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Thank you for the invitation to comment on H.190 and the removal of the residency requirement from Vermont's law on Medical Aid in Dying (MAID). As you know the Vermont Ethics Network (VEN) maintains a neutral stance surrounding the practice of MAID. The organization's role has been and continues to be that of education and encouraging thoughtful and respectful discourse on the topic. Since the passage of Act39, VEN has been a reliable resource for health care professionals and the public to obtain factually accurate information about the practice of MAID and the legal process in Vermont.

From an ethics perspective, the issue of residency is largely captured by the principle of *justice*. Justice, an important and well-recognized principle in medical ethics, requires the fair and equitable care and treatment of patients—meaning that patients who are similar in ethically relevant respects should be treated similarly, and patients who are different in ethically relevant respects should be treated differently. A patient's residency status is of no ethical relevance as it relates to their clinical qualifications for Medical Aid in Dying. As such VEN has no ethical objection to removing the residency requirement as proposed in H.190.

From a practical standpoint, one can anticipate that the proposed change to Vermont's law will have implications for informed consent insofar as the information and risks the prescribing physician will need to discuss with the patient. It will be important for patients to understand that the current protections for patients under Vermont's law only apply in Vermont and will no longer be applicable if the patient chooses to return to their home state where the practice is not legal (i.e. life insurance, cause of death, impact on family members who may be present, etc.).

Similarly, the protections and immunity afforded to participating physicians, pharmacists and others also only apply in Vermont. Participating physicians and pharmacists will need to understand the legal parameters of serving nonresidents, both in person and via telehealth, and also be aware of any legal risks or potential liabilities if patients leave Vermont with a MAID prescription as they feel out their own comfort level with prescribing in these situations. Education about legal and clinical best practice recommendations will be essential.

Thank you again for the opportunity to comment on this proposed change to Vermont's MAID law.

Respectfully submitted,

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