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February 5, 2024

The Honorable Susan Donovan
Chair, House Committee on Health & Human Services
Room 135
State House
Providence, RI 02903



BROWN
EMERGENCY
MEDICINE

RE: H7234-OPPOSE

To Representative Donovan and members of the House Health & Human Services Committee:

As Professor and Vice Chair for Education in the Department of Emergency Medicine at Brown, I write in strong opposition to H7234. I am a native Rhode Islander, graduate of Brown Medical School, a practicing emergency physician at both Rhode Island Hospital and The Miriam Hospital for the past 24 years, and the former director of the Emergency Medicine residency training program at Brown/Rhode Island Hospital. I represent the Brown Department of Emergency Medicine, our trainees, and dozens of our program graduates who provide care 24/7 in emergency departments throughout Rhode Island.

House Bill H7234 proposes to eliminate procedural training on live animals in medical education. The bill places legislators in the unique position of supporting the political agenda of a controversial activist group that has been censured by the American Medical Association, and creates unprecedented overreach of local government into the realm of medical education. The bill was introduced by Representatives Serpa, Phillips, Brien, Solomon, Fellela, O'Brien, McEntee, Lima, and Costantino. Similar bills have been introduced annually in the House or Senate since 2019. All were carefully considered and did not pass out of committee. The introduction of H7234 today represents the ongoing campaign of the Physicians Committee for Responsible Medicine—a controversial, fringe activist organization—to eliminate the use of animals in biomedical research and education. In preparing for this testimony, I have spent considerable time reviewing the PCRM's position statements, its poorly referenced resources and data, and the relevant statutes found within the Federal Animal Welfare Act. I have also conducted an internal review of our procedural training program, met with veterinarians and simulation experts, reviewed the medical education literature, and tracked this issue nationally. I'd like to share a perspective informed by that research as well as my experience as a clinician and medical educator.

Our emergency medicine trainees learn to perform life-saving procedures on live animal models, specifically pigs. These sessions occur annually, focusing on rarely encountered, life-saving procedures that demand precision, technical skill, confidence, and decisive action. In addition to other training methods, we use live animals because other models such as simulators cannot create the dynamic and realistic conditions encountered in patient care.

Our use of live animal models stems from requirements outlined by our regulatory body, the Accreditation Council on Graduate Medical Education (ACGME). According to the ACGME,

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trainees *"must be able to competently perform all medical, diagnostic and surgical procedures considered essential for the area of practice..."* and that trainees *"must perform indicated procedures on all appropriate patients, including those...who have poorly defined anatomy and high risk for procedural complications..."* Our accreditation is subject to compliance with these requirements. They are precise and rigorous, and we take our responsibility to teach procedures very seriously. We have an obligation to train future emergency physicians to perform in realistic and challenging situations.

One example of a procedure that our trainees must learn is a surgical airway known as a cricothyrotomy. To teach this procedure, we first employ human cadaver and manikin models, procured animal tracheas, and other forms of simulated anatomy. These are necessary tools, but insufficient to approximate the conditions seen in live patients. There is no dynamic component or bleeding, and no opportunity to address the real-life complications encountered when undertaking this high-stakes procedure on humans. To date, suitable manikin models are not available to simulate variations in patient anatomy and complications that occur in performing surgical airways.

Regardless of one's opinion about whether animals should be used in biomedical research or medical education, we can all agree that our job is to provide the public with highest quality emergency care. We believe that it would be inappropriate for our trainees to enter practice without the highest quality, realistic experiences. Imagine if the first time they are called to perform a cricothyrotomy is on a complicated, unstable, real patient. In a life-threatening situation, none of us want to be that first patient, nor would we want that for our loved ones. The animal lab training that we provide saves human lives. Our trainees cite the power of this educational experience. Over the years, countless current and former residents have saved patient lives using the skills they learned in our animal lab. Many of those lives saved were here in Rhode Island.

We recognize the value of using precious live animals for medical training. Ensuring that these animals are treated respectfully and humanely is a high priority for our program. We are fortunate to have veterinary experts and outstanding facilities, and we work closely with the Animal Care and Use Committee on the Humane Care and Use of Laboratory Animals. This committee provides strict oversight, review, and approval of our procedural training program. The program undergoes annual reviews, including an assessment of alternative training methods. All prior inspections by the USDA found that our procedure program had appropriate justification (with no suitable alternatives) and found the program to be in full compliance with federal law.

I would like to specifically address the claim by PCRM that "96 percent of surveyed emergency medicine residency programs in the United States and Canada use only non-animal methods, such as human-based medical simulators and cadavers." This statement comes from the PCRM website, with no supporting evidence. It is an unfounded, self-referential assertion, with neither the methods nor the survey itself provided. This data has not undergone peer-review and has not been published in the medical literature. Regardless, such false claims do not prove that medical simulators are the best way to train for rare, life-saving procedures. First, all

programs did not use animal models because of the cost and regulations required to offer such an experience. Second, many have stopped because of the time and reputational expense of continuing the program—not because they were ineffective. A detailed review of the actual science comparing simulators and animal models for training cricothyrotomy does not show that they are equivalent. While it would be less costly and less time consuming to use a simulator, we have chosen to continue training physicians using an animal model because we believe this to be a superior method. Our primary responsibility is to prepare physicians to perform life-saving procedures for patients in Rhode Island and beyond.

I have significant firsthand experience teaching and performing life-saving procedures and I can attest to the value added from live animal training models. Live animals allow learning under realistic conditions beyond that which can be achieved using simulations or models. In addition to protecting patients and fulfilling our educational responsibility, the program we have established is humane, thoughtfully monitored, and compliant with local, state, and federal law. We would ask this committee to defer the determination of the best way to educate physicians to those who have devoted their careers to that pursuit. We are committed to reviewing the program annually for mechanical alternatives and continued full compliance with animal welfare regulations as defined by the USDA.

Join me in OPPOSING H7234, an act that would criminalize the teaching of life-saving skills.

Respectfully,



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