

Feb. 8, 2024

RE: Testimony in Support of H 7234

Submitted by:
Zachary Burns, D.O.
23 John St., #2
Providence, RI 02906

Dear Chairwoman Donovan and Members of the Committee:

My name is Zachary Burns. I am a physician in the Brown Family Medicine Residency program, and I am here to encourage you to advance H 7234. This bill is necessary and important. It would ensure that patients in our state receive 21st century care.

I have great admiration for the emergency physicians at Brown and Rhode Island Hospital, where I also practice. During the pandemic, they were on the front lines—just like emergency physicians across the country. But when it comes to training, Brown remains an extreme and controversial outlier, and that's why we are here today.

Over the last 30 years, medical training programs have drastically moved away from using animals. Some hospitals were motivated by the moral concern over unnecessarily taking life. But all the programs that replaced animals—hundreds of them—made the decision only after careful contemplation, only after becoming confident that they could maintain or even improve patient care.

I primarily work at Kent Hospital in Warwick. There, the emergency medicine program does not use animals. Instead, Kent uses medical simulators, and scientific study after scientific study tells us that simulators produce equivalent or superior results when compared to animals. These modern devices bleed and breathe, they have skin and breakable bones, and new models are being produced all the time.

Brown and Rhode Island Hospital kill pigs to teach a single procedure: a cricothyroidotomy—also known as a surgical airway. It is incredibly rare that a physician will have to perform this procedure, which is why many ER doctors become recertified every few years in Advanced Trauma Life Support, a course overseen by the American College of Surgeons. And what do 99% of those trauma courses use to teach this lifesaving procedure? Simulators.¹ Not animals.

Many medical centers are even using 3D printers to create anatomically correct airway models with a huge amount of variability. If they want to practice a surgical airway on an obese patient, they can create that with a 3D printer. A child's airway? They can create that too. But you don't get those kind of patient-specific differences with a pig.

I urge you to advance this legislation. Thank you for your time.

¹ <https://www.pcrm.org/ethical-science/ethical-education-and-training/survey-of-trauma-training-programs>

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Sherrie Sharp, M.D.
12 Westbrook Way
Cumberland, R.I.

Thank you for your time today. My name is Dr. Sherrie Sharp. I am a native Rhode Islander and a child and adult psychiatrist. I completed my residency at the Cleveland Clinic and my fellowship at Brown University.

You have already heard so much about the educational reasons for replacing animals in medical training—how simulators model human anatomy and allow for repetitive training. But considering my area of expertise, I want to spend my time discussing the psychological impact of asking physicians to kill their first patient. After such an experience, people can either become desensitized to harming other beings or they can become traumatized by having done so. It can shape how they think about their administration, their calling, and their profession.

I was lucky that, 20 years ago, my medical school, Boston University, did not have any live animal exercises within the curriculum. But many doctors were not so lucky. Today, doctors who were trained in the 1970s, 1980s, and even 1990s can tell you horror stories about the dog lab or rabbit lab or pig lab they were forced or pressured to take part in. Decades later, they don't see the educational value and are left with only the emotional scars. What will the emergency medicine physicians taught by Brown and Rhode Island Hospital think 20 or 30 years from now?

We owe it to our patients to evolve as technology and standards of practice change. We also owe it to our patients to treat them with compassion and respect. But asking young doctors to harm and kill animals surely destroys some of our ability for compassion.

It may seem trite to others to invoke the mantra, "First, do no harm," but I take it very seriously and we have here a practical, tangible way to avoid harm—in a manner that benefits everyone, including our patients. Across the country, thousands of emergency medicine residents are in programs that are not asking them to practice on animals and then translate that to patients. Clearly, this harm can be avoided.

I hope you will support this bill and advance it out of your committee.

Thank you for your time.