

Testimony on SB172
before the Alaska Senate Judiciary Committee
3/19/2012

My name is Bryan Talbott-Clark. I'm a Master-level social worker with Hospice of Anchorage, testifying on my own behalf in opposition to SB 172. In my work here, and in a previous hospital internship, I've worked with numerous families on advance directives and the importance of making their wishes known.

What my experience tells me is that people don't like to talk or think about death until they have no choice. Physicians being people too, most of them don't like to talk about it, either. As I've read about the situations that prompted this bill, I do see a problem that should be addressed, but it's nothing to do with the subject of this bill. The real problem is very much one of understanding and communication around end-of-life issues.

I have to say, it appears to me that some of that very lack of understanding is reflected in the design of this legislation. A Do Not Resuscitate order is not the same as an Advance Directive; it's a statement of professional judgment that resuscitative measures are not medically indicated. A patient's judgment can't make something medically indicated when it isn't. This bill would amount to letting people require medical professionals to act unprofessionally, forcing them to give inappropriate treatments. If the patient or their power of attorney question their doctor's judgment, they can vote with their feet and get another doctor, who can readily revoke a DNR if his or her professional judgment says that's appropriate. But a patient should no more be able to revoke a DNR than they should be able to prescribe their own morphine.

I mentioned communication. If the general public were better educated about their options, if more doctors were more willing to discuss end-of-life issues with their patients sooner, there would be a lot fewer nasty surprises like the situation that prompted this bill. That's what we should be talking about – getting the word out about what kind of choices we may have at the end of our lives, and empowering people to talk about it with their families and their doctors before an illness forces their hand. But this bill won't do any of that.

As you know, the work of a legislator is very much like the work of a doctor. You must always be cautious in considering any intervention, because every intervention carries the risk of harmful consequences, some known, some unforeseen. These consequences must be weighed against the expected benefit of the intervention, whether it's a medical procedure or a legislative act.

The bill before you is clearly the wrong medicine. The predictable harm it will do is substantial, not even counting unforeseen consequences, while its intended effects entirely miss the mark. It will do nothing to improve communication between patients and doctors, while at the same time it stands to criminalize good medical practice and force good doctors to choose between following their ethics and obeying the law.

It's not a matter of tweaking or fixing the bill; SB 172 is the wrong approach entirely, and should not move forward. I urge that the committee act accordingly. Thank you.