To the Members of the Joint Committee on Judiciary:

We write as members of the board of True Dignity Vermont, a grassroots group of citizens working to repeal Vermont's assisted suicide law and to prevent the spread of assisted suicide to other states. We would like to share with you our experience in Vermont, and encourage you to reject HB7015 in your committee.

Legislators who pushed Vermont's assisted suicide law have been subsequently defeated. A legislator who continued to serve while she was employed by Compassion and Choices was handily defeated and now works only for C&C. The pro assisted suicide governor was almost defeated. Several other pro-assisted suicide legislators were also defeated. Unfortunately, three senators who opposed the law in 2013 voted against repeal in March, 2015, without explanation.

Perhaps their reason was that they believed, as one Senator said during the floor debate, that legalizing assisted suicide creates a right and that rights are almost never taken away. You should realize that enacting this law may be viewed as creating an irrevocable right. In fact the law does not give people a "right to die", only to request help in committing suicide.

This law really gives rights only to doctors; in fact it gives them, in addition to immunity from prosecution, almost God-like powers to determine who is offered suicide aid and who is offered suicide prevention. They do not want these powers; representatives of the Vermont Medical Society testified against the bill in 2013 and for repeal in 2015. The only practicing physician to testify for the law in 2015 was also the only practicing physician to testify for it in 2013.

There was no popular demand for the Vermont law, and it was not used for almost eighteen months .

Before Vermont had legal assisted suicide, only one doctor had ever been charged with assisted suicide, and he was acquitted of any crime.

The assisted suicide law was enacted in May 2013 and went into effect immediately. Twenty two months later, the health department says seven prescriptions have been written. We are told there have been three deaths. During the seventeen months prior to October, we are told that two prescriptions had been written and that both patients died without taking the drugs. We are told the first death occurred on October 27, 2014. As the state health commissioner said recently, we have only anecdotal reports, since our law requires reporting only of the prescriptions written, not of what happens afterwards. We do not and cannot know what happened at these deaths or even if three is a correct number. We are asked to believe there were no complications, errors, or abuse, solely from the reports of the people who were present, family members and friends, scarcely disinterested witnesses. Neither the VT law or the one your committee is considering requires witnesses at the time of the lethal overdose is ingested. We do not know what happened to the drugs that we are told were not taken. When a Senator was asked during the recent debate on the Senate floor whether these drugs might be sitting in someone's medicine cabinet, she replied that many people have unused drugs. Yes, they do, but not in specific doses intended to cause death, with accompanying instructions on how to use them to commit suicide. The law's provision for disposal of unused drugs is rendered useless by the failure to require tracking of the drugs. Anyone could use them to commit suicide or sell them on the street as "downers".

Neither doctors nor patients appear to be comfortable with this law; only a few doctors are prescribing and until a very few months ago almost no patients were asking for the drugs. In an effort to create some interest, Compassion and Choices, a national group that donated substantial amounts of money to getting the law passed, moved into the state, first sending in a woman from Oregon and then hiring as state director a Vermont House member who had supported the bill. The two appeared at forums and on tv and radio shows, violating every suicide prevention guideline of the World Health Organization and the National Institutes of Mental Health by describing deaths that happened in Oregon as "beautiful" and "peaceful". About a year apart, each director sent letters to every doctor in the state, offering to help with the prescribing process. Their efforts seemed to have aroused little interest until the two deaths we know about at the end of 2014. Were these two people (and perhaps a third) influenced by the romantic language used to describe suicide? Will others not terminally ill also be influenced? In Oregon the non-assisted suicide rate began to rise after legalization and has continued to rise; in 2012 it was 41% above the national average.

We have some information about one of the deaths. It occurred in January, 2015, in suspicious proximity to an announcement by Senate supporters of the law that they would introduce a bill amending the assisted suicide law to keep the current regulations which had been set to expire, including a requirement to have the approval of two doctors. Family members told a reporter and later testified before a Senate Committee that the difficulty the family had in finding the second doctor was important to their loved one in clarifying her intentions. To us it looks like a statement targeted towards the 2015 bill and also like the kind of doctor shopping that has gone on in Oregon; if one has the resources and the determination to look hard enough, one can almost always find someone to do what one wants.

The second death we heard about was the one that seems to have actually taken place first, in October. As soon as glowing press reports of the January death appeared, describing it as "awesome" and "remarkable", the "friends" of the person who had committed suicide in October announced her death had been first, as if there were some kind of competition. Both announcements were filled with the kind of descriptive words quoted above, again in clear violation of WHO and NIMH media guidelines about the reporting of suicide that are intended to prevent suicide contagion.

The law allows the deaths to be secret. We know nothing of the third death, or even if there was one.

It would be tempting to ignore this scarcely used law if the experiences of Oregon and Washington did not show that assisted suicide will spread. People will get comfortable with suicide. More doctors will begin prescribing, and more patients will use the drugs every year. In Oregon, there has been an exponential increase in the number of assisted suicides. The latest report, published about a month ago, shows that the number of assisted suicide deaths has grown by more than 650% in the 17 years in which assisted suicide has been legal. True Dignity believes that only the failure of what the leader of Vermont's legalization forces called "the movement" to achieve legalization in more states has kept the numbers low. Doctors and medical institutions are under pressure to cut costs, and they have all the power in interactions with sick patients. It is unreasonable to believe that, once the promoters of assisted suicide are no longer feeling a need to cite the small numbers in order to reassure legislators and get laws passed in more states, they will join with the forces already putting pressure on patients to choose the cheapest option. In most states now that option is declining treatment in favor of comfort care. In Oregon, Vermont and Washington, it is assisted suicide. Remember that Barbara Coombs Lee of Compassion and Choices was once a managed care executive and that she wrote an article defending

the denial of Oregon Health Plan coverage for prescribed and wanted chemotherapy for a patient and the simultaneous offering of coverage for assisted suicide.

Abuse will be enabled by assisted suicide. Because the law requires no witnesses at the time of death, there will never be reports of abuses. In Oregon, doctors file the reports, but each year the reports show that fewer of them are actually present at the deaths. They rely on the word of those who are present, the very people most likely to have pressured the patient or used the drugs to kill him without his knowledge or consent, either maliciously or out of what they considered "mercy".

These laws' universal failure to require witnesses at the time the patient takes the drugs leads to cases like that of Thomas Middleton from Bend, Oregon. It is only because of a charge of real estate fraud that we know about the Middleton case. Suffering from ALS, Middleton named a realtor friend as the trustee of his trust, put his house into the trust, then moved in with the realtor and died of assisted suicide within days. The realtor sold his house and deposited the proceeds into her own bank accounts. She and her husband are in jail on multiple counts of fraud. Despite the existence of an obvious motive for murder, no one even investigated Middleton's death.

The people promoting legal assisted suicide do not seem to care about the abuse it enables. During the 2013 floor debate in the VT House, one legislator, interrogating the bill's floor manager, asked her if she could show him how the bill would protect a person who had gotten the drugs from homicide. Her only answer was that the person was terminally ill. We hope Connecticut legislators do not share her apparent belief that it is no big deal for someone who is terminally ill to be murdered.

No assistance in suicide is needed. People who are truly strong willed and independent, bent on controlling their own destiny, can and do commit suicide without assistance. During citizen testimony in Vermont, one proponent after another told of the suicides of relatives who did not want to experience what they considered the "indignities" of being old and sick. One of them even let slip that people already have the "right" (by which we think she meant "ability") to commit suicide. She was correct, and in separate testimony, a medical expert, Dartmouth physician Ira Byock, confirmed that committing suicide is easy and that non-assisted suicide does not have to be violent. Please watch minutes 21.44-25.02 of this film of Byock's testimony to a Vermont Senate Committee: https://www.youtube.com/watch?v=uMBNeh7k4EU. You should also know that poisoning is the most used means of non-assisted suicide among women in Oregon.

Suicide is so common that it is a problem in this country, and all over the world. It is impossible to prevent abuse and error in legal assisted suicide, even if we made laws so cumbersome that they were essentially unworkable. Even requiring witnesses at the time of ingestion would not control for all the subjective and subtle reasons a person might commit suicide.

The Brittany Maynard story has elicited a wave of sympathy, but we ask you to step back and consider the facts. Assisted suicide is not needed. It only sets up a venue for abuse of the disabled, the depressed, the people whose prognosis was incorrect, the people who will be told that treatment is not covered by their insurance but assisted suicide is, as well as those who could be abused or murdered by a caregiver or trustee.

We respectfully ask that you reject HB7015 in your committee.

Sincerely,

Carrie Handy
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Board Members