

DOCTOR-PRESCRIBED DEATH?

Let's Set Aside the Rhetoric and Consider the Facts.

According to a national “death with dignity” organization, a bill to legalize doctor-prescribed death – also known as physician-assisted suicide – will be re-introduced into the Vermont Legislature this year.

A similar bill was defeated in the Vermont House in 2007.

*In 22 tries, no state legislature has ever approved DPD,
but national forces want Vermont to be the first.*

Following are some Frequently Asked Questions that address some of the central concerns that are being raised about such legislation. The points below make a compelling case that even those with diverse ethical, religious and political beliefs can understand: that **doctor-prescribed death (DPD) is bad public policy because it puts vulnerable Vermonters at risk.**

Why use the term “doctor-prescribed death” instead of “physician-assisted suicide”?

“Doctor prescribed death” more accurately describes the actual event. While supporters deny the patient is committing suicide, the intention and undeniable outcome is death. And, doctors do not “assist” or “hasten dying” in the sense of sitting at the bedside, giving pills, holding hands, monitoring the dying process, etc. They merely diagnose and then prescribe the lethal drugs. Their obligation ends once the drugs are prescribed.

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.

We should never forget that lives can be saved. *If we're going to make the wrong decision, it's better to err on the side of life than it is to make the mistake of choosing death.*

Isn't doctor-prescribed death solely a matter of personal choice?

Death by prescription denies some patients choice by giving too much power to profit-driven insurance com-

panies and government agencies. In a supply-and-demand economy, the practice of doctor-prescribed death will eventually affect medical research, profit margins and hospital protocols. The reality is that if doctor-prescribed death becomes just another treatment option, and a cheap option at that, the standard of care and approach of healthcare will change. We'll focus *less and less* on extending life and eliminating pain, and *more and more* on "efficient" treatment options like death. That means patients have fewer choices, not more.

Cost containment pressures may lead to abuses. The involvement of insurance companies and government will put pressure on health care providers and patients to go with the "cheap" option. This has already happened in Oregon despite firm promises of patient protection from doctor-prescribed death advocates there. We are being naïve if we think it cannot happen here. ***The premature termination of our loved ones is no way to make the health care system solvent.***

Aren't these laws about the 'right to die'?

People do have a right to die – that is not in question. For instance, any patient can legally refuse medical treatment. But we oppose legalizing death by prescription. We oppose allowing insurance companies and the government to get involved in a patient's end-of-life decisions by offering, and in some cases even promoting death as a cost-effective treatment.

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

The specter of "terrible, irreversible pain" is emotionally powerful but, thankfully, no longer reflects a significant medical reality. Even doctor-

prescribed death supporters concede this. It 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 death is not the same as encouraging suffering. ***The compassionate approach is to err on the side of life, not death.***

How do we respond to claims that compassion and opposition to doctor-prescribed death are not compatible?

As a matter of principle, compassion should absolutely be the top priority when treating the terminally ill or those who are in great pain. But this is not an "either-or" choice. We can be compassionate without opening the door to doctor-prescribed death. The solution is expanding and improving pain alleviation and other end-of-life care that preserves life and enhances comfort. ***Virtually everybody who expresses a desire to die wants to live once you take care of their problems. Is offering death as a treatment option the most compassionate response we can offer to our loved ones?***

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

The option of doctor-prescribed death

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.

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.***

What about terminally ill people who worry about 'being a burden'?

As a matter of principle, no patient should ever be pressured to choose death out of guilt or a feeling of being a 'burden.' Take a moment and think about what a person who is battling a severe illness or pain is truly going through. In addition to their pain, uncertainty or fear, many surely worry secretly about becoming a 'burden' to those they love. And, acting out of love, they might choose doctor-prescribed death to alleviate that perceived burden – when in fact they could have recovered or enjoyed more good months or years with their families. ***Is that really an outcome we want for those we love the most?***

Will doctor-prescribed death be used as a means of cost containment?

The simple fact is that insurance companies are driven by the bottom line and that funding for government health care programs does not match demand. Insurance companies don't like "expensive" because they're accountable to their shareholders. And

government agencies don't like "expensive" either, especially now, when budgets are tight.

We have to keep in mind how managed care works: it provides insurance companies with incentives to cut costs, especially in the final six months of life because that's when the costs are the highest. There won't have to be direct coercion. Simply denying or delaying therapies and treatments may force a person into choosing death over life. It's no secret that Vermont's population is top-heavy with the elderly, with the tax burden being borne by an ever-shrinking working-age population. How long will it be before expensive, life-saving cures and effective, but expensive ways to alleviate pain aren't covered by insurance—but death is? This has already happened in Oregon, where patients have been denied life-prolonging treatments while at the same time being offered coverage for lethal drugs.

It comes down to a question of trust. Do we trust profit-driven insurance companies and government agencies to always do the right thing, instead of the cost-efficient, purely pragmatic thing? Death-by-prescription is the cheapest form of "treatment" there is. ***We believe that American healthcare should be focused on improving life, not ending it.***

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

Once doctor-prescribed death 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?***

Even if legalized doctor-prescribed death creates its own problems, should it still be legalized because some of its supporters want every possible end-of-life tool made available to them?

Good law has little or no negative unintended consequences. Even if some people are completely free of insurer or family pressures and believe their end of life experience would be enhanced by doctor-prescribed death availability, the potential for unnecessary end-of-life suffering and unwanted death for many others, as described above (see #2, #7, #8, #9 and #10), makes this a bad law. **Good law solves serious problems while at the same time causing no or little harm – especially no fatal, irreversible harm.**

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 spoken out against laws that are bad for society and that threaten the vulnerable. **However, DPD 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.**

What can I do to stop this legislation?

You can speak up! Call your legislators—*all of them*— **today** and urge them to oppose this effort. You may wish to write a letter to the editor of your local newspaper or online forum, which may help influence someone else to question the wisdom of such legislation.

Perhaps most importantly, you can **pray** that our legislators will make the best, most compassionate and humane decision and **oppose** any attempt to legalize **doctor prescribed death**.

This is not a time to stay silent, but rather this is your moment to speak up! **Your voice matters.**

Keep Doctor-Prescribed Death Out of Vermont

•Call Your Legislators Today

Find your legislator's contact information at
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•Pray!

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For More Information:

**Respect Life Office of the Roman Catholic Diocese of Burlington
802 658-6111 or respectlife@vermontcatholic.org**