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Vermont now 'death state' with doctor-assisted suicide law, bishop says

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Now that Vermont allows doctor-prescribed suicide, "the magnificent landscape of this state, which echoes life from its majestic mountains to its powerful waterways, no longer is reflected in the laws which govern the Green Mountain State," said the head of the statewide Diocese of Burlington.

"Vermont is now identified as one of the few death states where it is legal for life to be terminated at its beginning and end stages," said Bishop Salvatore Matano in a statement issued May 20, a little more than an hour after Gov. Peter Shumlin signed into law a bill legalizing physician-assisted suicide.

"It is a tragic moment in the rich history of our state that our elected officials have passed and signed into law legislation placing medical professionals in the position of legally prescribing medicines with the sole intention of terminating human life," the bishop said.

Vermont becomes the first state to have such a law passed by the Legislature.

Under Vermont's new physician-assisted suicide law, doctors can prescribe death-inducing drugs to terminally ill individuals who want to commit suicide who then administer the medication themselves. The Vermont law limits the prescriptions of death-inducing medications to residents of the state.

Physician-assisted suicide also has been legalized in Oregon and Washington by a ballot initiative and in Montana by court ruling.

"This new law asks those in the medical profession, which is a vocation dedicated to the service of life, to destroy the very lives they have pledged to save and to comfort at life's most critical moments," Bishop Matano said.

A standoff in the Vermont Legislature that had endured for several months ended late the night of May 13 when the House in 75-65 vote passed an amended version of the original bill introduced in February. The Senate had passed the measure May 8.

Right after final passage of the bill, a spokeswoman for Shumlin told Catholic News Service the governor would be "signing it as soon as we get it."

From the beginning of his term in January 2011, Shumlin has made it a priority to pass physician-assisted suicide legislation.

"As governor, I will strongly champion death with dignity legislation ... I will make this a top priority and ask the Legislature to take this civil rights issue up," he said in 2010.

Shumlin's "leadership and unwavering commitment to this change opened the door," Dick Walters, president of Patient Choices at End of Life, said in a May 13 statement.

Since he first ran for office in November 2010, Shumlin has "made it his flagship item to pass this so I think that's a factor" in the bill being passed, said Anne Fox, president of Massachusetts Citizens for Life.

A spokesman for the Diocese of Burlington told CNS that passage of the law in Vermont is likely to encourage other New England states to take similar action. He noted a recent push to legalize physician-assisted suicide in Connecticut.

Fox said she didn't think physician-assisted suicide would pass in her state in the immediate future, but said it was likely proponents will keep pushing it in the coming years.

The bill is "dangerous and irresponsible," attorney Margaret Dore, president of Choice is an Illusion, a national bipartisan lobbying group against physician-assisted suicide, said in a May 14 statement.

"The patient is required to have a 'terminal condition,' defined as having a medical prediction of less than six months to live ... doctor predictions of life expectancy can be wrong," she said.

Medical advances have made it more difficult to accurately pinpoint life expectancy, Jon Radulovic, vice president of communications for the National Hospice and Palliative Care Organization, told CNS.

"When hospice is gotten in a timely fashion, issues like pain control can generally be addressed," he said, explaining that people might desire physician-assisted suicide when they are afraid or lacking control of their end-of-life situation.

"Hospices can usually effectively make a person comfortable," he said, noting his organization is not actively speaking out against movement at the state level to pass physician-assisted suicide. Rather, he said, it wants to reaffirm the importance of hospice care and promote it in the public sphere.

The Vermont Medical Society believes that palliative care and training will provide a "strong alternative for patients who ask for assisted suicide," said spokesman Justin Campfield. "VMS believes there should be no laws concerning physician-assisted suicide and the Society in no way endorsees euthanasia," he said.

"This poorly crafted bill has even fewer safeguards than the Oregon law," Dr. Edward Mahoney, president of Vermont Alliance for Ethical Healthcare, said in a May 20 statement.

During the first three years, the law requires ailing patients to make three requests for death-inducing drugs. Both the patient's primary physician and a consulting doctor must agree the patient is suffering from a terminal illness and is capable of making an informed decision to request death-inducing drugs.

After July 1, 2016, the practice of prescribing life-ending medication will be overseen by professional practice standards that govern physician conduct in other aspects of medicine.

"When patients are feeling coerced or pressured into requesting lethal drugs to end their life, they need a place to turn for help," Mahoney said, adding that "VAEH will seek to address the concerns of patients and try to help alleviate the pressures that are causing them to feel they have no other choice ... We now have state-sanctioned suicide in Vermont. If the state won't protect Vermonters, we will try."

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