

What is Act 39?

Despite determined efforts on the part of a broad-based coalition of Vermonters, physician-assisted suicide became legal in the State of Vermont with the passage of Act 39 in May of 2013. This law enables a physician to write a lethal prescription for a terminally ill person to end his or her life.

The law can be viewed [HERE](#)

What are some of the problems with Act 39?

To make it legal for a physician to enable a sick person to end his or her life is fraught with problems. Even in places where assisted-suicide laws contain so-called protections, there is no way to fully prevent potential for abuse. In contrast to the Oregon law, on which Vermont's law was originally modeled, Vermont's Act 39 has almost no protections, making an even more terrible law out of another terrible one. Among the problems:

- *It does not require a patient to have "capacity" or to be "capable" at the time the drugs are ingested;*
- *It does not require a patient to self-administer the lethal dose nor does it require any review to ensure that a person was not coerced to ingest the drugs;*
- *does not require State oversight, nor an autopsy to ensure a person was not murdered;*
- *does not require a physician or health care professional to be present at the time the drugs are ingested;*
- *does not require a witness to be present at the time of death;*
- *does not have provisions to investigate allegations of abuse.;*
- *does not require tracking of lethal prescriptions nor oversight to ensure safe disposal of lethal drugs;*
- *does not require notification of family;*
- *does not bar a guardian or health care agent from making the request for the lethal drugs;*
- *does not require data collection, making it impossible to actually track and evaluate the impact of the law;*
- *does not require that a patient be a Vermont resident.*

More FAQs about physician assisted suicide can be found [here](#)

Can misdiagnosis lead to the death of a non-terminally ill person?

Doctors make mistakes. Hospitals make mistakes. We all make mistakes. The fact is, terminal illnesses aren't always terminal. Death sentences don't always come true. Imagine being in a position to choose life or death and, for whatever reason, making the wrong choice. There's no going back. A wrong diagnosis can deny a patient years of life spent with his or her loved ones if that patient obtains and uses a prescription for death. The law shouldn't enable this.

When a terminally ill person is suffering, isn't death sometimes the best choice?

The specter of "terrible, irreversible pain" is emotionally powerful; thankfully, however, it no longer reflects a significant medical reality. Even doctor-prescribed suicide supporters concede this. This argument is most often raised by people whose frame of reference is based in the past. Thankfully, pain alleviation treatment for terminally ill patients has made tremendous progress. We should continue to encourage and expand those efforts, seeking always to improve patient care, rather than settling on death as the definition of compassion. Simply put, a terminally ill person's pain is treatable. Vermonters expect compassionate medical treatment. It is not compassionate to subject to premature death someone who, but for misdiagnosis or other mistake, could have enjoyed a longer life. To oppose doctor-prescribed suicide is not the same as encouraging suffering. *The compassionate approach is to err on the side of life, not death.*

Could legalizing doctor-prescribed suicide lead to the abuse of elderly?

The option of doctor-prescribed suicide would come at a time of great vulnerability in a person's life and we cannot be sure that patients would be free from pressure and coercion. During the

most difficult, painful, and confusing time of their lives, they are more susceptible than ever to pressure or persuasion. As a matter of principle, no patient should ever be pressured to choose death out of guilt or a feeling of being a 'burden.' The sad truth is that sometimes even family members treat each other wrongly, being motivated by self-interest instead of compassion and love. If death by prescription becomes legal, how many people will lose their lives because of pressure, persuasion or coercion? *Our laws should protect the vulnerable from being persuaded to choose death over life.*

Could this law eventually lead to non-consensual, non-terminally ill use of doctor-prescribed suicide?

Once doctor-prescribed suicide is accepted as a medical treatment and a civil right, it would eventually have to be expanded to include more than just those who have a six-month life expectancy, since the law is clear that individual rights should never be given only to a select few. *Where will the line be drawn?*

Is this just a "moral issue" that should be left to individuals to decide?

It is certainly true that there is a serious moral dimension to this issue about which people of Faith are understandably concerned. The Catholic Church has always worked to correct injustice and has spoken out against laws that are bad for society and that threaten the vulnerable. *However, Doctor-Prescribed Suicide is demonstrably poor and tragic public policy by any standard, and the questions we have raised address issues relevant to all in our pluralistic society.*