

Christian Action Ministry Newsletter

Involving the Christian in Community Action

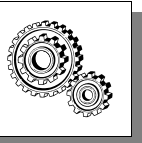
March—April, 2003 ☆ Vol. 13, Number 2

Inside

What do Child Pornography and Consensual Sex have to do with each other?

A brief discussion of current legislation in the Vermont Legislature that is of interest to the Christian Community.

Page 3



In the Works

Assisted Suicide and Euthanasia

Are you interested in becoming involved? CAM is looking for interested and active people to act as liaisons to their church, helping to keep the Christian community informed. Contact CAM at 288-9173.

A Critique of the Proposed

"VERMONT DEATH WITH DIGNITY ACT"

By

Robert D. Orr, MD, CM

This is the first of two articles prepared by Dr. Orr that address the proposed bill. Our May-June newsletter will include a discussion of similar legislation and its impacts in Oregon and The Netherlands—Editor

Passage of the proposed addition of Chapter 113 ("Rights of mentally competent patients suffering a terminal condition") to V.S.A. 18 would reverse a 2500 year old medical and societal prohibition of physician-assisted suicide. This societal sea-change is very troublesome in and of itself, but is unconscionable in a society that has been unwilling to provide universal access to basic medical care. This drastic abdication of public responsibility should not be undertaken. The proposal requires scrupulous review of the reasons, process, and likely consequences. We offer the following considerations in opposition to the creation of a new "right" for Vermont citizens to receive from a physician a prescription for a lethal dose of drugs:

This bill is not needed.

- Patients have a clearly established ethical and legal right to decline any treatment which is merely postponing death when they believe the burdens exceed the benefits.

- Modern state-of-the art palliative care efforts are capable of alleviating the suffering which in the past has concerned dying patients and their families. In those rare instances when physical symptoms cannot be adequately controlled, it is ethically and legally permissible for a physician to give suffi-



cient medication to render the patient unconscious.

- The "need" and/or demand for physician-assisted suicide (PAS) is small. Very few patients ask for it and even fewer use it when it is available. Legislation that abolishes a major principle governing physician action should not be passed for the benefit of a few.

If enacted, **this bill would have bad consequences:**

- Patients may be subtly coerced by family to request aid in dying as has been documented in The Netherlands (see below).
- Once legitimized by society, access to assisted suicide will inevitably be expanded from competent terminally ill patients who are able to swallow their own lethal doses to others, as it has in The Netherlands:

- those unable to take the lethal prescription without help (severe neurological disability who can't feed self or swallow)
- terminally ill, but incompetent (e.g., dying children, persons with stroke or advanced dementia)
- incompetent, but not terminally ill (e.g., severely handicapped children)
- competent, but not terminally ill (e.g., chronic depression, early dementia before decision-making capacity is lost)



" I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion..."
Hippocratic oath

(Continued from page 1)

- Assisted suicide and euthanasia have already been seriously proposed as a significant cost-saving measure.
- Once assisted suicide provides an "easy way out", physicians and society will be less inclined to work on methods and practices for good end-of-life care.

The bill is flawed:

- § 5280(1) definition of "attending physician" is inadequate; rather than restricting assisted suicide to the patient's established primary physician, the vague wording would allow any licensed physician of any specialty to assume "primary responsibility" for a patient by following the steps as outlined.
- § 5280(8) does not define "resident of Vermont"; anyone could move here for the specific purpose of obtaining physician assistance with suicide.
- § 5280(11) defines "terminal condition" as "incurable and irreversible" with expectation of death within 6 months; however, the art of medical prognosis is very uncertain and may seriously underestimate a patient's actual survival long beyond 6 months.
- § 5282(5) requires the physician to "request" that the patient inform his or her next of kin, but the patient may choose to ignore this request and commit suicide without his or her family knowing about it
- § 5284 ("COUNSELLING

REQUIRED" provision) is misleading and inadequate; (a) mental health counseling is "required" only if the attending or consulting physician deems it appropriate; (b) in addition, there is no definition of "counselor" so that a wide spectrum of individuals, even those with minimal training, could provide this service which may determine the timing of a person's death.

- § 5291 does not address how the death will be recorded on the death certificate; the final sentence of the bill proposes a legal fiction that helping someone to take his or her own life according to his or her own timing is neither suicide nor assisted suicide.
- There is no requirement that physician-assisted suicide be used only for intolerable suffering (as there is in The Netherlands). The only requirements are for a prognosis of less than 6 months to live and a patient request.
- Lack of oversight: (a) this procedure for intentional taking of a life will be prospectively reviewed by only one person (the consulting physician); (b) the retrospective annual review by the Department of Health specifies no standards for compliance and no measures if the statutory procedure is not followed; and (c) the public will only have access to an annual statistical summary.
- The supposed protections from abuse built into the bill have proven to be inadequate.

The basic premise that a physician may assist a patient to commit

suicide is **professionally wrong:**

- The 1994 revision of the American Medical Association's Code of Medical Ethics retains the statement that "Physician assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."
- Other professional organizations oppose legalization of assisted suicide including:
 - American Nurses Association
 - British Medical Association
 - Canadian Medical Association
 - American College of Physicians
 - American Society of Internal Medicine
 - American Geriatrics Society
 - National Hospice Organization
 - American Cancer Society
 - American Diabetes Association
 - American Lung Association
 - Vermont Medical Society (1997)

The basic premise that a patient has a right to assisted suicide is **judicially wrong.** The U.S. Supreme Court unanimously ruled in 1997 that there is no constitutional right to physician-assisted suicide.

Religious opposition:

- The website of Death With Dignity, the national organization promoting this bill (www.deathwithdignity.org/resources/religion.htm) posts the official positions of several religious denominations. One would expect that, since they are proponents of assisted suicide, they would select those denominations that are also supportive of their efforts. Yet of 15 religious denominations they chose to survey, only 2 officially support a person's right to assisted suicide, 3 others do not condemn this choice, and 10 believe assisted suicide is a violation of the tenets of their faith tradition.

Legalization of assisted suicide has been proposed and rejected in California, Washington, Michigan, Maine, and Hawaii in recent years. Physician aid in dying is legal in only 3 jurisdictions in the world. Euthanasia and physician-assisted suicide have been available in The Netherlands for 18 years and in Belgium for a few months, and physician-assisted suicide (not euthanasia) in Oregon for 5 years. It is instructive to look at the Dutch and Oregon experiences in discussion of whether this major change in public policy is a good idea.

Dr. Orr is a physician and Clinical Ethicist

Note: the discussion of the Oregon and Netherlands experience will appear in our next newsletter.



HIPPOCRATES, the celebrated Greek physician, was a contemporary of the historian Herodotus. He was born in the island of Cos between 470 and 460 B.C., and belonged to the family that claimed descent from the mythical Aesculapius, son of Apollo. There was already a long medical tradition in Greece before his day, and this he is supposed to have inherited chiefly through his predecessor Herodicus; and he enlarged his education by extensive travel. He is said, though the evidence is unsatisfactory, to have taken part in the efforts to check the great plague which devastated Athens at the beginning of the Peloponnesian war. He died at Larissa between 380 and 360 B.C.

What do Child Pornography and Consensual Sex have to do with each other? Nothing, except that there is a bill considering each in the current Legislature

By
Bob Garvey

Each year the Legislature has to deal with and set priorities on each bill that is introduced and accepted as "germane" by either the Speaker of the House or the Presiding officer of the Senate. If determined "germane" the bill is assigned to a standing committee in the chamber in which it was introduced of either body. There it is assigned a priority by the chairman of that committee, and usually, but not necessarily, with the consent and approval of the committee as a whole. Whether the bill ever sees the light of day again depends on many factors, the most cogent of which is how the Chair of the Committee feels about the issue, or what pressure is brought to bear by outside forces. These forces could come from a party whip, or party leadership of either party, a huge swelling of public outcry or concern, or from effective lobbying by either special interest groups or from someone looking for repayment of a political favor.

With that preamble there are a number of bills which should be of interest to just Christians and a great many more which have no moral issue attached to them but which may decide whether we have good or bad government here in our beloved Vermont.

In the first category are the following bills, identified with the Bill number and the descriptive title. Those of our readers who have access to the internet, can call up the House or Senate Bill Tracking

system by going to www.Leg.State.vt.us and, if you want to see the status of any of the following bills, add to this address: \database\database2.cfm If you don't have a computer, most libraries do and also have access to the internet, and allow their patrons to use it on a limited basis.

H0007

Title: CHILD PORNOGRAPHY AND SEXUAL EXPLOITATION OF CHILDREN

This bill purports to remove the affirmative defenses for schools, museums and Public Libraries the crimes of possession of child pornography and promote a recording of sexual conduct by a child.

H0059

Title: PARTIAL BIRTH ABORTIONS

This bill proposes to prohibit Partial Birth Abortions.

H0098

Title: THE VERMONT HEALTH CARE PLAN

This bill proposes to establish the Vermont health care plan as a universally accessible, comprehensive, publicly administered health benefit plan offering care & treatment to all Vermonters. (*Ed. note: this plan is sometimes referred to as a "Single Payer" health plan.*)

As it is now, the State oversees and regulates the current commercial health plans sold in Vermont. But what is the end result if all of the decision making power is placed in the hands of a State run

health care authority? Would bureaucrats be making all of the medical decisions that doctors make now? All we need to do is look to the north to our Canadian neighbors, where they operate under a Single Payer system, to get an idea of where Vermont would be headed.

H.00136

Title: REQUIRE PARENTAL NOTIFICATION PRIOR TO PERFORMING AN ABORTION ON AN UNEMANCIPATED MINOR

If a child is pregnant, the bill would require the abortionist to notify at least one parent of the pending procedure. If there is alleged abuse or incest in the family situation, the teenager may petition the Judge for a waiver, but at least a State authority is notified, and the abuse or incest can would be stopped. As it is now, statutory rape is seldom reported to authorities.

There are other bills having to do with elections:

H.0060—redistricting,
H.0087—political signs,
H.0026—candidate qualifications,
H.0082—a bill to establish an instant runoff voting method in Statewide elections,
H.0154—redistricting the Caledonia and Orange Senatorial Districts), and
S.0080—(Non-partisan redistricting of the Vt. House of Representatives and Senate.

In addition there are two proposed Constitutional Amendments; one, **PR 0001** would provide election of the Governor, Lieutenant Governor and Treasurer provided each candidate obtained at least 40% of the vote.); **PR0002**, would provide that the general assembly would establish the requirements for the election of the Governor, Lieutenant-Governor, Treasurer, Secretary of State and Auditor of Accounts.

Additional bills deal with:

H.0056—Prescription Drug coverage,
H.0017—Powerball,
H.0013—gun ownership,
H.0023—judicial nominations,
S.0064—eliminating mandatory retirement of Judges and Justices, and finally,
H.0035— child support, custody and visitation.

Remember, if you don't have a computer but can get to the Library, any of these bills can be found at the address shown above for the State's Bill Tracking System. Otherwise a note to the State Legislative Counsel 's office requesting a hard-copy report on any of the bills mentioned above will be sent to you. Requests should be addressed to Vermont State Legislative Council, 115 East State Street, Montpelier, Vt. 05602

Bob Garvey is a Board member of the Christian Action Ministry and attends St. Mark's Catholic Church

“Human Laws are measures in respect of Men whose Actions they must direct., albeit such measures they are as have also their higher rules to be measured by, which Rules are two, the Law of God, and the Law of Nature: so that Laws Human must be made according to the general Laws of Nature, and without contradiction to any positive Law of Scripture, otherwise they are ill made.

John Locke 1690