MICHIANA POINT OF VIEW

The Hysterectomy Epidemic

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More than 800,000 hysterectomies are performed each year in the United States. (Hysterectomy is the surgical removal of the uterus. If the cervix is also removed, it is a total hysterectomy.)

500,000 women have their ovaries removed (ovariotomy) each year.

One of every two women in the U. S. will reach menopause surgically.

Studies by Dr. Norman F. Miller (Dept. of Obstetrics/Gynecology, University of Michigan) and by others conclude that at least one-third of hysterectomies are completely unwarranted.

800 women die every year as the result of hysterectomy. If one-third of these hysterectomies were also unwarranted, that would be 260 unnecessary deaths.

A 1970 study shows the rate for hysterectomy in the U.S.is more than twice the rate in England and Wales.

According to a 1973 study by Dr. Bernard Rosenfeld, the death rate for uterine cancer is less than the death rate for hysterectomy.

30%-50% of hysterectomies have serious surgical complications, including infection, urinary incontinence, bowel puncture, and heavy bleeding.

76% of hysterectomies are performed for suspected cancer. Cancer is confirmed in only 4% of the cases. (I.e., the odds are heavy that doctors' suspicions of uterine cancer, after complete workup, are wrong.)

Even if the surgery is successful, many women suffer from what medical literature calls "post-hysterectomy syndrome," which may include bone and joint pain, profound fatigue, depression, loss of sexual feeling, hair loss, short term memory-loss, and loss of stamina. According to Nora Coffey, founder of Hysterectomy Educational Resources, most women suffer at least a few of these possible consequences. Doctors often do not warn women about

unpleasant after-effects because a small percentage of women do not have them. They rationalize their omission by the claim that warnings can be "self-fulfilling prophecies." Thus they leave the majority of their clients in ignorance in order to protect a very few who may be "suggestable."

If the ovaries are removed along with the uterus, the woman immediately enters "surgical menopause" with the sudden onset of menopausal symptoms that the body naturally produces over the period of a few years. (35%-45% of ovaries not removed in hysterectomies cease to function, and those women will also suffer sudden menopausal symptoms.)

Unnecessary hysterectomy has been no secret to the medical profession. In 1953 in the Journal of the AMA, Dr. James C. Doyle published an article entitled "Unnecessary Hysterectomies." Although he and other professors of gynecology have indicated that "tipped" uteri are in most cases normal and in themselves an unwarranted reason for surgery, thousands of women still submit to hysterectomy for tilted uteri. Nora Coffey suggests getting a second opinion from a gynecologist who specializes in fertility (since they are usually committed to preserving women's reproductive organs).

If studies such as those by Dr. Norman Miller are correct, a minimum of 260,000 unnecessary hysterectomies are performed each year in the U. S. This is surely a problem of epidemic proportion. Yet the profession that causes this epidemic, and that indeed has defined unwarranted hysterectomy, has not created an apparatus or system to eliminate it. Why? The profession responds very quickly to other epidemics, such as flu. Is it because responses to flu bring money in, while eliminating unwarranted hysterectomies will radically decrease surgeons' and hospitals' incomes?

Women advised to have hysterectomies should inform themselves more thoroughly about the surgery and its long-term effects than they have in the past. They can easily do so by writing Nora Coffey, Hysterectomy Educational Resources and Services, 422 Bryn Mawr Avenue, Bala Cynwyd, PA 19004, or the National Women's Health Network, 224 Seventh St., S. E., Washington, D.C. 20003. Even if the surgery is necessary (as it is for uterine cancer), it is best to be informed about its usual consequences.

Unfortunately the medical profession does not police itself, as it should. The annual 266,666 unwarranted hysterectomies means that every four years, 1 million women are surgically invaded, paying more than $1 billion to surgeons for operations their profession has labeled invalid. (Yet we do

not have 1 million malpractice suits every four years for this single procedure.) Every four years, more than 1,000 women die as a direct result of unnecessary hysterectomies. (The AID's problem is slight by comparison.)

The medical profession's response to unnecessary surgery of all kinds is to invite us to get a second opinion. That conveniently increases surgeons' incomes, and it ignores the sad fact that most clients can barely afford the first opinion. It sometimes implies that they do not feel themselves responsible for misleading their clients or for being poorly informed.

Do doctors realize how damaging unnecessary surgery is to their clients? They are so accustomed to seeing it, they have become hardened to its results. I, for one, would rather be assaulted by a mugger on the street than by a surgeon committing an unnecessary operation. The ordinary assaulter does not drug you before he knocks you down, not does he cut you up so extensively as the surgeon, nor does he afterward subject you to more drugs. The only money the mugger gets is the amount you have on your person. The mugging is faster, and so is the recovery time. Ironically, when a surgeon knowingly performs unnecessary surgery, we pay him enormous sums legally to assault us. The physical harm is immoral, profound, and often irreparable. The financial harm is a major problem for many of us, not only requiring funds we do not have but also causing loss of work days that few people can afford.

If we so easily can document millions of women (3 million every 12 years) whom physicians describe as having unwarranted hysterectomies, think of what those figures will look like when we add other surgeries that the medical profession says should not be performed. What is to be done?

The time is long past for national legislation defining very specific surgical procedures as felonious assault--that is, as medical crime. The criminal element involves the intent to defraud, as well as the surgical assault. Honest mistakes that surgeons make must NOT be included in such legislation--even serious mistakes. Surgeons are human. We can expect honest efforts from them, but not perfection. The remorse a competent surgeon feels when he makes an honest mistake that hurts his client is punishment enough, without further penalties.

What should be defined as crime is the performance of surgery judged by the profession to be unwarranted. Admittedly the drafting of such

legislation will be a complex and difficult process. It is nevertheless clear that surgeons today need directives from the society at large as to what is permissable behavior.

SOURCES FOR HYSTERECTOMY DATA

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