



Physicians Caring for Texans

May 3, 2012

Department of State Health Services
ATTN: WRTK Rules
PO Box 149347
Austin, TX 78714-9347

Dear Sir or Madam:

Thank you for the opportunity to comment on the proposed rules adopting a review process for the *Woman's Right to Know* materials. The proposed draft outlines procedures for ensuring the revised materials would be guided by peer-reviewed scientific and medical literature. We agree that patient materials must be based on science.

Our more than 45,500 physicians and medical student members of the Texas Medical Association value the critical role of accurate information for our patients. Respecting our patients' individual choices about their health is a basic tenet of our profession. This is why it is essential that patients have accurate information when it comes to any potential risks associated with all medical procedures. This we strive to provide to our patients every day, regardless of the procedure. Further, when it comes to abortion, our policy supports informed and nonjudgmental counseling between the patient and the physician.

Unfortunately, the existing materials do not reflect these principles. We do support a more rigorous approach to reviewing these materials, to help ensure that language is rooted in science and evidence-based clinical literature. We suggest this approach should include citing references to any scientific statements in patient materials.

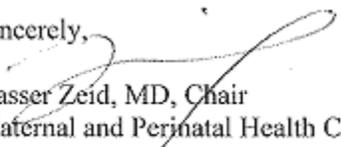
The proposed rules do not specify how the department plans to determine whether to revise materials to keep information current. As written, the current *Woman's Right to Know* booklet posted on the DSHS website is factually inaccurate and does not meet the criteria set forth in the proposed rules. Some specific concerns are:

- The clinical standard term for "*unborn child*" is "fetus."
- The statement pointing to "*increased risk of developing breast cancer after an induced abortion...*" is not consistent with current and relevant science. Both the National Cancer Institute and the American College of Obstetricians and Gynecologists (ACOG) conclude in position statements that induced abortions have not been shown to increase a women's chance of developing breast cancer.
- The information on dilation and extraction is unnecessarily graphic in its description of a procedure that is not performed or needed for termination up to 23 weeks. Dilation and evacuation is the procedure normally performed for emptying uterine content greater than 13 weeks and less than 23 weeks.
- "*Former Surgeon General C. Everett Koop and the Physician's Ad Hoc Coalition for Truth stated in 1996 that this type of procedure '... is never medically necessary to protect a mother's health or her future fertility. On the contrary, this procedure can pose a significant threat to both'*" Again, this information is not in line with ACOG statements.

- *“Some large studies have reported a doubling of the risk of premature birth in later pregnancy if a woman has had two induced abortions. The same studies report an 800 percent increase in the risk of extremely early premature births (less than 28 weeks) for a woman who has experienced four or more induced abortions.”* While the materials do not offer references, these statements do not come from peer-reviewed medical literature. Instead, they are citations from journals not included in Web of Science or MEDLINE/PubMed lists of peer-reviewed scientific sources.

Again, thank you for the opportunity to comment on the proposed draft rules. We welcome an opportunity in the near future to work with you on revising these materials.

Sincerely,



Yasser Zeid, MD, Chair
Maternal and Perinatal Health Committee
Texas Medical Association

Cc: Bruce Malone, MD, TMA President
Jason Terk, MD, Chair, TMA Council on Science and Public Health
Gary Floyd, MD, Chair, TMA Council on Legislation