Assisted Suicide in Vermont

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.

The elderly, poor, disabled and marginalized are at risk for coercion and abuse because of the existence of this bad law. No amount of safeguards can make Act 39 acceptable or safe. Already vulnerable Vermonters are at risk of coercion under Act 39. Physician-assisted suicide is at the top of a slippery slope that will move from “choice to die” to “duty to die,” and enable the elimination of people who have been deemed dispensable, burdensome and too expensive to care for in our society. If any one person is vulnerable because of age, illness, disability or financial need, then we are all vulnerable.

Christ calls us to love our neighbors, particularly the sick, elderly, disabled, vulnerable and dying. We must ensure they have adequate resources and support in their time of need. We must also continue to work and pray for the repeal of Act 39 in Vermont.

Because of Act 39, it is more important than ever that Catholics have an Advance Directive. This is a legal document written in advance of a serious illness or injury to address end-of-life medical care and/or medical care in the event an individual is temporarily unable to speak for him- or herself. The best time to complete an advance directive is when one is healthy, since medical crises are not restricted to older populations.

Complete information on how to complete a Vermont Catholic Advance Directive can be found at www.vermontcatholic.org, or by contacting the Respect Life Office.
Catholic teaching has long held that it is acceptable to relieve pain by narcotics, even when the result is decreased consciousness and shortening of life and the indirect hastening of death (Pope John Paul II, *The Gospel of Life*, p.118, 1995). The intent in such cases is to treat pain and not to cause death.

It is important that we understand the terms commonly used in this discussion:

**Assisted Suicide** – when a physician prescribes a lethal dose of medication for consumption by a patient for the purpose of causing that patient’s death

**Euthanasia** – the intentional and direct killing of another human being to end his or her suffering.

**Palliative Sedation Therapy:** (PST) — the use of specific sedative medications, usually in a person who is dying, to relieve intolerable suffering from symptoms that do not respond to treatment. These drugs typically reduce patient consciousness and if not carefully calibrated, may hasten death as a secondary effect. Although patients should not be deprived of consciousness without a compelling reason, PST may be permissible in certain situations provided the intent is to relieve pain, and that proper evaluation and intermittent monitoring is ongoing.

Alarmingly, as PST is frequently practiced, the patient is deprived of nutrients and hydration along with PST. In effect, the cause of death may be dehydration. It is therefore important that patients or family members request nutrition and hydration, even artificially delivered, to the extent that they are absorbed and provide nutrients and water to the patient’s body. The advice of a Catholic bio-ethicist may be very helpful in such circumstances. People participate in assisted suicide and euthanasia because of fear of pain or because they assume there is no meaning or purpose to dying. Modern methods of pain control assure us that no one need ever suffer unendurable pain.

Beyond that, we as Catholics know that the end of our earthly life can bring peace to others in this lifetime and offer us joy in eternity. Every stage of life is important. The Church recognizes this, and continues to administer the Sacraments that were instituted by Christ to impart grace to our souls throughout all stages of life. The Sacrament of the Sick, through a special anointing at the end of life, is an opportunity for grace to flow to those who are dying and to their families. This entire process, sanctified by Christ, is undercut by assisted suicide and euthanasia. This in effect impedes the flow of grace and can deny the possibility of positive experiences for the dying and their loved ones near the end of life.

“An act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.”

- Catechism of the Catholic Church §2277