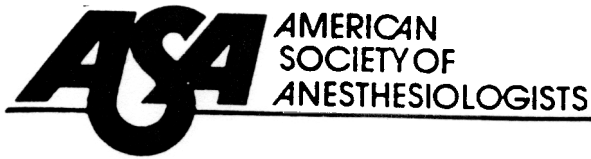
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The fact is that when general anesthesia is administered to the mother, only a portion of that anesthetic reaches the fetus -- the amount varying depending on the type of anesthetic; anesthetics administered regionally do not reach the fetus. As a result, many pregnant women -- currently totaling over 50,000 each year in this country -- are safely anesthetized without ill effects to mother or fetus.

Although it is certainly true that some general analgesic medications given to the mother will reach the fetus and perhaps provide some pain relief, it is equally true that pregnant women are routinely heavily sedated during the second or third trimester for the performance of a variety of necessary surgical procedures, with absolutely no adverse effect on the fetus, let alone death or "brain death". In my medical judgment, it would be necessary -- in order to achieve "neurological demise" of the fetus in a "partial birth" abortion -- to anesthetize the mother to such a degree as to place her own health in serious jeopardy.

I have not spoken with one anesthesiologist who agrees with Dr. McMahan's conclusion, and in my judgment, it is contrary to scientific fact. It simply must not be allowed to stand.

Mr. Chairman, I want to make it clear that ASA's House of Delegates has taken no position on the appropriateness of any abortion procedure, including the type under consideration here today, and I do not appear to speak for or against the proposed legislation before the Committee. We at ASA have nonetheless felt it our responsibility as physicians specializing in the provision of anesthesia care to seek every available forum in which to contradict Dr. McMahan's testimony. Only in that way, we believe, can we provide assurance to pregnant women that they can undergo necessary surgical procedures safely, both for mother and unborn child.

Thank you for your attention. I am happy to respond to your questions.



November 22, 1995

The Honorable Orrin G. Hatch, Chairman
 Committee on the Judiciary
 U.S. Senate
 224 Dirksen Office Building
 Washington, DC 20510-4402

Re: H.R. 1833, the Partial-Birth Abortion Ban Act of 1995

Dear Senator Hatch:

Thank you for inviting my participation in your Committee's hearing on H.R. 1833

I appreciate the opportunity to reply to the written questions of Senator Leahy. The only one of the six questions which falls within my area of expertise is number four:

4. Do analgesics and anesthetics given to a pregnant woman undergoing an abortion provide any pain relief to the fetus, even if the medication stops short of killing a fetus?

Drugs normally cross the placenta from mother to fetus according to a concentration gradient. The effect on the fetus of drugs administered to the mother will depend on (a) fetal condition, (b) the route of administration, and (c) the timing.

- a. Fetal acidosis will facilitate transport of local anesthesia such as lidocaine which is a weak base, into the fetus.
- b. Drugs administered intramuscularly achieve peak concentrations lower than intravenous administration, with the resultant decrease in placenta transport of the former.
- c. Drug administration intramuscularly will have no effect on infants born within one hour after administration; in contrast, birth 2-3 hours after intramuscular administration may result in depressed infants. Conversely, intravenous administration of drugs will have maximum depressed effect in babies born 1/2-1 hour after the administration.
- d. Very little is known about fetal response and consciousness to pain prior to 24-25 weeks gestation. It is clear that a pregnant woman can receive an effective anesthetic for cesarean section, and the fetus when delivered within the next half hour will be exquisitely sensitive to pain stimulus and will respond by crying and avoiding the stimulus more than 95% of the time.

The Honorable Orrin G. Hatch, Chairman
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In direct answer to question number four, DRUGS ADMINISTERED TO THE MOTHER, EITHER LOCAL ANESTHESIA ADMINISTERED IN THE PARACERVICAL AREA OR SEDATIVES/ANALGESICS ADMINISTERED INTRAMUSCULARLY OR INTRAVENOUSLY, WILL PROVIDE NO-TO-LITTLE ANALGESIA TO THE FETUS.

In closing, I reiterate that the pregnant woman in need of urgent, even life-saving surgery, need not defer same due to misinformation regarding the effect of anesthetics on the fetus.

Sincerely,

A handwritten signature in black ink that reads "Norig Ellison". The signature is written in a cursive, somewhat stylized font.

Norig Ellison, M.D.
President