

PROFESSION

State takes first-ever path to approve assisted suicide

■ Vermont politicians — not voters — decided to allow doctor-aided death for terminally ill patients.

By KEVIN B. O'REILLY ([HTTP://WWW.AMEDNEWS.COM/APPS/PBCS.DLL/PERSONALIA?ID=KOREILLY](http://WWW.AMEDNEWS.COM/APPS/PBCS.DLL/PERSONALIA?ID=KOREILLY)) amednews staff — Posted May 29, 2013

Vermont in May became the first state to enact a law authorizing physician-assisted suicide through the legislative process.

After the bill narrowly passed the state Senate, the House passed the measure 75-65 on May 13, concluding Vermont's decade-long political tussle over doctor-assisted suicide, which advocates call aid in dying. Democratic Gov. Peter Shumlin signed the bill into law on May 20.

"This historic legislative victory proves that the aid-in-dying issue is no longer the third rail of politics," said Barbara Coombs Lee, president of Compassion & Choices, a Denver organization that advocates for legal access to doctor-hastened death.

Vermont joined Oregon and Washington as the three states with laws expressly allowing doctor-aided death. Oregon's Death With Dignity Act won 51% approval from voters in 1994. After surviving court battles and a 1997 ballot-measure repeal effort, the Oregon law took effect in 1998. Washington followed suit in 2008, with an Oregon-style measure winning 58% at the polls.

The Vermont Medical Society opposed the bill, in line with its 2003 policy on physician-aided death.

"We believe that any discussion of physician-assisted suicide must be pursued within a broad societal dialogue about the care of sick and dying patients," said society spokesman Justin Campfield. "We don't support the passage of laws for, or against, physician-assisted suicide due to a concern that such laws could stifle this dialogue and hinder the provision of high-quality end-of-life care."

A law banning doctor-assisted suicide could impede physician's willingness to provide palliative care that can unintentionally hasten death, the society's policy says. Meanwhile, a law authorizing the practice "might discourage efforts to provide good palliative care, could pose serious societal risks and would be difficult to control."

The Vermont law shares many elements of the statutes in Oregon and Washington, requiring two physicians to agree that a patient has six months or less to live and is mentally competent to seek doctor-aided death. Physicians who oppose doctor-assisted suicide do not have to participate in the practice. Doctors will be required to document the fact that they informed patients seeking hastened death of "all feasible end-of-life services, including palliative care, comfort care, hospice care and pain control," the Vermont law says.

"Normalizing" doctor-aided death

In July 2016, the section of the law that sets out detailed rules on doctor-assisted suicide will expire. It will be replaced by a provision outlining what constitutes professional conduct under the state's physician discipline regulations. This would require, among other things, that the physician prescribing life-ending medication assess the patient's competence and inform the patient of other end-of-life care options as well as the risks related to the lethal prescription.

"The practice will be largely governed by professional practice standards, which is how all of medicine is governed," said Kathryn Tucker, director of legal affairs for Compassion & Choices. "This will normalize the practice within the practice of medicine."

Since 1998, nearly 1,000 patients have died with physicians' aid in Oregon and Washington. In 2012, a Massachusetts ballot measure to legalize doctor-aided death failed by a 2% margin. The Montana Supreme Court in 2009 ruled that terminally ill patients there have a constitutional right to seek doctor-aided death, but the state Legislature has not acted to explicitly authorize or ban the practice.

At least one Montana physician and several doctors in Hawaii have spoken publicly about prescribing life-ending doses of medication to terminally ill patients despite living in states without the safe harbor provided by an Oregon-style death-with-dignity law. Physician-assisted suicide bills are pending in a handful of other states, but none is close to a floor vote.

The American Medical Association has long opposed doctor-aided dying on medical-ethical grounds and says it should not be legally allowed.

"The AMA continues to adamantly oppose physician-assisted suicide as unethical and fundamentally inconsistent with the pledge physicians make to devote themselves to healing," AMA President Jeremy A. Lazarus, MD, said recently. "Rather than sanction physician-assisted suicide, the AMA asserts that we should recognize the urgent necessity of extending to all patients the palliative care they need and redouble our efforts to provide such care to all."

[BACK TO TOP](#)

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