

Regarding S.74 Vermont

My name is Mark Rollo and I am a family physician of more than 35 years with additional training in medical ethics. For most of my career I have cared for the people of my community in Fitchburg, Massachusetts.

As a physician and resident of a state neighboring Vermont, I am strongly opposed to S.74, An act relating to modifications to Vermont's patient choice at end of life laws. S.74 makes bad law worse.

Current Law is already a recipe for elder abuse. Estimates are that 10% of elders are subject to abuse (1) and 90% of abusers are family members. (2) Assisted suicide laws provide another tool for malevolent family members who may financially gain by an elder's death. (3) Removing the 'in person' requirements for determining eligibility for assisted suicide as well as shortening the waiting period only increases the likelihood for coercion and deception.

Assisted suicide laws cause the general suicide rate to rise. Many depressed people believe their suffering is as bad as or worse than that of the terminally ill. In Oregon, for example, the increase in the general suicide rate among people ages 35 to 64 was almost double the national average during the first decade after implementation. (4) Making assisted suicide even easier will only exacerbate the general suicide rate in Vermont.

When the power to assist people to commit suicide is given to physicians, how long will trust in the medical profession last? How long will it take for doctors to become tools of the state and insurance companies to steer despairing individuals toward suicide as a cost cutting measure. This has already occurred in states which have legalized assisted suicide. (5) (6) There is no reason to believe that this will not eventually occur in Vermont. Providing immunity to physicians to make the right to kill easier will further erode trust in the medical profession.

Finally, this legislation is inherently discriminatory and remains so after the proposed modifications. In my state of Massachusetts, for example, almost three quarters of Northampton residents, who are 88% white, favored assisted suicide on the 2012 ballot initiative while in Lawrence which is 65% minority, almost three quarters of its residents opposed assisted suicide. (7)

White, wealthy, well insured individuals are generally the ones who want Assisted Suicide because they get another choice. The poor and people of color will pay for assisted suicide legislation with their lives. (8) (9) Vermont has a very low percentage of minorities. That is not the case in Massachusetts and even less so in other states. Vermont prides itself in egalitarian policies. Facilitation of assisted suicide in Vermont will only place added pressure on other states to follow suit and thus pressure the poor and minorities of Vermont and other states to comply with state sanctioned suicide.

Mark J Rollo, MD 456 Pearl Hill Rd, Fitchburg, MA 01420, 508-265-8930

1- New England Journal of Medicine 2015; 373: 1947-1956

- 2- <https://www.abc.net.au/news/2020-08-25/elder-abuse-report-finds-family-responsible-nine-out-of-10-cases/12589722>
- 3- <https://dredf.org/wp-content/uploads/2012/08/revised-OR-WA-abuses.pdf>
- 4- <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm>
- 5- <https://www.nytimes.com/roomfordebate/2012/04/10/why-do-americans-balk-at-euthanasia-laws/too-many-flaws-in-assisted-suicide-laws>
- 6- <https://abcnews.go.com/Health/story?id=5517492&page=1>
- 7- <http://archive.boston.com/news/special/politics/2012/general/mass-ballot-question-2-election-results-2012.html>
- 8- <https://www.capradio.org/articles/2019/07/12/californias-aid-in-dying-law-is-mostly-used-by-white-people-heres-why/>
- 9- <https://dredf.org/public-policy/assisted-suicide/why-assisted-suicide-must-not-be-legalized>