

August 8, 2017

Elliott Crigger, Executive Director  
AMA Council on Ethical and Judicial Affairs

Dear Elliott Crigger,

I am a practicing physician and Emeritus professor in Oregon where I have lived and worked for the past 32 years—both before and after the legalization of physician assisted suicide (PAS). I understand you are asking to receive comments on the physician-assisted suicide debate on behalf of the CEJA of the AMA. I strongly urge the CEJA members not to change the long-standing position of the AMA in opposition to assisted suicide.

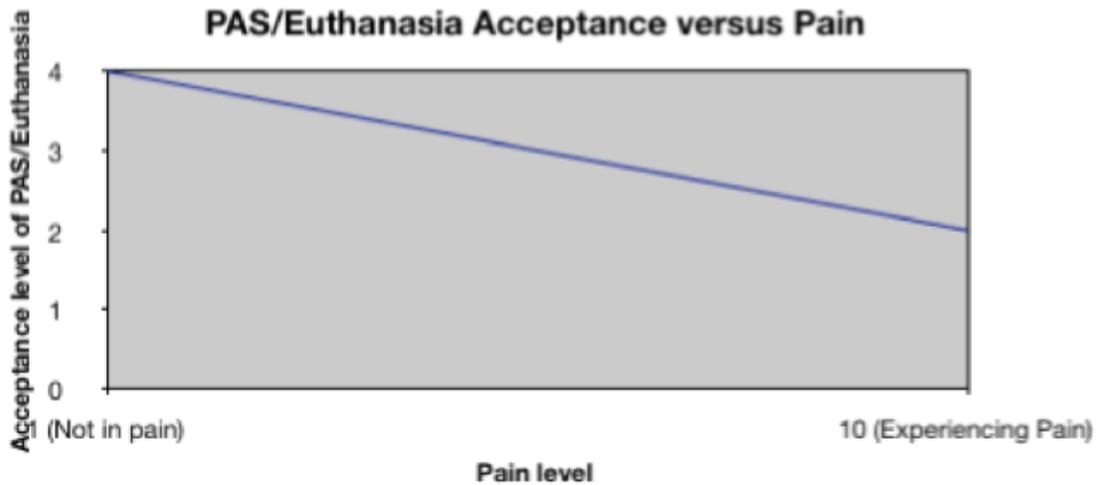
There are at least 10 myths associated with the promotion and practice of assisted suicide:

**Myth #1: Needed for pain**

- Seldom is the reason for PAS
- In reality, it is the “fear” of pain
- Virtually all pain can be controlled with modern approaches
  - Morphine
  - Nerve block
  - Radiation
  - Palliative surgery
  - Radiation
  - Sedation

**Myth #1: Needed for pain (continued)**

- Inverse relationship of desire and pain itself



Patients in more pain were significantly less likely to find euthanasia and PAS acceptable Lancet 1996:347: 1805-1015

**Oregon PAS End of life Concerns\***

	n=1127 (%)
<b>1. Losing autonomy (“Dignity”)</b>	<b>1,025 (91.4%)</b>
<b>2. Decrease in activities that make life enjoyable</b>	<b>1,007 (89.7%)</b>
<b>3. Loss of dignity</b>	<b>767 (77%)</b>
<b>4. Losing bodily functions</b>	<b>524 (46.8%)</b>
<b>5. Burden</b>	<b>473 (42.2%)</b>
<b>6. Inadequate pain control**</b>	<b>296 (26.4%)</b>
<b>7. Financial</b>	<b>38.4 (3.4%)</b>

\*OHD, Public Health Division, Center for Health Statistics  
February 10, 2017

\*\*Although this issue was discussed with the doctor, these individuals were not necessarily experiencing pain

## **Myth #2 PAS—no problems in Oregon.**

- Reporting system inherently flawed
- Doctor **NOT** present **86%** of the time\*
- Reports 2<sup>nd</sup> and 3<sup>rd</sup> hand
- **Never** any investigation by OHD or government
- OHD **NOT** authorized or funded to investigate\*\*  
\*OHD, Public Health Division, Center for Health Statistics  
February 10, 2017  
\*\*OHD news release. March 4, 2005
- Is any procedure without problems?
- All reports by the relatively small number of doctors (<2%) who have agreed to participate in (or who actively promote) PAS
- 48% (543/1127) of reports indicate “unknown” as to any complications\*
- Records are actively destroyed by the OHD in the name of “privacy”
- Thus, we really don't know about complications

\*OHD, Public Health Division, Center for Health Statistics  
February 10, 2017

## **Myth #3—PAS only for <6 months to live**

- No “crystal ball” courses in medical school
- Prognosis and even diagnoses can be wrong
- 6 months entirely arbitrary—why not 12 months? Why not 6 years?
- Already a push in Oregon to double eligibility time
- Netherlands—criteria will include having “a completed life”
- Essentially **anyone eligible—anytime for any reason**

## **Myth #4—there are no abuses**

- Already had nurse-assisted suicide
- A “caretaker” stole \$90,000 and a home after “assisting” the person she was “caring for.”
- There are no witnesses
- The ultimate elder abuse
- **Never** any investigation by the state

#### **Myth #4—there are no abuses (continued)**

- There is suicide “tourism” to Oregon
  - Brittany Maynard
  - Many others
- Doctor shopping for the “right” answer—death\*

\*Kate Cheney and daughter, Erika, *The Oregonian*. Oct 17, 1999

#### **Myth #5—Death is “Dignified”**

- If suicide by overdose is dignified, are those who die naturally “undignified?”
- Taking a massive overdose of sleeping pills can cause problems
  - Nausea and vomiting
  - Prolonged dying (agonal breathing) potentially over days
- Death doesn’t always occur—David Pruitt woke 67 hours later
- Suicide parties reflect apathy about the person taking the overdose\*

\*Lovelle Svart, *The Oregonian*. 9/28/2007

#### **Myth #6—PAS improves end of life care**

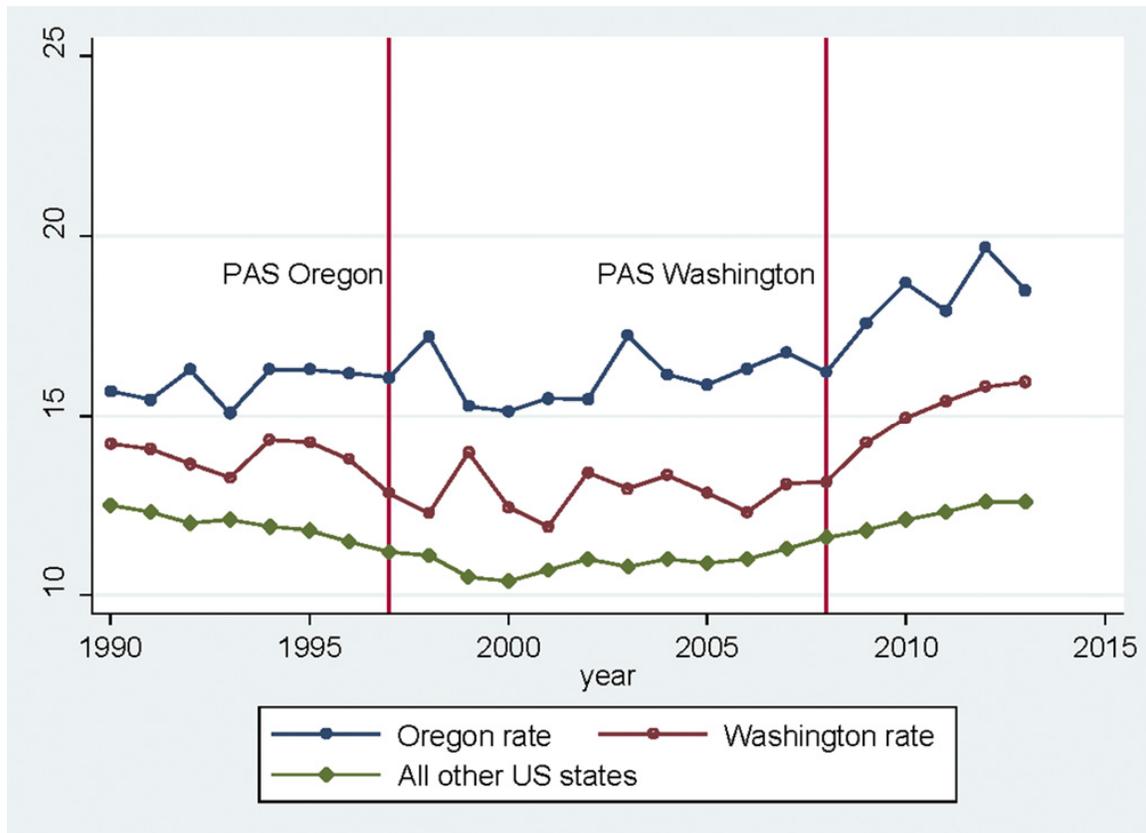
- Perception of pain control by surviving family members worse after passage of assisted suicide\*
- High usage of opioids before passage of PAS and high usage after\*\*
- Palliative care improved in states that specifically passed laws outlawing assisted suicide\*\*
- In fact, some other states prohibiting PAS have higher per capita usage rates of opioids\*\*

\*E. Fromme *et al.*, “Increased Family Reports of Pain or Distress in Dying Oregonians: 1996 to 2002,” *Journal of Palliative Medicine* 7 (2004): 431-42 at 437, 439.

\*\**On Point*. Doerflinger Lozier Institute, <http://lozierinstitute.org/the-effect-of-legalizing-assisted-suicide-on-palliative-care-and-suicide-rates/>

## Myth #7—Expands patient choice

- Patients have the right to take their life now
- Suicide is not illegal
- 43,000+ **non-assisted** suicide annually in the US
- Oregon is among the highest rates (top ten) AND **increasing\***.



\*Jones A, Paton D. Southern Med J;2015 108(10):599-604.

- In truth, empowers doctors to assist suicides
- Patients already have the right to refuse treatment
- The real problem is **accessing** care
- Patients who desire care have been denied care (while offered 100% coverage for PAS)—Barbara Wagner and others\*\*

\*Jones A, Paton D. Southern Med J;2015 108(10):599-604.

\*\**Eugene Register-Guard* June 3, 2008

### **Myth #8—PAS—patients are screened for depression/mental illness**

- Doctors often don't recognize depression
- Some doctors believe “depression” is normal
- Of patients given prescriptions to kill themselves:
  - 25% were depressed
  - 23% had anxiety disorder.
  - **None** were detected by the doctors giving them overdoses.\*
- Overall, only 5% referred for psychiatric evaluation\*\*

\*Ganzini L et al. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2562435/>

\*\*OHD, Public Health Division, Center for Health Statistics; 2February 10, 2017

### **Myth #9—PAS involves doctors who know the patient well**

- One doctor wrote for 25 prescriptions last year alone—clearly not all his/her patients\*
- Average length of time with prescribing doctor—13 weeks (and falling)
- Already a drive-in “death with dignity” clinic in San Francisco California\*\*

\*OHD, Public Health Division, Center for Health Statistics, February 10, 2017

\*\*Dr. Lonny Shavelson <https://www.bioedge.org/bioethics/california-doctor-opens-end-of-life-clinic/11914>

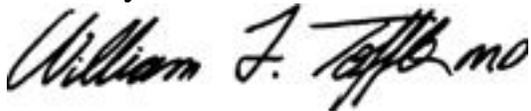
### **Myth #10—PAS is the solution to suffering**

- Rather...the solution is **Care not Killing**
- If a person ...
  - is in physical pain—**treat the source** of the pain
  - is lonely—**provide companionship**
  - doesn't value their lives—**work to reflect their inherent value**—just as we do others who aren't labeled “terminal”
  - is fearful—**address their fears**

I very much appreciate the opportunity to provide this information to the Council members. I urge each Council member to support the longstanding AMA position that opposes Physician Assisted Suicide. The solution to suffering should not be to end the life the sufferer.

Please do not hesitate to contact me if I can provide any further information or documentation for your deliberations. Thank you.

Sincerely,

A handwritten signature in black ink that reads "William L. Toffler MD". The signature is written in a cursive, flowing style.

William L Toffler MD  
Professor emeritus, Oregon Health & Science University  
National Director, Physicians for Compassionate Care  
1010 SW Cheltenham St  
Portland, OR 97239-2607

Cell: 503-810-2034