

Doctor-Assisted Suicide Now Legal in Vermont

Vermont on Monday became the fourth U.S. state to end legal penalties for doctors who prescribe medication to terminally ill patients seeking to end their own lives.

The law, which includes a number of safeguards over the next three years as the state adapts, marked the first time a U.S. state has used the legislative process to make assisted suicide legal. Oregon and Washington have similar laws passed through ballot measures and a Montana court authorized the practice in 2009.

“Vermonters who face terminal illness and are in excruciating pain at the end of their lives now have control over their destinies. This is the right thing to do,” said Governor Peter Shumlin, a Democrat, who signed the law on Monday.

Supporters of the practice are hoping Vermont’s law will lend momentum in other states, such as Connecticut and New Jersey, that have considered similar legislation. A bill legalizing the practice failed in Massachusetts last year.

The law allows physicians to prescribe death-inducing medications, which terminally ill patients wishing to commit suicide could then administer to themselves. It limits the prescriptions to residents of the state.

“Vermont’s law reflects another normalization of the practice of aid in dying in the practice of medicine,” said Kathryn Tucker, director of legal affairs at Compassion and Choices, a group that backed the Vermont law. “Support for patients to be empowered and choose aid and dying is growing. So I think this is an important step in moving that forward.”

The Vermont bill is more sweeping than the initiatives passed

in Oregon or Washington. As in those two states, it provides a number of safeguards—though the Vermont bill calls for these to expire in 2016.

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.

The two-tiered approach was instituted as a compromise between legislators who preferred Oregon's model of legal safeguards and others who objected to what they saw as government interference in end-of-life decisions.

Advocates of assisted suicide say the practice can save years of suffering for patients of painful terminal illnesses, such as bone cancer. Opponents warn that measures allowing it may encourage people to take their own lives at the behest of potential heirs or because they fear they are imposing a burden on family.

Vermont Alliance for Ethical Healthcare, a group that opposed the Vermont law, said it would work with a network of health care providers to help support alternatives to the terminally ill.

"We now have state-sanctioned suicide in Vermont," said Edward Mahoney, president of the group, in a statement. "If the state won't protect Vermonters, we will try."

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