

July 12, 2019

Sarah Wright
2625 Scofield Street
Madison, WI 53704

Ms. Wright:

I am writing in response to your email dated July 9, 2019. I want to thank you for sharing your sincere concerns with me. I appreciate the courage that it takes to share sensitive issues.

I want to first address your concern that I did not personally respond to you when you emailed me in November 2018. In an attempt to ensure that your concerns were addressed as promptly and thoroughly as possible, I directed your questions to the UW Health Patient Relations Department. Specifically, you had raised concerns both about care you had received during a 2009 procedure and also about medical education at the University of Wisconsin School of Medicine and Public Health (UWSMPH) more broadly. As was shared with you, the Patient Relations Department has a robust process for addressing patient concerns. It was, and continues to be, my sincere belief that addressing your concerns through that process was the most effective way to ensure that you received clear answers to your questions in a timely way.

While we were attempting to address your concerns through the Patient Relations process, Representative Chris Taylor contacted Connie Schulze, UW Health's Director of Government Affairs to inform her that you had also contacted Representative Taylor regarding the circumstances under which medical students perform pelvic examinations on anesthetized patients. Because of our strict duty of confidentiality with respect to protected health information (PHI) we were not able to share information about your health care with Representative Taylor and so, our discussions with her were limited to your systems-based questions about medical education. In hindsight, we can see that, when we expanded our review to respond to Representative Taylor, we did not clearly enough share our conclusions with you about your 2009 procedure. I would like to take this opportunity to clearly respond to the questions you asked about your 2009 procedure and to other related issues you have raised since that time.

As promised, your case was reviewed shortly after your questions were presented to us. You reported pelvic pain and pain with intercourse following your 2009 procedure. You surmised – based on information provided to you by your sister who is a nurse – that this pain was caused by the use of a uterine manipulator during your procedure. Our review determined that a uterine manipulator was not, in fact, used during your procedure and could not, therefore, be the cause of the pain you experienced.

While a uterine manipulator was not used during your procedure I must vigorously refute your assertion that the use of a uterine manipulator without specific informed consent for the use of that tool is tantamount to sexual assault. A uterine manipulator is a surgical tool that is used when medically necessary to gain uterine mobility which is required to complete certain procedures safely. You suggested that the potential use of a uterine manipulator should be specifically addressed with a patient during the informed consent process. Doing as you suggest is not required by any legal or ethical standard of medical practice and, in fact, is not done as a matter of routine practice by physicians

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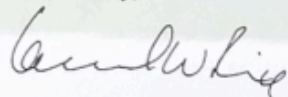
nationally because there are no material risks associated with the use of a uterine manipulator that warrant specific inclusion in the informed consent process.

In your November 2018 email, you also mentioned a Slate article regarding the performance of pelvic examinations by medical students on anesthetized patients. You asked us to review and consider our approach to teaching medical students how to perform a pelvic examination. We appreciated your call to reexamine our practice in this area. Upon review, we concluded that while our existing practices were appropriate, that both patients and providers could benefit from the implementation of a UWSMPH-wide written policy outlining our commitment to obtaining informed consent for all pelvic exams to be performed while a patient is under anesthesia. Such a policy has been drafted. As you requested, we have also been actively engaged with Representative Taylor since November 2018 to draft legislation that would address this issue statewide.

Finally, it is my understanding that you more recently raised an additional concern related to information in your medical record. Your physician recommended the use of contrast during a recent MRI and you stated a strong preference to undergo the MRI without the use of contrast despite your physician's recommendations. Your physician agreed to perform the MRI without contrast at your request and documented that the reason for proceeding without contrast was your insistence that contrast not be used. You stated that you wanted information about your refusal of contrast to be removed from your medical record. While I was not involved in the review of this concern I am addressing it in this letter to ensure that all of your concerns are fully addressed. It is my understanding that you have been advised about the process for requesting an amendment to your medical record and that the UW Health Patient Relations Department provided you with the forms required to make such a request. If you have additional questions about this, they can be directed either to UW Health's Patient Relations Department or its Health Information Management Department.

I hope that this letter has provided you with helpful information regarding your health care. If you have additional questions I would respectfully request that you direct them to Linda Sparks, UW Health's Director of Patient Relations as she will be in the best position to respond promptly and thoroughly to any question you might have. Be assured that I will be involved in the Patient Relations process even if you do not hear from me directly.

Respectfully,



Laurel W. Rice, MD
Ben Miller Peckham, MD, PhD, Chair in Obstetrics and Gynecology
Chair and Professor, Department of Obstetrics and Gynecology
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cc: Linda Sparks, Director of Patient and Family Experience, UW Health