Oregon's Assisted Suicide Law

Safeguards Don't Work

What is Physician-Assisted Suicide?

Physician-assisted suicide involves a physician prescribing lethal drugs for a patient with the knowledge that the patient intends to use the drugs to commit suicide. Refusing a ventilator, or some other life sustaining machine or treatment is not assisted suicide and is legal. The intent of refusing medical treatment is not to end life, but to allow nature to take its course. With physician-assisted suicide the intent is to kill the patient.

Once assisted suicide is legalized, it becomes impossible to contain. Once assisted suicide is legalized, it becomes impossible to protect the vulnerable and mentally ill. Once assisted suicide is legalized, it becomes, essentially, death on demand.

Facts Vs. Fiction.....
Oregon's Failed Experiment

The myth of "intractable pain"

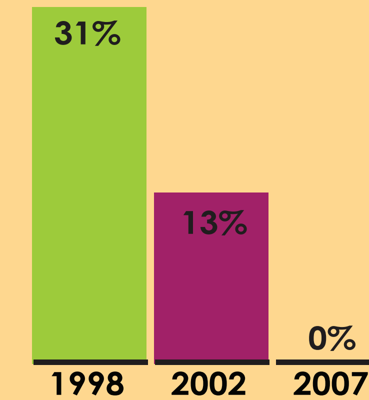
Supporters of assisted suicide have long maintained that assisted suicide is necessary for those suffering from intractable pain; however, to date, there still is no documented case of assisted suicide being needed for untreatable pain. In fact, **in the list of reasons patients choose to use assisted suicide, pain, or fear of pain, is the least used reason!** Dr. Linda Ganzini, professor of psychiatry at Oregon Health & Science University, surveyed family members of Oregon patients who requested assisted suicide. Her published report emphasizes this truth: "No physical symptoms experienced at the time of the request were rated higher than 2 on a 1 to 5 scale. In most cases, future concerns about physical symptoms were rated as more important than physical symptoms present at the time of the request."[1] The study found that many physicians are surprised at the lack of suffering experienced by a patient who is requesting assisted suicide.

The myth of "rational" suicide

National studies show that among patients requesting assisted suicide, depression is the only factor that significantly predicts the request for death. An estimated 90% of suicides in the U.S. are associated with mental illness, most commonly depression.[2] Diagnosing depression can be challenging, but is often found with good psychiatric care. In spite of these facts, in Oregon's 10th year, not even one suicide victim received psychiatric counseling.[3]

Needless suicides by abandoned patients

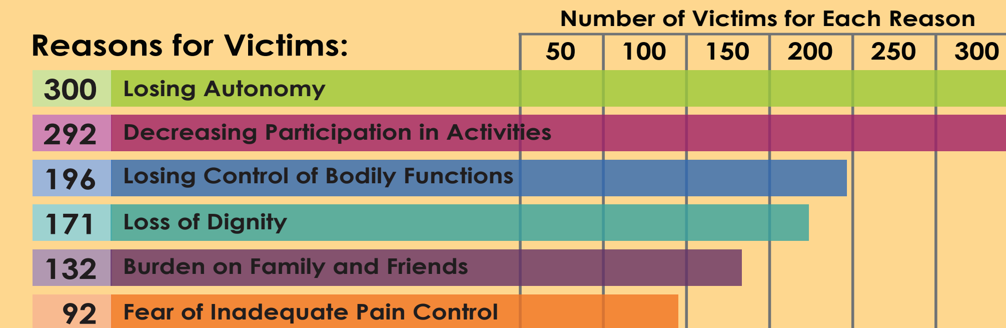
Ganzini's study also confirmed what has been seen in publicized cases of physician assisted suicide: instead of patients having their fears and concerns addressed by physicians, once the request for assisted suicide is made, other care options are abandoned. The majority of physicians will not participate in assisted suicide. When these physicians refuse to assist in killing their patients, the patient will often then seek the help of assisted suicide proponents. These proponents shepherd patients to doctors who will write lethal prescriptions for patients they have just met. Many patients would change their minds about assisted suicide if interventions were made to help them maintain control, independence, and self-care, all in their home environment.



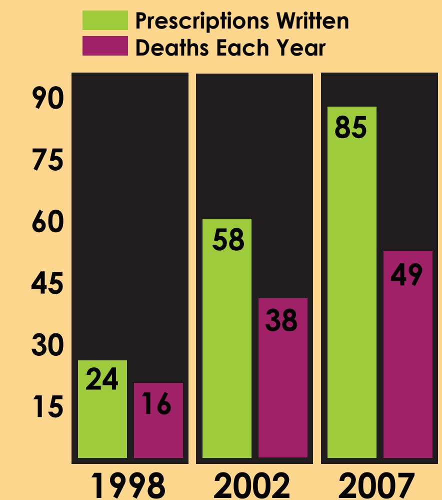
This chart follows the percentage of patients who receive psychiatric examinations before being given lethal drugs.

> "The study found that many physicians are surprised at the lack of suffering experienced by a patient who is requesting assisted suicide."

Reasons Assisted Suicide Victims Expressed Before Ending Their Lives.
*(Some Victims Had More Than One Reason)



Compared from 1998 to 2007. Total Number of Patients Over 9 Years = 341



History of Physician Assisted Suicide in America

On November 8, 1994, Oregon became the first government in the world to legalize physician-assisted suicide when voters passed a statewide ballot measure. After a lengthy court battle and the failure of a 1997 ballot measure to repeal the law, Oregon's assisted suicide law became functional in November, 1997. That year Oregon became the first jurisdiction in the world to begin experimenting with legalized assisted suicide.

Since the passage of Oregon's physician-assisted suicide law, many states have attempted to pass similar laws. Maine and Michigan voters rejected statewide ballot measures to legalize assisted suicide in their states. Legislators in Hawaii, Vermont, California, and other states, have rejected bills to legalize assisted suicide. Courts in Florida and Alaska turned back lawsuits from patients demanding they be given a right to physician-assisted suicide.

In the 1997 Supreme Court case, *Washington v. Glucksberg*, physician-assisted suicide was rejected as a constitutional right when the Court upheld both the New York and Washington statutes prohibiting assisted suicide by a 9-0 vote. Physician-assisted suicide is not a right protected by the U.S. Constitution.

Safeguards Don't Work...
Facts You Need to Know

The main concern about physician-assisted suicide is the inability to create safeguards or contain assisted suicide to any boundaries. Since legalizing assisted suicide, Oregonians have seen first-hand what really happens. When physician-assisted suicide is legalized, Oregonians have found out that safeguards don't work.

A shroud of secrecy encompasses the reporting process of assisted suicide. The Oregon Department of Health's annual report publishes raw statistics and no inquiry is held to verify even the most rudimentary of figures. No oversight exists to insure patients are safeguarded from negligence or abuses of the law. However publicized assisted suicide cases have proven:

- "Doctor shopping" is common. A network of assisted suicide proponents insure that patients will receive assisted suicide, even when their family doctor knows their desire for death could be alleviated.[4]
- Familial pressure is applied on patients to commit assisted suicide.[5]
- Patients suffering from depression and dementia are receiving physician-assisted suicide.[6]
- Once receiving a drug overdose prescription from a pro-assisted suicide doc tor, patients no longer receive concerned medical care, but instead are abandoned to die.[7]
- While some pain-relieving and life-saving medications are not paid for by Oregon's Health Plan, assisted suicide is. In rejecting payment for these medications, the Health Department informs patients about the availability of assisted suicide.[8]

A conversation with Dr. Charles Bentz…

A. What did you think about assisted suicide when Oregon's law was first passed?

A. I voted against physician assisted suicide and I was very surprised when the law passed in 1994 (Measure 16). I could not believe that people would allow doctors to intentionally cause death by giving out lethal medications.

A. What was your initial response to this law?

A. I worked in the campaign to repeal the law (Measure 51) but when this failed, my next response was to work on educating doctors and other health care providers about improving end-of-life care, and I was the program chair of the first statewide conference for physicians on improving end of life care in 1997.

A. Have you continued to oppose the law?

A. Absolutely. Today I am very opposed to the law, and am, in fact, the President of Physicians for Compassionate Care, which represents hundreds of Oregon physicians who are opposed to assisted suicide. We believe in the original Hippocratic Oath, which first says a physician should "do no harm" to his patient…..and specifically that we will not write lethal prescriptions or counsel others to do so.

A. Why are you so opposed to this law?

A. Let me tell you about a patient of mine. I was the primary care physician for an elderly gentleman, in whom I unfortunately made a diagnosis of cancer (melanoma) and referred him to an oncologist. He eventually asked this oncologist to give him physician-assisted suicide, and this physician called and asked me to provide the "second opinion" (as required by Oregon's assisted suicide law).

I told my colleague that I objected and that I would not participate. My concerns were ignored and two weeks later my patient was dead from an overdose of barbiturates prescribed by this medical oncologist. I later found out that a different physician had recently documented that my patient was depressed. Upon learning this, I wondered what else could have been done. If his oncologist had addressed his suicidal ideation, or if I had intervened, things might have turned out differently.

Instead of helping my patient, this once-trusted colleague decided he was "better off dead" and became an accomplice in his suicide. This is the real tragedy of assisted suicide in Oregon. Instead of doing the right thing, which is to provide excellent care, my patient's life was cut short by a physician who did not address the issues underlying his suicidality. Many who are opposed to assisted suicide, are on the sidelines, as I was in this case.

This is a change in the direction of our profession, which has followed the principle of "Do No Harm" for over 2400 years. I have decided to work against this insidious practice and I am joined by many others.

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"Those promoting assisted suicide promised Oregon voters that it would be used only for extreme pain and suffering. Yet there has been no documented case of assisted suicide being used for untreatable pain. Instead, patients are being given lethal overdoses because of psychological and social concerns, especially fears that they may no longer be valued as people or may be a burden to their families."

—Dr. Greg Hamilton, Portland psychiatrist.

[1] Ganzini et al: Journal of General Internal Medicine (J Gen Intern Med) 2008 Feb; 23(2):154-7
[2] Institute of Medicine. Reducing Suicide: A National Imperative. Washington, DC: National Academies Press 2002:99
[3] Tenth Annual Report on Oregon's Death with Dignity Act, Oregon Department of Human Services; Office of Disease Prevention and Epidemiology, April 2008.
[4] Erin Hoover Barnett, "Is Mom Capable of Choosing to Die?" The Oregonian, October 17, 1999, G2.
[5] Ibid.
[6] Erin Hoover and Gail Kinsey Hill, Two Die Using Suicide Law, The Oregonian, March 26, 1998, A1.
[7] American Journal of Psychiatry, volume 162, June 2005 Competing Paradigms of Response to Assisted Suicide Requests in Oregon.
[8] Eugene Register Guard, June 11, 2008 "A Gift of Treatment".

For further information visit
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www.pccef.org
www.ortl.org/endoflife

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