

TESTIMONY OF MARGARET DALY, MD

To Senate Health and Welfare Committee
Regarding S74
January 11, 2022

Dear Members of the Committee,

Thank you for allowing me to submit written testimony in regards to S74 PAS Expansion Bill. I am a practicing endocrinologist in Rutland and have resided in Vermont for 15 years. I am board certified in Internal Medicine and Endocrinology.

My understanding of S74 PAS Expansion Bill is to decrease the safeguards which were put in place in Vermont's Medical Aid in Dying Act in 2013. Requirements for waiting periods between two formal requests and between the second request and the writing of the prescription were written in to the act to allow for reconsideration of the request by the patient. In addition, it is required that the request be made in the presence of the physician so that the physical state of the patient can be assessed and to decrease the risk of coercion of outside parties.

Now is not the time to remove these safeguards. We are not only in the midst of a pandemic, but also a mental health crisis in this state. Rates of depression and anxiety are increasing in the general population as well as those with chronic illness, in whom depression is coprevalent in 30%. Social isolation, which has been commonplace the past 2 years, is risk factor for depression. In addition, people of BIPOC and LGBTQ communities are at higher risk of depression and suicidality, as are people with disabilities. Mixed with a chronic illness, all these risk factors are making people vulnerable at this moment. This increases the probability that a patient would inappropriately request assistance in dying. It is a time when more safe guards are needed, not less.

S74 proposes to remove the 48 hour waiting period and the requirement of in person contact with the prescribing physician. While these may seem burdensome, they are necessary. Telemedicine has been a savior for health care during the current pandemic, but it is not a substitute for "eyes on" evaluation. I would submit that the risk of coercion during a non face to face encounter is higher than in an in person encounter. A physician's duty should not be to rubber stamp a patient's request for assistance in dying; it is to evaluate the appropriateness of the request. By decreasing the waiting periods and the in person requirement, that evaluation may not be valid. In addition, mental health professionals who are capable of evaluating a person's capacity for decision making and the influence of mental health conditions are painfully few and overburdened at this time.

Now is a time when we need to pause and realize that our entire society is susceptible to making decisions based on fatigue and emotions. The healthcare system is struggling under the weight of COVID. It is exactly at this time that we need structured safeguards in place to decrease the risk of a poorly made decision and therefore all safeguards should be left in place.

Respectfully submitted,
Margaret Daly, MD