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February 8, 2024

The Honorable Susan Donovan, Chair
Honorable Members of the House Committee on
Health and Welfare
Room 135
State House
Providence, RI 02903

RE: OPPOSED to H7234

Dear Chairwoman Donovan and Members of the Committee:

I am a Professor of Emergency Medicine at Brown University. I trained at Brown, have worked here for the last 25 years, and have raised my family in Rhode Island.

I have been privileged to serve as an attending physician at Newport Hospital, The Miriam Hospital, Rhode Island Hospital, and Hasbro Children's Hospital. I also serve as the Director of Teamwork Training at Lifespan Medical Simulation Center, and have been heavily involved in the training of emergency medicine residents.

I offer the following arguments OPPOSING H7234:

1. This bill would criminalize the teaching of a critical, lifesaving procedures. This would set a dangerous precedent for the legislature to dictate how emergency care should be taught.
2. The organization advocating this legislation, Physicians Committee for Responsible Medicine (PCRM), a non-profit agency, with net assets over \$31 million dollars in 2021, was **unanimously** censured in 2000 by the American Medical Association for making:

"recommendations irresponsible and potentially dangerous to the health and welfare of Americans. PCRM is blatantly misleading Americans on health matters and concealing its true purpose as an animal 'rights' organization".

The AMA called upon the PCRM to immediately terminate the inappropriate and unethical tactics their organization uses to manipulate public opinion.

The AMA cited the Physicians Committee for **RESPONSIBLE** Medicine for taking selective data and quotations, often out of context. In other words, for being scientifically *irresponsible*.

3. Having been the director of the Difficult Procedure Course for Brown Emergency Medicine residents for 5 years, and an instructor for over 10 years, I can state without reservation that practicing surgical airways (a.k.a. cricothyrotomies), thoracotomies, and lateral canthotomies on manikins is in no way close to the learning that occurs when practicing on a live, anesthetized animal model.

We use both simulation with high fidelity manikins, and live, fully anesthetized pigs for training. The pigs are under general anesthesia, feel nothing, and never wake up. Trainees invariably comment on how much they gain from the animal laboratory experience, as they learn to grasp slippery tissue properly, to control unexpected bleeding that blocks their view of crucial structures, and to make critical decisions when they have only once chance to get it right.

4. I have received grateful feedback over the years from graduated residents who have saved people's lives through successful cricothyrotomies. These graduates have expressed their appreciation specifically regarding the live anesthetized animal model, and how it contributed to their composure during this rare, high stakes procedure in a life-saving situation.

5. No animals will be saved by passing H7234, as the farm-raised pigs involved are otherwise sent to the slaughterhouse and enter the commercial food supply. Opposing H7234 will preserve a critical learning experience year after year, however, that acts as a force multiplier for providing emergency care.



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6. At night, in our smaller hospitals, emergency physicians are typically the only physician in the entire hospital able to intubate and perform other life-saving procedures on critical patients. To place our graduates in such positions of responsibility, alone, where failure is not an option, without providing them the best training possible, would be professionally irresponsible.

7. H7234 increases the risk for the citizens of Rhode Island. Many graduates of Brown Emergency Medicine work in emergency departments throughout Rhode Island, caring for our friends, our relatives, our neighbors.

Three years ago, at Newport Hospital, a community hospital without a Trauma Surgery team, I treated a pedestrian with massive facial injuries who had been struck by a car. He could not breathe, as his mouth was a bloody, pulverized mess with his face and jaw crushed. He was unable to be intubated because of his injuries, and to prevent his death he required a cricothyrotomy. Just three weeks ago, a nurse from Newport ED sent me an email, telling me that she had run into this patient at the Boston Children's Museum. He was there with his children.

As a graduate of Brown University's emergency medicine program, as a faculty member of Brown Emergency Medicine, and as a resident of North Kingstown, RI, I strongly urge to you to OPPOSE H7235 on the grounds of maintaining the highest level of training for our emergency medicine residents in order to provide the best possible care for the citizens of Rhode Island.

Respectfully submitted,



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