Statement in support of the CEJA report on physician-assisted suicide.

I write in support of the CEJA report on physician-assisted suicide. I, and most of my fellow physicians in Oregon, are either opposed to or do not participate in assisted suicide. There are over 15,000 licensed physicians actively practicing in Oregon and only about 200 have engaged in this problematic paradigm.

There is much mythology about assisted suicide—ten are listed below:

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
- Inverse relationship of desire and actual pain itself

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

Pain is not among the top concerns* related to requests...

Oregon PAS deaths n=1275 (%)*
1. Losing autonomy (“Dignity”) 1,154 (90.9%)
2. Decrease in activities that make life enjoyable 1,137 (89.5%)
3. Loss of dignity 865 (75.7%)
4. Losing bodily functions 379 (45.7%)
5. Burden 554 (43.7%)
6. Inadequate pain control** 327 (25.8%)
7. Financial 47 (3.7%)   

*OHD, Public Health Division, Center for Health Statistics February 9, 2018 **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 84% of the time when deadly dose is ingested—even fewer when death occurs*
- Reports 2nd and 3rd hand; half 50.4% (638/1264) don’t provide ANY information about complications. *
- Never any investigation by OHD or government
- OHD NOT authorized or funded to investigate**

*OHD, Public Health Division, Center for Health Statistics; February 9, 2018; **OHD news release. March 4, 2005

- Is any procedure without problems?
- All reports by the relatively small number of doctors (<1.5%) who have agreed to participate in (or who actively promote) PAS
- 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 9, 2018

Myth #3—PAS only for <6 months to live
- No “crystal ball” courses in medical school
- Prognosis and even diagnoses can be wrong; some patients have lived over 2 years after a doctor gave deadly overdose to them
- 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—potential for the ultimate elder abuse
- Never any investigation by the state
- There is suicide “tourism” to Oregon—e.g. Brittany Maynard
- 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 occur among PAS patients documented in annual reports by Oregon Health Division
  - 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*


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**


Myth #7—Expands patient choice
- Patients have the right to take their life now
- Suicide is not illegal
- >70,000+ non-assisted suicide annually in the US
- Oregon is among the highest rates (top ten) AND increasing*. Non-assisted suicide rates—Oregon, Washington, & all other

- 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**

**Eugene Register-Guard June 3, 2008

Myth #8—PAS—patients are screened for depression/mental illness
- Doctors often don’t recognize depression
- Some doctors actually believe “depression” is normal—shouldn't be a barrier to assisted suicide
- 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**

In summary, I urge each reference committee member and each delegate to support the longstanding AMA (and the recently affirmed position of the American College of Physicians) opposing Physician Assisted Suicide. The solution to suffering should not be to end the life the sufferer. I am speaking for myself and for all members of Physicians for Compassionate Care—an organization dedicated to enhancing end-of-life care while maintaining an ethic that all human life is inherently valuable.

William L Toffler MD, National Director, Physicians for Compassionate Care