

Thank you for the opportunity to offer testimony today on House Bill 190.

As a lobbyist who witnessed the 13-years of discussion on physician-assisted suicide, and the numerous votes in both the House and Senate, I want to point out that assisted suicide was, and remains, a matter of contention. There continue to be legitimate and serious concerns. Members of this body were as deeply divided as your counterparts in the states neighboring Vermont.

The one area both sides agreed on was that safeguards needed to be in place, along with the requirement for Vermont residency.

Proponents of the law continue to claim that all is working well here in Vermont, yet I include in today's testimony the words of Dr. Diana Barnard in her presentation during the UVM Medical Center Grand Rounds on February, 28, 2020.

On page 14 of her transcribed presentation, Dr. Barnard stated: "In the early days we were using rapidly acting barbiturates which were lovely! Secobarbital, Pentobarbital, very quick acting...put you in a coma, cause respiratory depression and death...very peacefully and very quickly. Those medications are no longer available in the United States due to terrible things like the medicine being used for executions. Later on, a protocol was developed called DDMP2 a combination of dig (digoxin) morphine and propranolol, so you are seeing a combination of medications sort of designed to affect different parts of our body that are keeping us awake – designed to help you go to sleep, be in a coma and then end your life through respiratory depression or cardiac death."

Dr. Barnard then went on to discuss ongoing experimentation with the drug combinations in California and on page 15, discusses rectal use of the drugs, though she herself had not used that developing procedure. In her closing remarks she mentions side effects such as prolonged dying and regurgitation of the medications.

Vermont is mentioned in yesterday's UK Daily Mail ([click here](#)) and I have included that article in my testimony and will include a link. The article discusses the fact that Oregon is offering terminally ill people from out of state a deadly cocktail of drugs at Dr. Gideonse's assisted suicide clinic. Vermont is mentioned as likely becoming the next in line to establish such a clinic.

To be clear, Vermont Right to Life opposed the underlying concept behind assisted suicide and opposes the move to remove the residency requirement as there are still no safeguards that protect vulnerable patients from coercion. If H. 190 is to move forward, I offer the following concerns.

Due to the experimental nature of the drugs currently being administered, what liability could the state of Vermont incur should the drugs fail to end the life of the patient?

Will the patient seeking the lethal dose from a Vermont doctor simply find a willing prescriber online?

Will patients from out of state have to come to Vermont to fill out the paperwork?

It is clear from the data that a number of patients will procure the lethal dose but never actually use the prescription. What if the patient takes the lethal dose back to their home state, but doesn't use the drugs, what then becomes of the prescription?

If the drugs are taken and death occurs in Vermont, what happens with the body?

I spoke with a retired funeral director about H. 190 and he raised his concern that patients who come to Vermont and do ingest the lethal dose can simply leave their remains for the State of Vermont to dispose of properly. This funeral home director has had to deal with abandoned bodies in the past and outlined the search for relatives and the costs that were absorbed by the state. Perhaps people from other states ought to be required to have a plan for shipping their body back home?

I leave that question in your hands.