

Hello

My Name is Dr Pete Reagan and I am a retired family physician from Portland (97212) In my practice I delivered many babies and altogether performed maybe about 1500 vasectomies. For years I trained medical students and residents in my office including in this procedure. I do not speak for a particular organization but do speak in favor of passage of this bill.

This bill has been well discussed by experts, especially Dr Fuchs, before the House Health Committee. I wish to acknowledge Dr Fuchs very detailed in depth familiarity and knowledge with both the procedure and the process of learning it. I also agree with him that the nuance and subtlety of the procedure tends to be underestimated by trainees. Much of the procedure is performed by feel, which is a learned skill, and requires detailed anatomical knowledge and sensitive fingers. Performing a vasectomy is a significant commitment with unpredictable surgical demands and important possible complications. It is unquestionably critical that a trainee experience a significant number of procedures before practicing with out available supervision.

However I still support this bill to allow vasectomy to be included as a possible procedure for an advanced care nurse. Vasectomies have been performed by nurse practitioners in Alaska and Washington for a decade without apparent decrease in safety. Studies specifically of nurse practitioner data have not yet been published but other data on complications depending on experience and training level suggest that early trainees performing procedures under supervision do not experience higher rates of complications than do senior residents or staff physicians.

Further, please note that the common complications of vasectomy, while sometimes serious and even occasionally debilitating , are very rarely life threatening, and it is common for nurse practitioners to accept responsibility for treatments causing this level of complication.

I have personally trained people at all levels of medical training, including experienced private physicians as well as first year medical students with no prior surgical experience. I did not find general surgical experience necessarily generalized to being able to learn vasectomy. My all time most adept trainee was one of the first year students, who had general kinesthetic skill at the gifted level.

Designing the specific requirements for training should be a serious undertaking by the Oregon Board of Nursing, but this remains a reasonable level of responsibility for them and the wheel has been invented in the other two northwest coastal states.

I personally am not prepared to argue whether Oregon already has enough vasectomy practitioners without this bill, but I do feel that a conscientious nurse practitioner could be taught to do the procedure as well as I could as a family physician.

I would remind the committee of a the story of Vivien Thomas, Grandson of slaves in Louisiana, with a high school education he began working as a surgical research assistant for Dr Alfred Blalock, but soon his skill became so evident that he was helping Dr Blaylock develop new surgical procedures, (most notably to treat Tetralogy of Fallot) and was valued as a couch and assistant at the OR table. He eventually trained hundreds of surgical residents in complex pediatric cardiological procedures. I bring up this story to point out that surgical acumen is not something that one needs an MD or DO degree for, it is a skill one develops with practice.

-Pete Reagan MD retired