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Testimony of Dr. Kathryn Sharpless
Attending Physician at MaineHealth
Before the Joint Standing Committee on Judiciary
In Opposition to LDs 825, 851, and 1229
May 18, 2021

Senator Carney, Representative Harnett and members of the Committee, my name is Dr. Kathryn Sharpless, and I am an OB-GYN attending physician at Maine Medical Center. I am testifying on behalf of MaineHealth in opposition to LDs 825,851, and 1229.

These bills require providers to tell their patients that they have the option to reverse a medication abortion, when, in fact, there is no evidence that abortion reversal works and, worse, there is evidence that it can endanger their lives. Moreover, these bills attempt to legislate the patient-provider relationship and could force providers to violate ethical standards related to patient autonomy by forcing a patient to receive treatment and services without respecting the patient's own desires.

Most protocols for medication abortion follow a two-step process whereby patients take mifepristone, a medication that blocks the hormone progesterone, followed by misoprostol, a medication that causes the uterus to contract. Misoprostol is usually taken within 48 hours of mifepristone.

Proponents of abortion reversal state that if patients take high doses of the hormone progesterone after the ingestion of mifepristone but before misoprostol is taken, that the abortion can be "reversed" or prevented. Currently, there is insufficient evidence that high doses of progesterone are more likely to stop the abortion process than simply not taking the misoprostol at all.

An Institutional Review Board-approved randomized, placebo-controlled study designed to test whether high doses of progesterone could prevent the completion of an abortion compared to placebo had to be discontinued due to safety concerns. The aim of the study was to enroll 40 women who were planning a surgical abortion but agreed to take mifepristone followed by a placebo or high doses of oral progesterone prior to their planned surgical abortion to study whether or not the process could be reverse.

Twelve women enrolled and when 3 of them experienced severe hemorrhage requiring emergency services, one of whom required a transfusion of blood products, the study was halted after a safety review. The study was unable to continue due to the clear danger that it placed on women and was unable to answer the question of whether or not high doses of progesterone were more effective than placebo for stopping a medication abortion. What the study did tell us is that failure to continue the abortion process once mifepristone is taken, regardless of whether or not high dose progesterone is taken, can result in life-threatening hemorrhage.

Healthcare providers take oaths to protect their patients and do no harm. These bills would force us to break those oaths. As a health care provider, I would never want to lose the trust of my patients by advocating for an unproven treatment that could put their lives in danger. An important part of my job is to ensure that my patients understand all of their options when faced with an unwanted pregnancy. I take that role seriously, and I have not encountered a patient who changed their mind about the abortion following the ingestion of mifepristone. Additionally, mandating that a patient view an ultrasound before an abortion is not considered the standard of care, and is not medically necessary. These bills are unethical and dangerous, and I urge you to vote “ought not to pass.”