

Hello, members of the Vt. House Health and Human Services Committee, and other legislators,

The Feb. 16 issue of the *Commons* in Brattleboro published [a letter I wrote](#) (copied and pasted below), urging rapid passage by the Vt. House of S74, making critical changes in Act 39, the so-called “Death With Dignity” bill.

I did not include in the letter, but will share with you, that S74 has particular significance and urgency for me, as a patient with Stage 4 cancer. When I was first diagnosed, I attended an information session on Act 39, which eased my mind somewhat — but the fact remains that for too many patients, the burden of two in-person appointments with a physician, particularly at the end of life, can be overwhelming: geographic distance is one obstacle, and a potentially greater one is that many Vermonters simply don’t have easy access to a physician. Now that, with COVID, telehealth appointments have become so common, it makes sense for patients with terminal conditions to be able to communicate with a doctor that way.

I urge you to move S74 out of committee and send it to the floor for approval so that it can be signed into law by the end of this session.

Thank you for your attention —

Maggie Brown Cassidy
Putney

Voices / Letters from readers

Death With Dignity bill changes would save precious time for patients

If all goes well, soon the full Vermont House will consider S.74, a Senate bill making important changes in Act 39, the so-called “Death With Dignity” bill.

Act 39, which went into effect in 2013, outlines a process to allow patients with terminal conditions to receive a prescription for medication that allows them to end their lives themselves.

This law contains many safeguards against abuse or impulsive action: When a patient requests the prescription, two physicians, in visits at least 15 days apart, must certify that the patient understands the request and its consequences and that the patient has a prognosis of, at most, six months to live.

In addition, the physicians are required to inform the patient of possible treatments and palliative care options and must inform the patient that the request may be rescinded at any time.

While S.74's proposed changes to Act 39 may seem trivial, they may be critically important to a dying patient.

The most important change is that the doctors' visits can take place via telehealth visits, which have become common in this age of Covid. Arranging in-person appointments and traveling to meet with a physician who may be far away can be terribly and needlessly stressful, painful, and time-consuming for patients who are already suffering.

Another change eliminates a 48-hour waiting period after the second physician's visit before the doctor can write the prescription.

Terminal illnesses are unpredictable, and these changes offer precious time to patients who by definition don't have much time left.

Willem Jewett, who served in the Vermont House for 14 years, was instrumental in the passage of Act 39, according to VtDigger, and he became aware of its shortcomings when he was diagnosed with cancer himself in the summer of 2020 and later realized that his condition was terminal.

S.74 was introduced in the Vermont Senate in February of 2021, but Jewett didn't live to see its passage there in late January of this year.

Although the Vermont Department of Health's required statistical reports to the Legislature on patients' use of the lethal prescriptions are somewhat opaque, it's obvious that only a few hundred Vermonters have made use of Act 39 since it went into effect in 2013. By streamlining the process for current, and future, patients to obtain the relief they seek, S.74 will make their final weeks and days easier.

The bill is now in the hands of the Human Services Committee of the House. I urge members of that committee to expedite hearings and quickly send S.74 to the full House for passage. I hope that the full House will approve it and that Gov. Phil Scott will sign it into law as soon as possible.

*Maggie Brown Cassidy
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