

The Other Pro-Choice Issue

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ABSTRACT

If politics makes for strange bedfellows, a bill now pending before the Vermont House of Representatives promises to be a veritable orgy of unlikely liaisons. H.168, known by proponents as the "Death with Dignity Act" and by opponents as the "physician-assisted suicide" bill, is unusual on several counts. Its primary sponsors are tripartisan: Malcolm Severence (R-Colchester), Bill Aswad (D-Burlington) and David Zuckerman (P-Burlington). Backers and opponents both say their support cuts across religious, age, educational, gender and geographic boundaries. And medical organizations and advocacy groups are either divided over the bill's merits or unwilling to weigh in on this deeply personal issue. In fact, about the only safe prediction about the bill is that it's nearly impossible to say who supports it and who doesn't.

Dick Walters is chair of Death with Dignity Vermont, one of the two Vermont-based groups pushing for the bill's passage. He contends that this legislation isn't about legalizing suicide. "We don't think it's suicide. Suicide, to me, means choosing death over life," Walters says. "On this issue, patients are not choosing death over life. They're choosing the time of their death, whether it be today, tomorrow or next week...I don't think anyone would argue that the people who jumped out of the windows of the World Trade Center were committing suicide."

FULL TEXT

If politics makes for strange bedfellows, a bill now pending before the Vermont House of Representatives promises to be a veritable orgy of unlikely liaisons. H.168, known by proponents as the "Death with Dignity Act" and by opponents as the "physician-assisted suicide" bill, is unusual on several counts. Its primary sponsors are tripartisan: Malcolm Severence (R-Colchester), Bill Aswad (D-Burlington) and David Zuckerman (P-Burlington). Backers and opponents both say their support cuts across religious, age, educational, gender and geographic boundaries. And medical organizations and advocacy groups are either divided over the bill's merits or unwilling to weigh in on this deeply personal issue. In fact, about the only safe prediction about the bill is that it's nearly impossible to say who supports it and who doesn't.

As it's currently written, H.168 would allow terminally ill Vermonters to ask a licensed physician to prescribe a lethal dose of medication that would hasten their death. With language modeled after the Oregon Death with Dignity Act, it would only apply to patients deemed mentally competent, who have less than six months to live, and who are able to take medications on their own. Only the patient could request the medication, and only the patient would be in charge of the process. The bill would not legalize euthanasia.

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Walters contends that the Death with Dignity Act enjoys broad support among Vermonters. He points to a Zogby Poll of 501 Vermonters conducted in December. It asked whether they support or oppose legislation that would "allow a mentally competent adult, dying of a terminal disease, the choice to request and receive medication from a physician to peacefully end suffering and hasten death." Seventy-eight percent of respondents favored such a bill. The poll claimed a margin of error of 4.5 percent.

Interestingly, support didn't break along predictable pro-life versus pro-choice lines. Seventy-one percent of self-described Catholics said they favor such a law, as did a majority of Jews, Protestants and those who claimed no religious affiliation. The only groups in which a majority opposed it were Vermonters describing themselves as "very conservative" or "Evangelical Christians" and/or those who said they attend church "more than weekly.'

Opponents of the measure discount the Zogby results, arguing that the term "death with dignity" was too vague and poorly defined to be meaningful to most respondents. Guy Page is advocacy director for the Vermont Alliance for Ethical Healthcare, an independent group lobbying against any form of physician-assisted death. Page claims that he's heard from people from across the political spectrum who are "deeply troubled" by this legislation, from archconservatives to ultra-liberals.

"There's a progressive from the Northeast Kingdom who I was speaking to a couple of weeks ago who told me that the religious argument wasn't persuasive to her, but she was very interested to hear that the Vermont Center for Independent Living is very much opposed to physician-assisted suicide," Page says. "We have a lot of hospice doctors and nurses saying, 'No, no, no! We don't want this!'"

Page also notes that most of the state's medical associations, including the Vermont Medical Society, the Vermont State Nurses Association and the Vermont Organization of Nurse Leaders, oppose the bill, as does the Vermont Coalition for Disability Rights.

"What I hear from a lot of professionals is that society needs to make that commitment to real death with dignity, which is pain-free, quality living up to the point of natural death," Page says. He adds that because the U.S. Supreme Court is expected to rule this summer on the issue of using controlled substances to facilitate death, passing the bill here now would be impractical.

But Walter says he's not surprised that some of the medical establishment opposes the bill. Noting that the Vermont Psychiatric Association has endorsed the measure, he adds, "Have you ever seen a traditional organization - of doctors, nurses or lawyers - go against the status quo on any issue?"

Though no hearings have been scheduled yet on H.168, both supporters and opponents say they've done their head counts and claim to have the votes on their side.

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