

Dr. Diana Barnard
S.108 Testimony, House Human Services Committee
April 16, 2015

Good morning. Thank you for the opportunity to speak to you. My name is Diana Barnard. I currently serve as the interim medical director of the Palliative Care Services at the University of Vermont Medical Center. I am board certified in Family Medicine as well as Hospice and Palliative Medicine.

I have been intimately involved with both the creation and the implementation of Act 39. I was an advocate for the passage of the law, and served on the ad hoc stakeholder committee that met over a series of weeks to craft a practical process for transitioning the law from theory into practice. This process has been slow, cautious and very deliberate, which is a very good thing. Guidelines and reporting documents have been created to assure safe access to the law, protecting the rights and responsibilities of all patients and physicians. Importantly, the rights of those who do not want to participate are balanced with those that do.

I believe the law is working as intended. It meets the needs of patients who wish to and qualify for participation, while also protecting the rights of those who do not want to participate. In my capacity as the head of palliative care service I have received a significant number of telephone calls from across the state from patients and providers interested in learning more about the law. These questions cover a wide range of topics. I receive calls from patients with practical questions of whether they qualify for the and how to discuss their request with their provide. I have also received many calls from providers, with a range of clinical questions regarding how to assure that patient fears and worries are fully explored and addressed, to more septic questions about how to carry out the law. As time progresses, the questions are slowly evolving. The early Vermont experience appears to mirror the extensive experience in Oregon where there are many initial inquiries, a smaller number of cases where the formal request to participate in Act 39 is started, and an even smaller number of cases where a patient completes the whole process.

Vermonters are still learning about Act 39. As one would expect with a new law, it is taking time for all to learn the entire process. I believe all of the safeguards are both needed and also working as expected. I would most strongly advise that the legislature keep the original law, with its careful deliberative process in place while our State continues to gain experience with this new and important process. Letting the so called "sunset" to go into place would put access to the law at risk as there would not be the formal cautious process in place and I would fear patients would lose access to the law they clearly want to have available.

As a practicing physician, I have seen first hand how methodically my fellow physicians have approached this new law. A great deal of time and attention has been given to learning the safeguards the law entails, and more education is needed

to expand awareness and assure equal access to the benefits of the law. There is considerable concern on the part of my colleagues that the very important safeguards that currently exist might disappear just as clinicians are gaining much needed experience with the law. I believe it is essential that the state reassure physicians as soon as possible that their cautious efforts are appreciated and understood. There is a risk that the approaching sunset will distract from the vital ongoing mission to increase awareness and education regarding the specifics of the current law so that all Vermonters have the benefit of comprehensive and compassionate end of life care; regardless of individual choice regarding Act 39. Please help me reassure physicians now that the current patient and provider protections will not end.

Having a terminal illness is a deeply personal experience. The longer I do this work, the more humbling my work becomes. While I am a strong advocate for patients talking about and being as prepared for the end of life as possible, I also see in my day to day work that one cannot be fully prepared for many unexpected circumstances that arise as one nears death. As a palliative care physician what I want most for my patients is to have access to the best possible medical care that honors individual patient experience; an approach that maximizes quality of life, and also minimizes suffering. I believe Act 39 as currently written helps accomplish this goal.

Thank you for your time and efforts