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Vermont Law Makes Doctors Assist in Suicides

"The government shouldn't be telling health care professionals that they must violate their medical ethics in order to practice medicine. These doctors and other health care workers deeply believe that suffering patients need understanding and sound medical treatment, not encouragement to kill themselves," said Steven H. Aden, senior counsel for the Alliance Defending Freedom (ADF).

"The state has no authority to order them to act contrary to that sincere and time-honored conviction," Aden said, in explaining the basis of a lawsuit that has been filed in Vermont against an interpretation of a state law by bureaucrats with the Vermont Department of Health. The lawsuit, filed on behalf of the Vermont Alliance for Ethical Healthcare and Christian Medical & Dental Associations, asserts that state agencies are interpreting a law enacted in 2013 (Act 39) so as to require healthcare professionals to counsel terminally ill patients of their option to commit suicide.

The lawsuit contends that if medical professionals are not willing to assist patients in taking their own lives, they shall refer them to physicians who are willing to do so. The case, entitled *Vermont Alliance for Ethical Healthcare v. Hoser*, states, "This is nothing but the redefinition of 'palliative care' to mean providing assisted suicide, an intolerable position for Plaintiffs and other conscientious physicians and health care professionals. Plaintiffs, state and national associations of healthcare professionals whose personal and professional ethics oppose the practice of assisted suicide, bring this action on behalf of their members against the operation of Act 39 to force them to counsel and/or refer for the practice."

Governor Peter Shumlin signed the doctor-prescribed suicide bill on May 20, 2013, which is called the "Patient Choice at End of Life" bill. While described as "voluntary" for healthcare workers, the bill's passage has raised several questions. The law states: "A health care facility may prohibit a physician from writing a prescription for a dose of medicine intended to be lethal for a patient who is a resident of its facility and intends to use the medication on the facility's premises, provided that the facility has notified the physician in writing of its policy with regard to the prescriptions." Of course, what about the hospital pharmacy? Would they be required to fill a prescription for a lethal dose?

As with so much of law today, both at the federal level and in the states, bureaucrats in the state agencies given the job of enforcing statutes have developed their own interpretations of just how to administer the law. In some cases, this "interpretation" can be used to essentially create a new law. With this law in Vermont, state medical licensing authorities have mandated counsel to physicians when dealing with patients, specifically dictating the need to refer for "all options" for palliative care as including assisted suicide.

On the "Frequently Asked Questions" web page for Act 39, it is clear that doctors are expected to ensure that patients know that killing themselves should be an option. While the web page claims that "participation by any healthcare professional is completely voluntary," the answer to one question makes it clear that it is really not voluntary. "Do doctors have to tell patients about this option?" is the

question. The provided answer is, “Under Act 39 and the Patient’s Bill of Rights, a patient has the right to be informed of all options for care and treatment in order to make a fully-informed choice. If a doctor is unwilling to inform a patient, he or she must make a referral [emphasis added] or otherwise arrange for the patient to receive all relevant information.”

And, that “relevant information” the patient must receive is that they can, if they wish, kill themselves.

This flatly contradicts the Hippocratic Oath of physicians, first written in the late fifth century B.C. Under the Hippocratic Oath, a physician vows to not help a person in taking their own life. “I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel.” (Emphasis added.)

Vermont already has the highest suicide rate in the nation, with suicide deaths outnumbering homicide deaths by more than six to one. Perhaps not coincidentally, less than 23 percent of the state’s population considers itself “very religious,” which is the lowest percentage of any state in the country. In a state with 623,050, less than 200,000 are identified as either Catholic, mainstream Protestant, or evangelical Christian.

While three other states, including California, Oregon, and Washington, have enacted laws permitting physician-assisted suicide, Vermont is the first to mandate physicians either assist patients or refer them to physicians who will help them kill themselves.

Aden said it was all part of a “disturbing trend” of medical professions being mandated to violate their faith. He made reference to Catholic hospitals facing lawsuits for refusing to perform abortions. (The Hippocratic Oath also forbade assisting a woman in an abortion. Even a pagan Greek like Hippocrates considered abortion wrong). To Aden this trend includes “attacking individuals for conscientious beliefs. In this case, the conscientious objection to killing a patient is under the Hippocratic Oath and goes back thousands of years.”

Despite the Hippocratic Oath, religious objections, and the like, the law does have its ardent defenders. Linda Waite-Simpson, Vermont director for Compassion & Care, insisted that Act 39 does not require physicians to refer patients to doctors who will perform physician-assisted suicide. “But,” Waite-Simpson added, “physicians should not impose their personal ethics and values on their patients and deny their legal right in Vermont to receive information about their end-of-life care options so they can make an informed decision about their treatment options.” Waite-Simpson is also a former Democratic Party member of the state House of Representatives.

This is the method frequently used to deny religious liberty. Under Waite-Simpson’s reasoning, if a physician does not tell a patient about an option that he or she holds to be immoral, then that is somehow “imposing” their values on their patients. And she is not alone in this position.

“The Patient Bill of Rights specifically says that a patient has the option and that physicians *must* inform them of all their end-of-life options,” argued George Eighmey, president of the assisted-suicide advocacy group “Death With Dignity.” (Emphasis added.) He dismissed the lawsuit as “frivolous.”

Aden insisted that the state agencies have adopted an extreme interpretation of “palliative care.” He said that his plaintiffs “generally support” providing care for suffering patients, but he contended that care means “pain relief, management of end-of-life care — good things. But they read that in conjunction with the Act 39 to require ‘all options’ for assisted suicide be counseled for.”

The promotion of physician-assisted suicide should be viewed in the prism of the drive for socialized medicine. Socialized medicine is sold to the public as about providing "universal" healthcare, but its effect is to hand over to government officials greater control over the populace. After all, under socialized medicine the relationship between the government and citizens has reversed itself, with the government (servant) now taking on the role of the master. When a person needs medical care to save his or her life, or to relieve a painful or handicapping medical condition, and the source of that relief is the government, the person must become subservient in order to obtain that medical care. Healthcare bureaucrats literally hold the very life of a patient in their hands.

But socialized medicine tends to increase the cost of providing medical care. Under the National Health Service of the United Kingdom, a certain drug to fight lung cancer was deemed simply too expensive, although it had proven very effective. Therefore, the lung cancer patients were left to die, because of costs to the system of socialized medicine in Britain. This is what the controversy over "death panels" was about, in regard to ObamaCare.

With "assisted suicide," whatever the costs of the drug are, it is just a one-time cost. There is no "follow-up," or repeat dosages needed. Burial costs are not part of the costs of universal healthcare.