

Samantha J. Deans, MD
April 16, 2019
Testimony for House Bill 57

Thank you, Chairwoman Lyons and members of the committee for allowing me to speak in support of House Bill 57. My name is Dr. Samantha Deans, and I am a chief resident in Obstetrics & Gynecology in Burlington. On behalf of Vermont Medical Society, I am here today to urge you to vote in favor of House Bill 57.

As physicians, we take the Hippocratic oath at the beginning of our medical school training, promising to uphold specific ethical standards as we embark in the care of patients. These principles include the respect for patient autonomy, justice, acting in the best interests of our patients and non-maleficence or doing no harm. I live these principles on a daily basis and use them to guide the care that I provide for patients, in particular reproductive health care.

These principles allow me to trust the women that I care for as they make deeply personal decisions. These principles allow me the opportunity to provide patients with evidence-based information that is unique to their situation so that they have the autonomy to decide the right path for them.

Through my residency training, I have taken to heart the principle of beneficence, or acting in the best interests of my patients. In doing so, I feel it is my responsibility to provide a patient with all of the options for management of their unique situation. I have learned to step back and give the patient the time and space they need to consider their options, be it management of a cancer of the uterus, a sexually transmitted infection or an unplanned pregnancy. While patients may choose a different option than I recommend or think is best, I am committed to supporting them through their decision and trust their autonomy. H.57 protects the shared decision making between a patient and her healthcare provider by preventing governmental interference, leaving private medical decisions where they belong, *in the exam room.*

I want to share the story of one of my patients, who I will refer to as Kate for privacy reasons. She and her husband were thrilled to be, at 37 years old, pregnant for the first time with a desired, planned pregnancy. The beginning of the pregnancy was full of joy and expectations for their future child. At the 20 week routine ultrasound, the baby was found to have multiple abnormalities. Genetic testing revealed the diagnosis of Trisomy 18, also known as Edward's syndrome. This is an often lethal fetal anomaly and, in combination with the baby's other malformations, made this diagnosis terminal. They were devastated. As is standard in these cases, the family underwent extensive counseling from specialists in high-risk obstetrics, prenatal genetics and pediatrics. In learning more about this condition, it became clear to Kate that the amount of suffering her child would experience if born was not acceptable to her as an option. She and her partner came to the decision together that ending this pregnancy was the most loving and humane decision they could make for their unborn child.

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Unfortunately, Kate has federal insurance that only covers abortion in the case of rape, incest, or threat to the mother's life. They refused to pay for Kate's procedure, despite the certain suffering and death of her child. If Kate had lived in a state like Ohio or Texas, she would have been left with the choice to continue the pregnancy or take on thousands of dollars of debt from her compassionate and heartbreaking decision. But luckily for Kate, she lives in Vermont, where a woman's right to choose is supported and access to abortion is possible. Resources from the community came together to secure funding for Kate. She underwent a surgical termination of pregnancy at 21 weeks gestational age.

With Kate, as with every patient I see, I did not need laws or regulations to tell me who to consult and how to counsel my patient. My years of medical training have taught me humility. Bringing in specialists and second opinions is often necessary. It was *my* duty to support Kate through an intensely emotional and difficult journey, ensuring she had the information she needed to make the right decision for her family.

This story highlights two key points. The first is this: Women make incredibly personal and often painful decisions when it comes to choosing whether to continue or end a pregnancy. This is not something that requires regulations or barriers beyond what is in place within our medical system. I trust women. I trust them to make this decision for themselves and their families. In return, they trust that I will present them with comprehensive information and options and together, we will make a plan.

The second point is that we are privileged to live in Vermont, where women are trusted and supported in their reproductive freedoms. I support this bill because in passing H.57, we are affirming that trust. H.57 reinforces current practice in reproductive health care and provides patient autonomy and justice, supporting the ethical practice of medicine.

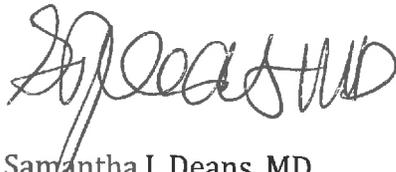
Medicine is rarely black and white or clear-cut. Kate's experience illustrates the complexities in the grey areas that healthcare providers deal with on a frequent basis. Legal restrictions do not have the ability to see the grey in these situations and often result in unintended consequences that threaten patient care, access to care, and the physician-patient relationship. Abortions later in pregnancy, in situations such as Kate's, are rare and not taken lightly by the patient, provider, or facility where they are performed. While individual physicians abide by their own set of medical ethics, so too do facilities/organizations as they reconcile the variety of values and beliefs that their employees bring to the table. These facilities create policies around controversial topics, such as abortion later in pregnancy, that try to reconcile these differences and allow for provision of services in a compassionate and ethical manner. Even in Vermont, where there are no state-imposed restrictions on abortion, clinics and facilities have internal policies around their provision of

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abortion care that reflects the shared values of their organization. H.57 would not change this; it would simply codify the ability of healthcare providers and organizations to continue to provide safe, legal abortion care within their own ethical framework.

Thank you again Chairwoman and the committee for allowing me to speak today and for your continued support of women's health, reproductive justice, and for trusting women.

Sincerely,

A handwritten signature in black ink, appearing to read "Samantha J. Deans, MD". The signature is written in a cursive, flowing style.

Samantha J. Deans, MD

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