

January 21, 2020

Dr. Mae Winchester  
Kansas City, Missouri

Senate Judiciary Committee  
House Federal & State Affairs Committee  
Room: 346-S

Topic: HCR 5019  
Position: Opponent

My name is Mae Winchester and I am an obstetrician-gynecologist practicing in Kansas City, Kansas. I received my doctorate and completed a 4-year residency in obstetrics & gynecology at Eastern Virginia Medical School in Norfolk, Virginia. Now I practice in Kansas, completing a maternal-fetal-medicine fellowship. I am also a fellow with Physicians for Reproductive Health, a national physician-led advocacy group.

As an ob/gyn physician, I have always believed that providing comprehensive reproductive health care is not only essential health care, but also an honor. My job includes testing and treating sexually transmitted infections, cancer screenings, helping families get pregnant, delivering babies, and occasionally, providing abortion care. Guiding someone through their available options of what can be one of the most difficult decisions of their lives, and doing it with compassion and respect, is why I went to medical school. The families I partner with are sometimes forced to make impossible choices. Each of their stories is different and to illustrate that point, I'd like to share one. Her identifying details have been changed to protect her privacy.

A patient very dear to me, who I'll call Amanda, managed to schedule time away from her three jobs to see me one morning. Several years ago, she had an abnormal pap smear, but lost her health insurance and was unable to afford a follow-up visit with a doctor. By the time I saw her, she had developed invasive cancer – her cervix had been essentially replaced by a large tumor. She was also 14-weeks pregnant. As a physician specializing in high risk pregnancies, I know that treatment for this advanced of a cancer requires termination of pregnancy, because a fetus cannot continue developing amidst chemotherapy and radiation. She wanted nothing more than to be able to continue the pregnancy. She thought long and hard about her diagnosis and had open, compassionate discussions with her family. She told me that her children, one still in grade school, begged her to have an abortion so that she might live to see him graduate high school. We talked about what a pregnancy with cancer looked like – of the risks of continuing the pregnancy, not only the significant decrease in her life expectancy should cancer treatment be delayed, but also the incredibly real threats of a preterm delivery with its severe consequences for the child. Though she was not actively dying, her life was at risk. Through tears, she told me she felt she needed an abortion. Amanda subsequently had an abortion and promptly started treatment for her cancer. I saw her many months later, in the hospital, when she was getting one of her cancer treatments, with her family by her side. Through tears, she told me she still grieves her baby every day. When I told her how my heart breaks for her, she held up her arm to hug me and said, "It's ok, thank you for saving my life".

Amanda's story is her own. Each of my patients has their own unique story and they do not fit into a one-size-fits-all box. I have been in medicine for almost a decade now and have never heard the same

story twice. Some of my patients choose abortion to spare their baby a life of suffering from a rare genetic disorder. Some choose abortion because it is simply not the right time for them to have a child. Some choose abortion to escape an abusive husband. Some choose abortion to escape poverty. No matter their story or their reason, what all my patients have in common is that it was a personal decision for them, and not one they took lightly. It is my honor to walk this path with my patients, no matter what direction they take.

My exam room is a safe place, where my patients can talk freely, without fear or coercion. Medical school and professional experience have taught me to counsel my patients in a nondirectional manner, to trust the decisions my patients have made, and to respect those decisions. Regardless of my patients' background, I counsel them the same way, every single time. I do this because every patient deserves the same level of care. This legislation, however, threatens the distribution of care among Kansans. If abortion were to ever be banned in this state (either through restrictions or an outright ban), I know from experience that financially well-off patients will be able to travel out of state to access the care they need, while my poorer patients will simply not have that option. This is unfair, and unethical. All my patients deserve the same comprehensive care, regardless of their zip code or tax bracket.

In summary, I oppose any legislation that endangers access to comprehensive reproductive health care. Patients should be allowed to make complex medical decisions that align with their faith, their family needs, and their health, without interference from the government. Abortion is an incredibly personal decision and should be treated as such.

Mae Winchester, MS, MD  
Obstetrician-Gynecologist  
Fellow, Physicians for Reproductive Health