
**Report to
The Vermont Legislature**

Report Concerning Patient Choice at the End of Life

In Accordance with Act 27 (2015), Section 1

An act relating to repealing the sunset on provisions pertaining to patient choice at end of life

**Submitted to: House Committees on Human Services and on Health Care; and
Senate Committee on Health and Welfare.**

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Introduction

In 2013, the General Assembly passed Act 39 that allowed Vermont physicians to prescribe medication to a Vermont resident with a terminal condition with the intent that the medication be self-administered for the purpose of hastening the patient's death. Act 39 set forth conditions for the patient and the physician for this action to be taken lawfully. Those conditions include (but are not limited to) an oral and written request by the patient to the physician, a reminder that all steps in the process must be voluntary, that the patient be capable of making such a decision, confirmation of the diagnosis and prognosis by a second Vermont physician, and an attestation by a non-interested witness to these steps. See Appendix A for the complete requirement set forth in 18 V.S.A. § 5283.

Once the prescribing physician fulfills all of the statutory requirements, the physician is required to report that all such steps have been taken with the Department of Health. The filing of the report confers on health care providers associated with the treatment of the patient for this hastening of the patient's death, immunity from professional, criminal, or civil liability.

In 2015, the General Assembly passed Act 27 (see Appendix B) that requires the Department of Health to adopt rules (see Appendix C) to facilitate the collection of information regarding compliance. Act 27 also requires the Department to generate and make available to the public a biennial statistical report of the information collected by the Department, as long as releasing the information complies with the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104 - 191.¹

Summary of Underlying Causes of Death

The following summary is based on cases which met the definition of a reportable event under Act 39 (2013) and the relevant documents that were received by the Vermont Department of Health.

Statistics Details: July 1, 2017 to June 30, 2019

There were 34 total events that met the definition of Act from July 1, 2017 to June 30, 2019. The events fell into the following underlying diagnoses groups:

- 71% were due to cancer (24 total cases);
- 12% were due to ALS (4 total cases);
- 9% were due to Neurodegenerative Diseases (3 total cases from Parkinson's Disease and Huntington's Disease); and
- 9% were due to other events (3 total cases)

All 34 events have a death certificate on file with the Vital Records' Office. One hundred percent of the death certificates listed the appropriate cause (the underlying disease) and manner of death (natural), per Act 39 (2013) requirements.

¹ This means that this report will contain no information that could be used to potentially identify any patients or health care providers who have taken steps under the 18 V.S.A Chapter 113.

Among the 34 confirmed deaths, the mechanism was:

- 28 utilized the patient choice prescription (82%);
- 5 died from the underlying disease (15%);
- 1 unknown (3%).

General Statistics: May 31, 2013 until June 30, 2019

From May 31, 2013 until June 30, 2019 there have been 87 events. The events fell into the following underlying diagnoses groups:

- 68 (78%) were due to cancer
- 11 (13%) were due to ALS
- 3 (3%) were due to Neurodegenerative diseases
- 5 (6%) were due to other causes

Number of Prescriptions Filled

The Department of Health used the Vermont Prescription Monitoring System (VPMS) to identify patients that had filled a prescription under the law. The Department positively identified 30 out of the 34 deceased cases as having filled a prescription under the law. An additional 1 out of the remaining 4 decedents was likely prescribed a medication to hasten their deaths under the Act. There are a variety of reasons that might account for the remainder of the prescriptions not being present in VPMS, including those that were not filled or were filled out of state.

Appendixes

Appendix A:

<http://legislature.vermont.gov/assets/Documents/2014/Docs/ACTS/ACT039/ACT039%20As%20Enacted.pdf>

Appendix B:

<http://legislature.vermont.gov/assets/Documents/2016/Docs/ACTS/ACT027/ACT027%20As%20Enacted.pdf>

Appendix C:

http://www.healthvermont.gov/sites/default/files/documents/2016/12/REG_patient-choice-at-end-of-life-compliance.pdf