Vermont Voices

A Closer Look At

Physician Assisted Suicide
My name is Bob Orr and I am president of the Vermont Alliance for Ethical Healthcare. This alliance is made up of Vermonters who are concerned about the way we care for our neighbors who are chronically ill and those who are dying. We are physicians, nurses, pharmacists and other healthcare professionals; people with physical and mental disabilities and those who advocate for them; clergy and laypersons from the Catholic, Protestant and Jewish traditions. We believe that the medical tradition that has been in place since the time of Hippocrates for over 2,500 years is still valid. We all share a passion for those who are facing life-threatening illness. And we believe that we, and society in general, are called to compassion. We have an obligation to come alongside individuals with serious illnesses and their families and say, “I’m sorry things are difficult. How can we help?”

Some believe instead that it should be legal for Vermont physicians to prescribe a lethal drug for a person with only a few months to live if that person requests it. The only state to legalize physician-assisted suicide in the U.S. is Oregon, where such a law narrowly passed in a referendum with only 51% of the voters in support. Since then legislatures have wisely said “NO” to physician-assisted suicide laws in Washington, California, Michigan, Maine, and Hawaii.

I hope you will take the time to take a closer look at physician-assisted suicide and hear from Vermonters who share from their hearts why they believe that we should be providing excellent hospice and palliative care services instead of helping patients to die by suicide.

www.vaeh.org
"Those promoting assisted suicide promised Oregon voters that it would be used only for extreme pain and suffering. Yet there has been no documented case of assisted suicide being used for untreatable pain. Instead, patients are being given lethal overdoses because of psychological and social concerns, especially fears that they may no longer be valued as people or may be a burden to their families,” says Dr. Greg Hamilton of Physicians for Compassionate Care.
Marilyn Rinker, RN MSN  
Chair of the Nursing Department, Norwich University,  
Legislative Advocacy Chair of the American Cancer Society

Palliative care and hospice care have really improved since I entered the field of oncology nursing in 1970. There are many educational programs for nurses, physicians, and others who are caring for the terminally ill. Patients can be well cared for and families supported through the dying process. It is my belief that a Physician-Assisted Suicide or Death with Dignity Bill is unnecessary. Patients and families need to be treated with humane care that allows them to spend their last days with families and friends.

James K. O’Brien, MD  
Past President,  
Vermont Medical Society

The Vermont Medical Society believes there should be no laws concerning physician-assisted suicide and the Society in no way endorses euthanasia.

The Vermont Medical Society is actively engaged in promoting initiatives that assure all dying Vermonters receive good, comprehensive palliative care. These include ensuring that all members become educated in the goals and techniques of palliative care and that all members become adept at dealing with the dying patients’ special needs. The Society believes that such care and training will provide a strong alternative for patients who ask for assisted suicide.

As a State we should concentrate on improved palliative and hospice services so all Vermonters come to understand that they need not fear this stage in their lives. We should never assume that the prescribing of a pill is the same as attending to the care of an afflicted person.

Gary Greiner  
Pharmacist, Essex Junction

The pharmacy profession is founded on a tradition of patient trust. The mission of the pharmacist today is to provide Pharmaceutical Care, defined as the direct, responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient’s quality of LIFE.

Physician-assisted suicide takes the medical and pharmacy professions back to the middle ages when physicians and apothecaries were sought out for their knowledge of poisons as well as for their skills in treating disease.

An important fact to consider is that there is comparatively little data available on the use of self-administered drugs to terminate life. As a result the likelihood of a failed suicide by lethal ingestion is almost guaranteed. What will happen when a patient is unsuccessful in ending his or her life with a prescribed regimen
of medication? What if the patient is no longer capable of self-administering the second “lethal dose” of prescribed medication? Will the State develop a policy? Will the family, caregivers, or others be expected to “help” the next time?

We have come a long way in how we care for the dying in our country….we still have a way to go……help us by addressing the issues around adequate end-of-life care instead of heading backward by passing House Bill 168.

Advances in Effective Pain Relief and Pain Management………..

James P. Rathmell, MD
Pain Medicine Specialist

I spend all of my time taking care of patients with pain and researching new ways to treat pain more effectively. In the course of my daily activities, I take care of patients with a wide range of pain problems including; acute pain after surgery, trauma, chronic pain like that of lower back pain, and patients with cancer related pain often nearing the end of life.

I can tell you that, in now 15 years of practicing pain medicine, we have developed many new tools and a wide range of very effective pain medications and new ways of delivering those medications more effectively. Not once in the course of caring for many patients, even those in severe pain at the end of life, have I as a physician wished I had a tool where I could accelerate my patient’s death. The tools we have are very adequate.

The real problem in our State is not the need for a new law legalizing physician-assisted suicide. The real problem is that we need better education of all health care providers, of legislators, of patients and the doctors and other health care providers caring for them, in the tools that are available and when and where to get help when they are not doing so well with treating patients at the end of life.

Care Providers Concerned For The Vulnerable………..

Robin Bobula, RN
Former Hospice Nurse

I have been a registered nurse for 26 years, and have over six years of hospice experience. In that time, I have worked with hundreds of dying people and their families. I strongly oppose PAS for a number of reasons.

Medical advances in pain and symptom control have made it possible for the vast majority of terminally ill people to be comfortable throughout the dying process. This requires a multidisciplinary approach, which hospices are well able to provide. Educating and empowering the patient and family is a primary function of the hospice team. A hospice nurse is available by phone and for a visit 24 hours a day, 7 days a week, also very reassuring for the patient and family. For the surviving family members, the act of selflessly caring for a loved one can be a healing experience, drawing a family together and even helping to alleviate the irrational guilt the survivors often feel.
Survivors of those who commit suicide are more at risk for suicide themselves. Particularly at risk are children and adolescents who might not be able to understand the “choice” the parent made to die prematurely. Also at high risk would be family members who might be forced to assist the “suicide” if something goes wrong (and it does happen.) At best, survivors of suicide face a more prolonged and complicated bereavement period. Our society cannot afford to legitimize suicide, no matter what it is called or for what reasons it is done.

**Dot Bolduc**  
*Care Provider, St. Albans*

I live in St. Albans, VT. My husband and I own and operate a Licensed Level III Residential Care Home in Franklin County. Residential care homes provide care to people unable to live wholly independently but not in need of the level of care and services provided in a nursing home.

The people I care for like to watch the local news on television. Often the news upsets them. They are aware that there is a health care crisis in Vermont. They know that there was an $80 million dollar deficit in the Medicaid budget this year. They know that people on Medicaid have lost dental and eye care benefits. They know that Medicaid will no longer pay for certain drugs.

This year, there was a lot of talk about Physician-Assisted Suicide or the so-called Death with Dignity Bill. One hundred percent of the people I care for are **against** this bill. They do not want their doctors to help them die. In fact, all this talk about physician-assisted suicide scares them.

It makes me angry that the Vermont legislature would waste time and money considering physician-assisted suicide while people are going without routine medical care. I’m wondering if the Vermont legislature plans to solve the health care crisis by removing the “problem” with physician-assisted suicide.

**People with disabilities call for assisted-living…… not assisted-suicide………**

**Deborah Lisi-Baker**  
*Executive Director, Vermont Center for Independent Living*

The Vermont Center for Independent Living opposes legalize physician-assisted suicide. We do not see how the State will ensure that individuals with disabilities and other vulnerable groups would receive equal rights and equal protections under the law. When a quick and easy death by prescription is held up as the panacea, what will drive our physicians and our society toward the effective use of interventions like hospice, chronic pain management, personal and family support and palliative care? Will a prescription for a medication that causes death be paid for when hospice is considered too expensive? How do you protect those of us whose physicians and families think we would be better off dead?"
Patty Derouchie  
*Board President, Green Mountain Self-Advocates*

My name is Patty Derouchie and I speak for myself. I have a developmental disability.

I worry that people with developmental disabilities might say they want to die and not get needed medical treatment because they worry about being a burden on their family. People with developmental disabilities can be easily talked into doing things. And we already have to fight to make sure we get the medical treatment we need. Just all this talk about assisted suicide and quality of life makes us feel like no one wants to take care of us.

Many people do not value me or respect me. I deal with discrimination a lot. Mercy killing is well known to people with developmental disabilities. And for hundreds of years people have locked us away in institutions just because we had a disability. The option of assisted suicide is too dangerous. I hope that this bill doesn't get passed. Thank you for listening to me.

Janet Dermody  
*Deputy Director, Vermont Center for Independent Living*

Members of the disability community here in Vermont and throughout the country are concerned that at the very time the Federal Government is shifting the cost for Medicaid to the states and the states in turn are shifting the cost to those who can least afford it, Vermont legislators will once again spend hours and days taking testimony on “Death with Dignity.”

What people with disabilities want is LIFE with dignity. We want the Vermont State Legislature to address the inequalities experienced by people with disabilities. We want the Vermont State Legislature to find the wisdom and compassion to provide quality healthcare for ALL before spending more time legalizing a pill to help three people choose suicide.

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*Doctors often misdiagnose the terminally ill.........*

Jack Caulfield  
*Playwright, Westminster, VT*

In December of 2002 I was diagnosed with pancreatic cancer – which appeared to have already spread to my liver. My team of doctors at Dartmouth told me that once it had spread to the liver it was incurable. Pancreatic cancer usually takes one’s life in a matter of weeks or possibly a few months at most. I was offered the opportunity to enter an experimental protocol .......... Following the surgery I had a number of complications .......... My interdisciplinary team of physicians concluded that my condition was hopeless. I was literally given the feared “get your affairs in order and prepare to die” pronouncement. I was assured there was no hope and that I would shortly die. Needless to say, I was
devastated by this news and deeply saddened ……that was in September of 2003 – over 20 months ago! Against all odds, but by the grace of God, I am here today. I am a statistical anomaly! If I had suffered from depression and if it had been legal, I could conceivably have asked my doctor for a prescription to take my life. In that case I would be dead and buried – instead of enjoying my family. My point is that the art of prognosis in medicine is uncertain at best and may be terribly wrong in some instances as it was in mine. My doctors were simply mistaken. There was hope. I urge you not to change the law to allow physician-assisted suicide.

Life is Precious………..

Arthur Goyette
Burlington

My wife Betty Goyette was featured in a series of articles in the Burlington Free Press two years ago on the dying process. After the articles appeared, several hundred letters soon arrived plus numerous phone calls. Many were total strangers thanking me for sharing our story and speaking out against Physician-Assisted Suicide.

My wife Betty looked death right in the eye and instead of cheating herself and her family by trying to end her life early, she seized the options and opportunities for meaningful choices during her final journey. It was a time for final goodbyes, healing, granting of wishes, a family coming together, and many, many blessings in the course of preparation for meeting her Maker. She lived life to the fullest during her 5 ½ year battle with cancer and it was an incredible journey! Life became so precious ……. Betty was enrolled in both palliative care and hospice care programs...she received superlative care, compassion and pain control throughout……..

The organization calling itself Death with Dignity - formerly End of Life Choices, formerly the Hemlock Society - is financing the Death with Dignity or physician-assisted suicide campaign. Derek Humphrey, the founder of the Hemlock Society has stated publicly that physician-assisted suicide is a step in the process to get the public used to assisted suicide so that eventually euthanasia would be legalized. In the Netherlands, where euthanasia is legal, many people now actually wear bracelets asking doctors NOT to end their lives if they are severely injured.

Instead of making our Vermont doctors the gatekeepers in life and death, we should remember that only God is the author of life and death.

Margaret S. Wehrung, MA, CFL
Director, Marriage, Family, and Respect Life Ministries
Vermont Catholic Charities

Mother Teresa went out on the streets of Calcutta and a dying person reached out to her. She did not help her kill herself, but she did help her. That is what we are meant to do. She took all these poor, dying, castaways, and brought them into a run down, crumbling building. Other caring people came to assist her in her mission to tend to these dying, in whom she saw the suffering face of Jesus. In fact, people came and are still coming from all over the world to care for the dying, to tend to their wounds, to stroke their
foreheads, to empty their bed pans, to make sure they are treated with care in their last hours---and treated with a dignity which perhaps they were never treated with in their entire lives up until now. We ask too little of ourselves and of our youth. Are we not as capable of rising to the occasion of showing the love and care and compassion that Mother Teresa called forth?

Eileen Haupt
Board member, Vermont Right to Life Committee
Mother of daughter with Down Syndrome

When we legitimize the taking of human life through our laws, we remove the safeguards that protect the developmentally disabled.

The only true safeguard for the developmentally disabled is the same one that protects all of us. That safeguard is the founding principle, the self-evident truth, stated in our Declaration of Independence: That we are all created equal, that we are endowed by our Creator with certain unalienable rights, and the first of those rights is the right to life. Lawmakers are responsible for ensuring that our laws never violate that core principle. No other safeguards will do.

The Vermont Ecumenical Council and Bible Society on Physician-Assisted Suicide:

At their meeting of 5 March 2003, the Board of Trustees of the Vermont Ecumenical Council and Bible Society adopted the following statement on Physician-Assisted Suicide as presented by their Faith and Order Committee.

The members of the Vermont Ecumenical Council and Bible Society share a common concern on the matter of physician-assisted suicide. After careful reflection and prayer, members of the Board of Trustees seriously doubt, and some reject categorically, that physician-assisted suicide is an ethically responsible action.

The dialogue about end of life issues must continue. We are committed to work together to articulate a position about end of life issues for women and men of faith today. This position is based on our faith in the Author of Life and the role of Jesus Christ and his Spirit in our lives.

Physician-assisted suicide is not the answer. A right and good answer is found in the creation of measures that will effectively diminish suffering, so that the terminally ill patient can live and die with a maximum of consciousness and a minimum of pain.
Experience with legalized physician-assisted suicide and/or euthanasia shows again and again abuses of the practice, expansion beyond the original intent, and unacceptable complications. Let me close with two short stories out of the Oregon experience.

A few months after Michael Freeland was diagnosed with lung cancer, he obtained a lethal prescription, not from his own doctor, but from a physician who is a suicide advocate in Oregon. The doctor even offered to refill the prescription when Mr. Freeland outlived the 6-month limit. About a year later, he was admitted to a psychiatric hospital with depression and anger. He was treated and improved. Before he was allowed to go home, his psychiatrist ensured that his 32 guns and ammunition were removed from his home --- but he was allowed to keep the lethal prescription. In addition, the psychiatrist sent a letter to the court saying he was no longer competent and needed a guardian. Mr. Freeland was subsequently helped by professionals from an organization dedicated to providing excellent palliative care instead of assisted suicide. They ensured that he received good pain control, and they helped him reconcile with his estranged daughter. He died naturally and comfortably nearly two years after receiving his first lethal prescription. He gave permission, and his story was told in the June 2005 issue of the American Journal of Psychiatry.
David Pruitt, also a man from Oregon with lung cancer, obtained from a physician the standard lethal prescription, and when he felt it was time, he took the entire amount. He went to sleep for 65 hours and woke up saying “What the hell happened? Why am I not dead?” He was so unnerved by the experience that he didn’t want to go through it again. He died naturally nearly two weeks later. Repeated data from the Netherlands shows that 18-25% of Dutch people who take the same dose of the same drug as is used in Oregon do not die. They are then given a lethal injection by their doctor; that’s legal there. The Oregon law does not allow lethal injection, and we don’t know what happens to those who do not die. Deaths from physician-assisted suicide are not investigated in Oregon, and the state government says they have no way of knowing how often assisted suicide happens outside the framework of the law. Mr. Pruitt’s case is the first to come to public attention.

Abuses, expansions and complications. Physician-assisted suicide is not the right answer for Vermonters who are approaching death. The right answer is excellent hospice and palliative care.
What is physician-assisted suicide?

It is important to distinguish between physician-assisted suicide and refusing medical treatment. Physician-assisted suicide involves a physician prescribing lethal drugs for a patient with the knowledge that the patient intends to use the drugs to commit suicide. Refusing medical treatment is turning down treatment expected to prolong life. What does this mean? Refusing a ventilator, or some other life sustaining machine or treatment is not assisted suicide and is already legal in all states. The intent of refusing medical treatment is not to end life, but to allow nature to take its course. With physician-assisted suicide the intent is to cause a patient’s death earlier, sometimes much earlier, than it would happen naturally.

Other Vermont Organizations that Oppose Legalization of Physician-Assisted Suicide

American Foundation for Suicide Prevention
Roman Catholic Diocese of Burlington
Vermont Center for Independent Living
Vermont Coalition for Disability Rights (no web page)
Vermont Ecumenical Council
Vermont Medical Society
Vermont Organization of Nurse Leaders
Vermont Right to Life
Vermont State Nurses Association

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