

Debating Assisted Suicide

Christian Life Resources
Clearly Caring 2003 Convention
10/18/2003

Kenneth R. Stevens, Jr., M.D.

President

Physicians for Compassionate Care

Portland, Oregon

Kenneth R. Stevens, Jr., M.D.

- M.D. Degree U of Utah 1966
- Residency Radiation Oncology Oregon
- Oregon Health & Science University
Professor and Chair
Radiation Oncology Department
- Physicians for Compassionate Care
Founding Member – 1995

*Physicians for Compassionate Care
Education Foundation*

P.O. Box 6042

Portland, Oregon 97228

(503) 533-8154 Fax (503) 533-0429

www.pccef.org

Affirming an ethic that all human life is inherently valuable

PCC Education Foundation

- Members affirm an ethic based on the principle that all human life is inherently valuable, and that
- Physicians' roles are to heal illness, alleviate suffering, and provide comfort for the sick and dying.
- We work to ensure appropriate care for our patients, to speak out for the inherent value of human life, and to uphold the time-honored values of our profession.

PCCEF encourages physicians to:

- Heal the patient.
- Enhance support for patients who cannot be healed.
- Avoid unnecessary therapies that will unduly prolong the dying process.
- Educate health professionals and the public about the dangers of physician-assisted suicide and euthanasia, realizing that they are fundamentally incompatible with our role as healer.

PCCEF encourages physicians to:

- Encourage state of the art care for dying patients, including optimal pain management and the recognition and treatment of depression.
- Update health professionals on current pain management technology and palliative care for clinical use to help confront the challenges of serious, chronic, and terminal illness with honesty, caring and commitment.
- Collaborate with other organizations to promote our mission.

For 2400 years, physicians have withstood the allure of promoting death. We have cared for the weak and outcast when others have turned away.

Today's pressures include economic ones; such forces may compromise patient care and promote assistance in suicide.

We reject assisted suicide and euthanasia and their inherent conflict of interest for the patients' well being. Rather, we choose to be bearers of hope and sources of strength, and will attend to our patients' needs until the natural end of life.

Understand the role of physicians and others in caring for the seriously ill

- Consistent ethical traditions: healing & comfort.
- Use all knowledge, skills and compassion in caring for and supporting the patient.
- Medicine and physicians are not to intentionally cause death.
- The patient-physician trusting relationship is the most important asset of physicians and is for the protection of patients.

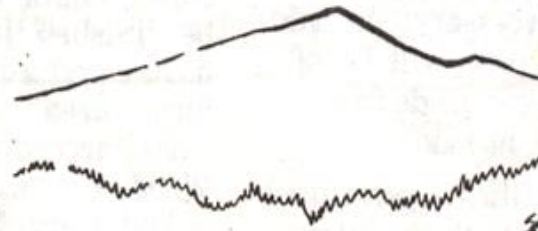
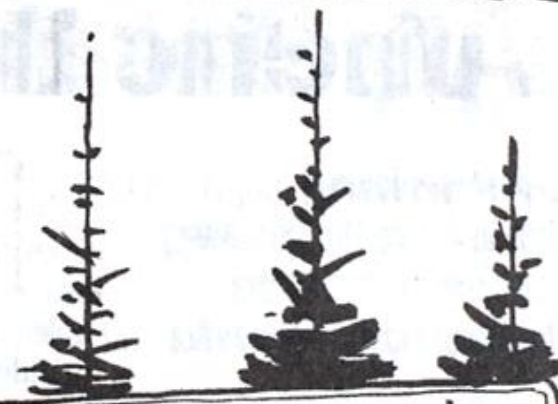
Physicians have the duty to safeguard human life, especially life of the most vulnerable: the sick, elderly, disabled, poor, ethnic minorities, and those whom society may consider the most unproductive and burdensome.

In the United States, it is a very
serious major crime to
assist another person in their
suicide;
unless you are a **physician** in
Oregon and assisting a **terminal**
patient to commit suicide.

I THINK THAT SIGN
MAY MAKE PEOPLE FEEL
TOO UNWELCOME, LIM...



Welcome To
OREGON
"MAY WE ASSIST YOU
WITH YOUR SUICIDE?"



The proponents of Physician-assisted Suicide (PAS), *Death with Dignity* –(*DWD*) in the U.S. want to change that criminal-designation, They desire that Physician-assisted Suicide be legal in the entire United States.

DWD efforts are very persistent in working to change our national/state laws for that purpose.

The DWD focus is to give doctors
the legal right to kill patients

Their focus is not on comfort care.

Their focus is not on pain management.

Their focus is not on palliative care.

Their focus is to make PAS legal.

The legalization of PAS does not give any new rights to patients.

It's purpose is to legally protect doctors who write prescriptions for lethal drugs.

Legalization of PAS takes away from terminally ill patients, the protection against doctors who order their death by a prescription for lethal drugs.

This is a battle and war for the safety & welfare of vulnerable and seriously ill people.

We need to understand the battle field.

Definitions

- Physician-assisted Suicide: patient self-administers the lethal dose that has been prescribed by a physician.
- Euthanasia: active causation of death of patient by a physician, by lethal injection or other means.
- Voluntary Euthanasia: patient consents to and is aware of the euthanasia.
- Involuntary Euthanasia: patient is unaware of, and may be opposed to, the euthanasia.

Euphemisms for PAS

“A euphemism is a substitution of a mild or indirect expression for one thought to be offensive or blunt.”

- Hastening death
- Death with Dignity DWD
- Comfort Death
- Aid in Dying
- Act of Self-determination

Understand the
Strategies, Methods &
Message of the
DWD Movement

Strategies & Methods of Pro-PAS & Euthanasia Movement

- Use Euphemisms to mask & distort the truth, and cloud the issues.
- Neutralize the medical and other health professions regarding PAS and euthanasia.

Strategies & Methods of Pro-PAS and Euthanasia Movement

- Influence the public by fostering fear of dying, suffering, pain and medical technology.
- Influence the public by exploiting self-determination and limitless autonomy.
- Influence the public and professions by falsely saying that PAS is in the public good.

Fostering Fear of pain, suffering and disabilities

I don't want:

- Painful and protracted death/dying
- Disabilities
- To be on life-support
- To be in a nursing home
- To run out of money & resources
- Loss of control, self-image
- To be alone
- To be a burden to family & friends

Exploiting Self-Determination & Autonomy

I want:

- Control of my life and death
- To keep my self-image
- To have the right to die
- I want to die when I am tired of living
- Religionists to stay out of my life and death

"It is my body, I want to choose when & how I will die."

Falsifying Public-Good

- The PAS law in Oregon has resulted in improved end-of-life care in the nation.
- There are safeguards in PAS laws.
- There is only good and no danger from PAS.
- There are economic benefits from PAS.

*This last statement is true and
very dangerous.*

How do those who value human life and compassionate care defend society against the PAS & euthanasia movement?

- Know and speak the truth with clarity.
- Do not fear.
- Join with & support organizations which support quality end-of-life care and oppose PAS.

What is physician-assisted suicide?

- A doctor writes a prescription for lethal drugs (barbiturates/sleeping pills) to be taken by a patient.

In Oregon and The Netherlands morphine-like drugs are not used.

- A prescription is a written order or directive to the patient.
- PAS is really doctor-ordered, doctor-prescribed, or doctor-directed suicide.

When a doctor writes a prescription for PAS, the message is:

- Your life is not worth living.
- You are better off dead.
- I don't value you or your life.
- I want you dead.
- I order you to die.
- I direct you to die.

It destroys trust between patient and physician.

“You will never get accustomed
to killing somebody.”

Writing a lethal prescription is like
“giving a patient a loaded gun and
just asking them not to shoot before
you leave the house.”

*Pieter Admiraal, M.D. leader of The Netherlands’
euthanasia movement
American Medical News 9/15/1997*

“Now, assisted suicide---that could be a growth area for us.”



“Now, assisted suicide—that could be a growth area for us.”

catapulted him there. Dostoyevsky's first novel, “Poor Folk”—inspired by the social realism of Balzac, Victor Hugo, and George Sand, and published in 1846—was just the sort of fiction Belinsky was eager to promote. “Think of it,” he cried, “it's the first attempt at a social novel we've had.” He instantly proclaimed the new writer a genius, and admitted him, at twenty-four, into Petersburg's most coveted intellectual circle, Belinsky's own *pléiade*. The talk was socialist and fervent, touching on truth and justice, science and atheism, and, most heatedly, on the freeing of the serfs.

Success went to Dostoyevsky's head. “Everywhere an unbelievable esteem, a passionate curiosity about me,” he bragged to his brother. “Everyone con-

“Even the most humane and conscientious physicians psychologically need protection against themselves and their weakness and arrogance, if they are to care fully for those who entrust themselves to them.”

Leon Kass

“A physician-friend who worked for many years in a hospice, caring for dying patients explained it to me most convincingly:”

Leon Kass

“Only because I knew that I could not and would not kill my patients was I able to enter most fully and intimately into caring for them as they lay dying.”

- *Leon Kass, "I will give no deadly drug": Why Doctors must not kill, in The Case Against Assisted Suicide, For the Right to End-of-Life Care, Ed. Foley & Hendin, Johns Hopkins Press, 2002, page 30*

Dr. Peter Reagan who wrote of his experience in assisting his patient "Helen" with her suicide, said that his patient's steadfast desire to cut short her days was disquieting. Having success defined as her ability to take her own life was strange.

If he were dying, "I made a commitment that I wouldn't ask my own doctor to help in this way, because it's a lot to ask."

(Lancet 353:1265-67, 4/10/1999)

(The Oregonian 11/14/2001)

Pro-life Compassionate Caring Arguments regarding Life-support technology

- There is a constitutional right to consent to and refuse medical treatment.
- You cannot be forced to be on a life-support machine.
- Stopping life-support is very different than physician-assisted suicide.
- Being on or off life-support has nothing to do with physician-assisted suicide.

Pro-Life Compassionate Caring Arguments regarding Pain

- We should focus on killing the pain and not the patient. We need to improve the care of patients, not kill them.
- Uncontrolled pain in the terminally ill rarely occurs.
- In Oregon only a very small minority of patients dying of Physician-assisted Suicide chose it because of fear of pain in the future. This was not because they were having pain.
- There is an inverse relationship between cancer patients experience with pain and their favoring PAS.
- The general public is more in favor of PAS than are those who have painful cancer.

The message that proponents of PAS are giving to the public and to patients, is that doctors can do a better job of killing patients than they can of caring for their medical needs.

Patients worry that doctor would be attorney, judge, jury and executioner.

What about tragic cases of individual suffering

Oliver Wendell Holmes:

“Hard cases make bad law.”

“Hard individual situations make bad public policy”

Cohn & Lynn, Vulnerable people: Practical rejoinders to claims in favor of assisted suicide, in The Case Against Assisted Suicide, Johns Hopkins Press, 2002, page 260

If intolerable suffering were the reason for physician-assisted suicide, then why is PAS not successfully promoted in areas of the world where there really is such intolerable suffering?

Why is PAS only successfully promoted in affluent societies?

The DWD Movement have acknowledged that physical pain and suffering are not the main argument for PAS.

They propose other arguments.

People with disabilities fear PAS

- Disability Rights advocates are appalled at the negative PAS message regarding seriously ill people with disabilities.
- PAS advocates de-value those who are disabled by playing on the “horror of dependency”.
- The disabled fear they may be the next targets of PAS.
- DWD = Down with Dependency/Disability

Depression

- Depression is the leading cause of suicide.
- There is a direct relationship between depression and favoring Physician-assisted Suicide.
- Depression needs to be diagnosed and properly treated with counseling and medications.
- Depression is not a contraindication to PAS in Oregon, a person requesting it just has to “be capable”.

Pro-life Compassionate Caring Arguments regarding Money, Resources, Burden

- There are financial reasons why HMOs or state medicaid programs may promote cheaper PAS, rather than have prolonged cost of caring for a patient with chronic disease.
- There is concern that vulnerable people with limited-resources may feel that PAS is their only choice.
- An individual with an 11-yr history of chronic pain called an Oregon doctor in April, 2003, requesting PAS because of his frustration with recent cutbacks in his medical care in Oregon.
- Oregon is in a significant economic crisis. It leads the nation in unemployment and hunger.

Oregon's Economic & Medical Crisis

- Oregon leads the nation in unemployment and hunger.
- Wall Street Journal 8/2003: "Oregon's economy is worst in the nation."
- Because of rising costs, including liability costs, one half of Oregon physicians are not accepting Oregon Health Plan patients.

It is dangerous to be poor and sick in Oregon in 2003 9/27/03

September 27, 2003

Poverty's grip tightens in Oregon

More residents fall into the category as the state's rate stays at 11.3 percent, but jobless benefits are ending for thousands

By **LAURA GUNDERSON**
THE OREGONIAN

Life below the poverty line revolves around rent vouchers, waiting lists and donated boxes full of foods that don't need to be cooked.

From 2001 to 2002, 395,000 Oregonians lived that experience, the U.S. Census Bureau reported Friday. Although

the state's number of poor increased by 5,000, Oregon's poverty rate hovered at 11.3 percent for a second year.

In the same period, Oregon families struggled through a recession with less money to spend. They watched their median income drop by \$1,289, or 3 percent, to an inflation-adjusted \$41,866. That dipped the state below the national median of \$42,654 for 2001-02.

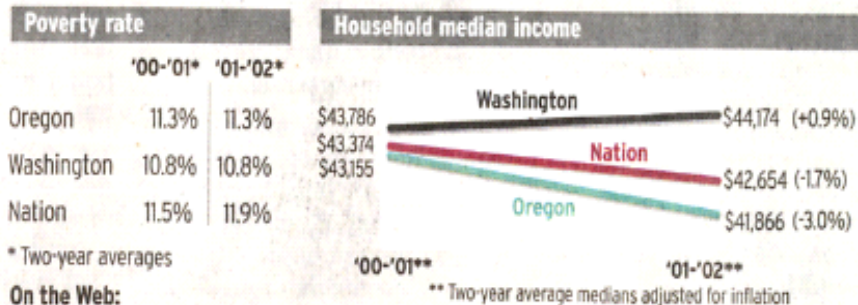
And many say it is likely to get worse for those without jobs.

Today, 11,000 Oregonians lose the emergency unemployment benefits that helped them scrape by for more

Please see **POVERTY**, Page A7

SNAPSHOT OF POVERTY, INCOME

The U.S. Census Bureau on Friday released data on poverty and household median income in Oregon and the nation.



On the Web:

Census report on poverty rate: www.census.gov/prod/2003pubs/p60-222.pdf

Census report on household median income: www.census.gov/prod/2003pubs/p60-221.pdf

Source: Census Bureau

PAT McLELLAND/THE OREGONIAN

Half of Oregon doctors in 2003 will no longer take care of Oregon Health Plan (Medicaid) patients 9/25/03

Half of doctors rejecting the poor

Oregonian
9/25/03

Physicians say in a survey they can no longer afford to take care of Oregon Health Plan patients

By **DON COLBURN**
THE OREGONIAN

Rising costs and lagging payback are causing many Oregon doctors to reject low-income patients, according to a survey by the state medical association.

For doctors, the new world of medical practice means rising malpractice insurance premiums and lower reimbursement by government insurance programs such as Medicare and Medicaid.

For patients, it means a harder time finding a doctor and

Cartoon Corner



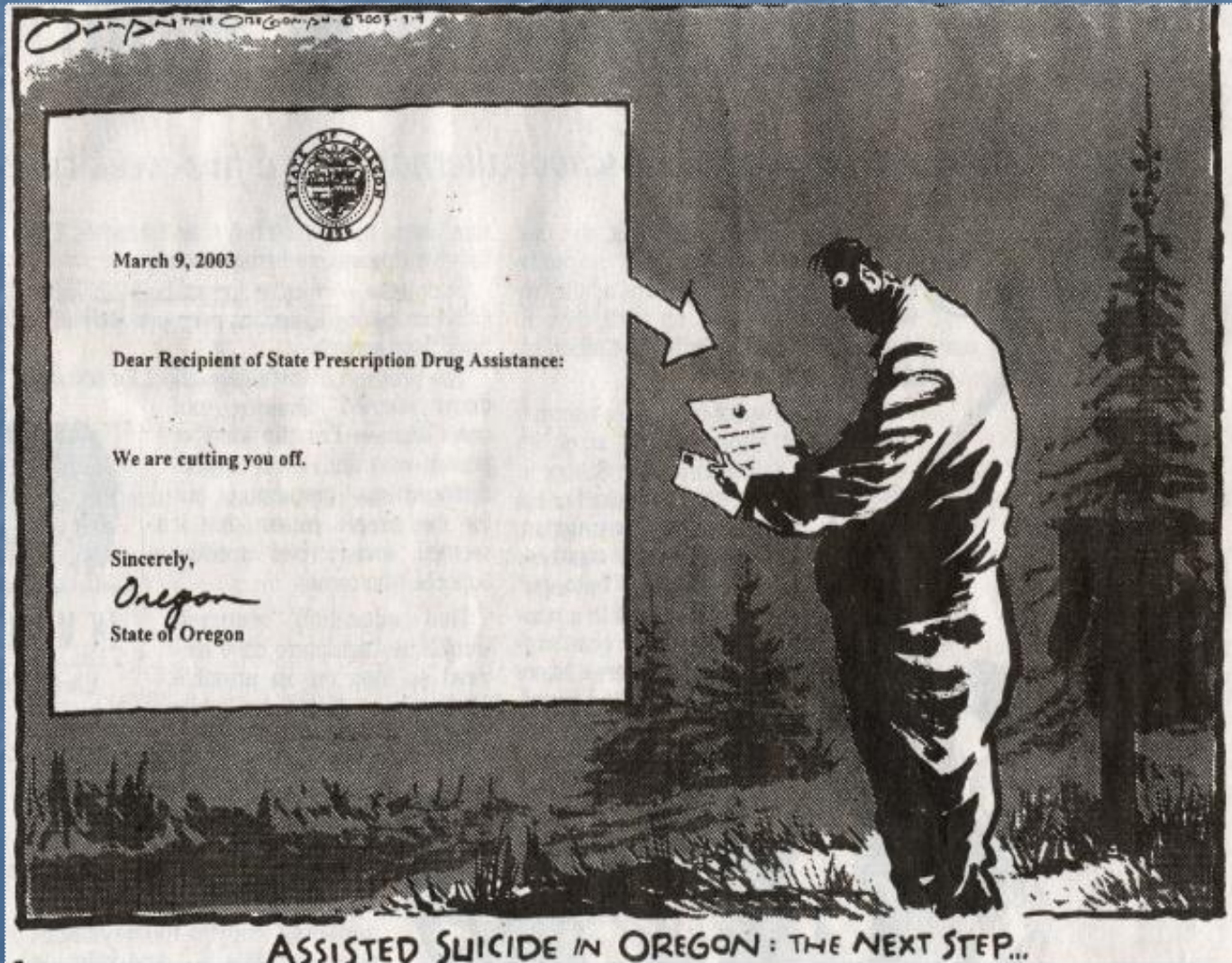
"Let me through, please—I'm a doctor who may be in his HMO!"

Because of significant budget deficits, the Oregon Health Plan in late 2002 and early 2003 stopped benefits for many Oregonians on the Oregon Health Plan (Medicaid).

This resulted in many serious medical problems and even deaths.

Oregon Health Plan Cuts off Drug Benefits to many Oregonians

3/9/03



Oregon cuts financial aid for medication for poor, including those mentally ill.

3/7/03

FRIDAY

March 7, 2003

PORTLAND, OREGON

State looks at suicide of patient, loss of drug aid

Officials want to know whether the man's death at a Salem Hospital unit is linked to the end of a medication benefits program

By MICHELLE ROBERTS
and LES ZAITZ
THE OREGONIAN

METRO/NORTHWEST

State prescription program cut

"We did not find (the gun) upon his initial admission. He was not searched when he re-entered the building because he had been with staff the entire time."

TIM MURPHY,

ADMINISTRATIVE DIRECTOR OF PSYCHIATRIC SERVICES, SALEM HOSPITAL

said. "He was not searched when he re-entered the building because he had been with staff the entire time."

The hospital refused to identify the social worker who had accom-

panied Shay to his car.

No staff members were disciplined after Wednesday's shooting, but additional security measures are likely once internal and state investigations are completed,

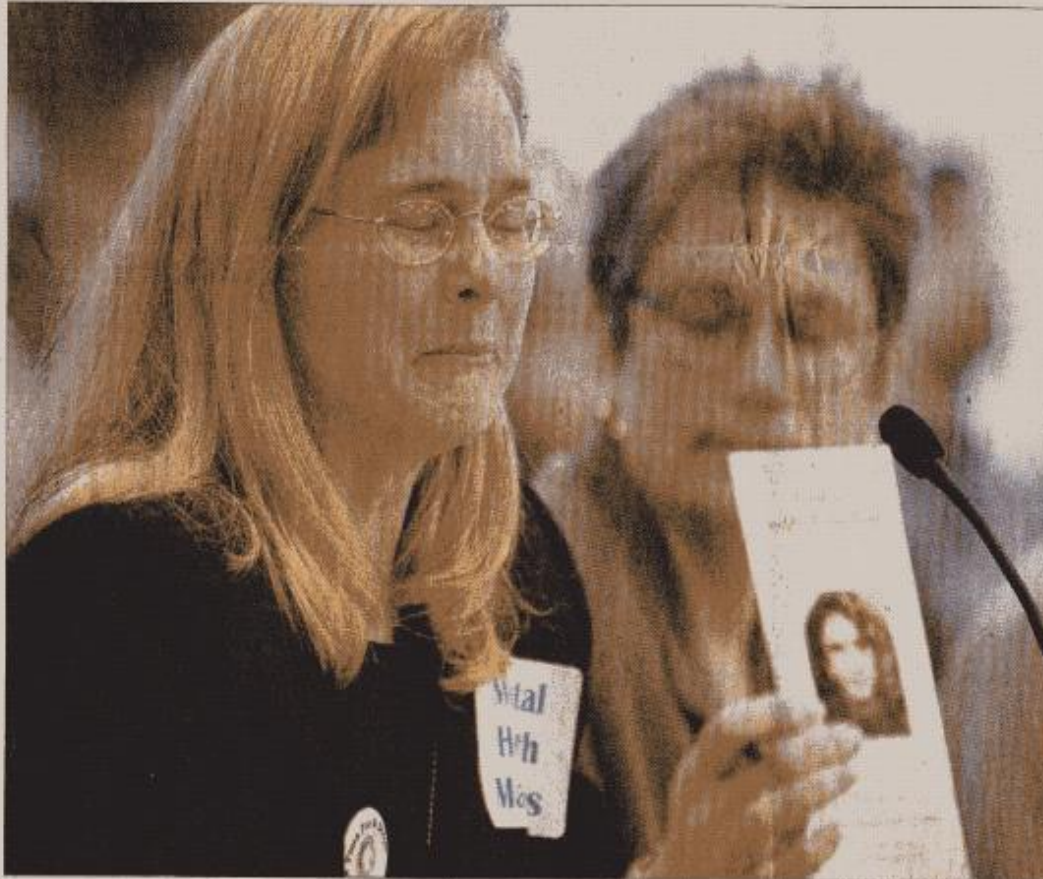
Bennington-Davis said.

The hospital is evaluating its security procedures. For the time being, there will be no escorted trips away from the psychiatric unit, officials said.

Shay's death is the second suicide since the psychiatric center opened in 1988. Four years ago, a patient hanged himself.

Michelle Roberts: 503-294-5041;
michelleroberts@news.oregonian.com
Les Zaitz: 503-221-8181;
leszaitz@news.oregonian.com

LIFE, INTERRUPTED



Sharon Bemis holds up a photo of her daughter, Farrah Russell, as she testifies last month in the Oregon Capitol before lawmakers considering the mental health services budget. The 22-year-old committed suicide in February after losing the state assistance that paid her rent. MARY BONDAROWICZ/THE OREGONIAN

'This notice is about an important change,' the letter from the state began. A few weeks later, Farrah was dead.

By MICHELLE ROBERTS
THE OREGONIAN

On New Year's Day, Farrah Russell peered into a video camera. "I made this sorry tape about how I wanted to commit suicide," she said, adjusting the lens to meet her eyes. "I'm recording over it now."

At age 22, she'd endured schizophrenia for more than three years and had considered taking her life more than once, if only to quiet the voices in her head.

But on this gray January day, she embraced the future.

Farrah had found an apartment she could afford on the \$314 a month she received from the state. It was to be a new beginning, so she labeled the videotape "Farrah's Plans for a Better Life."

And then came a tersely worded letter from the state.

"This notice is about an important change," said the computer-generated form letter that arrived six days after Farrah moved out of her parents' home and into her own apartment. "The program which allows you to get a cash payment and medical card each month is ending. ... The state no longer has the funding to provide this program. It will end on Jan. 31, 2003."

Farrah was terrified but put her hope in Measure 28, a temporary income tax increase she thought could save the program. But voters overwhelmingly rejected the measure on Jan. 28, and the money Farrah needed to pay her February rent never arrived.

On Feb. 5, the manager of Farrah's apartment building says her a



In 2002 (top), Farrah Russell videotaped herself reading a suicide letter. On New Year's Day 2003 (above), she tried to record over the suicide message and talk about the future and what life would be like in her new apartment.

"This notice is about an important change," 2003

LEFT OUT IN THE COLD

State cuts decimate mental health agencies and strip clients of medication and housing

By **MICHELLE ROBERTS**
THE OREGONIAN

Someone broke into his car again.
He might lose his job any day.

And his first client of the day — a severely mentally ill woman two hours away from being evicted — is wailing through Michael Sloan's speaker phone.

"What am I supposed to do?" she pleads.

Sloan, a 32-year-old "housing specialist" for Cascadia Behavioral Healthcare, the largest publicly funded provider of mental health services to low-income Multnomah County residents, has spent the past year being a bridge between policy-makers and the mentally ill.

But now, as dozens of his clients face the consequences of crippling budget cuts and the prospect of unemployment, Sloan has found that being a bridge can



Donna Madden, 46, who suffers from schizophrenia, cries when learning that mental health worker Michael Sloan may be laid off. "I'll take care of you before I leave," promised Sloan, a housing outreach worker for Cascadia Behavioral Healthcare.

break your back.

"We've got lives in our hands," he says on a recent Monday marked by a procession of frantic clients and phone calls to his Southeast Portland office. "And I'm scared."

Falling tax revenue has squeezed \$140 million out of the Department of Human Services budget since the last legislative session.

Mental health agencies across the state have laid off hundreds of workers and helped prepare thousands of clients for the fact they are no longer eligible for the services they need to survive outside of psychiatric hospitals.

Most of the state's 71,000 community mental health clients have been touched by the cuts. The impacts range from losing their antipsychotic medications to be-

Please see **CUTS**, Page A12

Feb. 23, 2003

“Lapses in Oregon’s mental health system have contributed to at least 94 deaths in 3 ½ years.” 12/29/2002



Oregon cuts medication benefits for poor, including anti-seizure 3/9/03

TO

Oregonian March 9 2003

Teens shot: Police are investigating whether the shootings of three teenagers on Friday might be linked to increased gang activity. **Page B3**

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◆ **WEATHER**, B8

MANAGING EDITOR/NEWS: THERESE BOTTOMLY ◆ 503-221-8434

Man's crisis follows state's

Douglas K. Schmidt, 36, suffered a massive seizure eight days after he ran out of his medication due to Oregon's cuts in benefits

By **PATRICK O'NEILL**
THE OREGONIAN

A disabled Portland man is unconscious and on life support at Legacy Good Samaritan Hospital & Medical Center after losing state pharmaceutical benefits for low-income people.

Douglas K. Schmidt, 36, apparently suffered a massive seizure about eight days after his supply of antiseizure medication ran out.

Family members said Saturday that Schmidt was still waiting for an application to arrive so he could get onto one of the interim prescription programs being offered as backup by pharmaceutical companies.

Oregon's budgetary problems have forced the state to drop coverage for some people on the Oregon Health Plan, the state's health insurance program for the poor. In Schmidt's case, it was a cut in the state's medically needy program.

Jean Thorne, director of the Oregon Department of Human Services, called Schmidt's hospitalization "a tragic circumstance."

"But as we cut back the safety net,

Please see **CUTS**, Page B5



Stephanie Wight (center) discusses her brother Douglas Schmidt's coma, which possibly was caused by a seizure after his state-provided medication ran out. With her are Schmidt's mother, Sandra Wierzba, and his domestic partner, Werth Sargent.

PATRICK SULLIVAN
THE OREGONIAN

Oregon cuts anti-rejection medication benefits for organ-transplant patients 3/30/2003

Cuts split medical standards

Ill patients who may not be able to pay for post-operation drugs are being 'temped off' organ transplant waiting lists

By **DON COLBURN**
THE OREGONIAN

State budget cuts are forcing Portland hospitals toward two standards of care — insured and uninsured — for patients who need organ transplants.

Hospitals are having to remove some low-income patients from transplant waiting lists, put others on hold and keep still others from getting onto the list at all.

They're afraid of giving a scarce organ to a patient who won't be able to afford the lifelong drugs needed to keep from rejecting the transplant. Those drugs typically cost \$1,000 a month.

Transplant patients are a tiny fraction of Oregon Health Plan members, but their predicament throws into stark relief

the agonizing choices brought about by trying to cut the plan's costs.

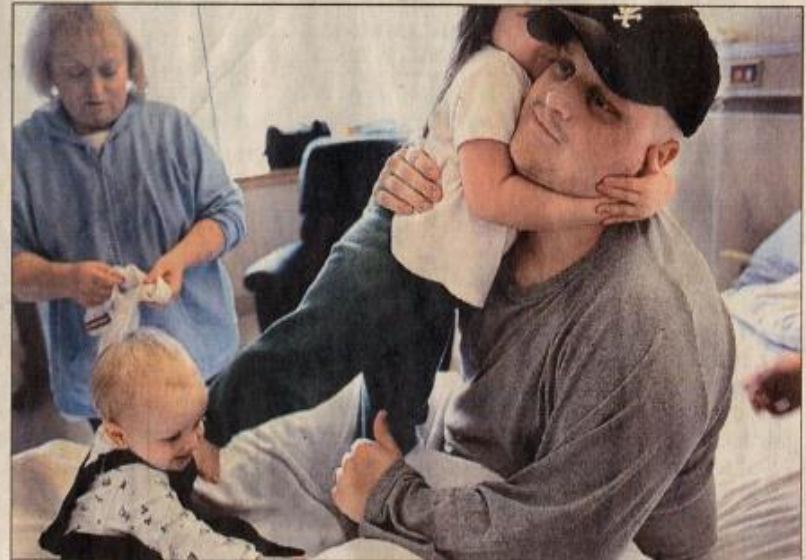
They are caught between "the success story of modern medicine and the tragedy of the budget cuts," said Dr. Susan Tolle, director of the Center for Ethics in Health Care at Oregon Health & Science University. "If they can't get their medication, they will reject their organ and they will die."

That would be doubly tragic — because the rejected organ could have gone to someone else on the waiting list, said Dr. Douglas Norman, OHSU director of transplant medicine.

OHSU doesn't plan to reduce the number of transplants, Norman said, "but those available organs are not going to go to Oregon Health Plan patients" unless the Legislature restores their drug coverage.

Transplant programs have tried to avoid a double standard for patients with life-threatening kidney disease, said John Niemitz, manager of transplant services at Legacy Good Samaritan Hospital and

Please see **HEALTH PLAN**, Page F7



STEPHANIE YAO/THE OREGONIAN

Leukemia patient Chris Cox enjoys a visit with his family, including daughter Karissa, 3, and son Elijah, 1, at OHSU Hospital. A bone marrow transplant was delayed when Cox lost his Oregon Health Plan drug coverage. Now that he and his wife, Andrea, have agreed to try to raise \$70,000 to pay for the drugs, his transplant has been rescheduled for Thursday.



**“Of course we want to make a profit.
Do you think we’re in this for our health?”**

Physician-assisted Suicide and Euthanasia can help solve the problem of rising health care costs says Derek Humphry of Hemlock Society 12/2/1998

Economics makes case for euthanasia, Derek Humphry argues

By ERIN HOOVER BARNETT

of The Oregonian staff

The physician-assisted suicide debate drew national attention this year, from attempts in Congress to cripple the practice to the airing of Dr. Jack Kevorkian's latest case on "60 Minutes."

Attempting to put the debate into historical context is Derek Humphry and Mary Clement's new book, "Freedom to Die: People, Politics and the Right to Die Movement."

The 388-page book argues that assisted suicide is, as Victor Hugo said, "an idea whose time has come."

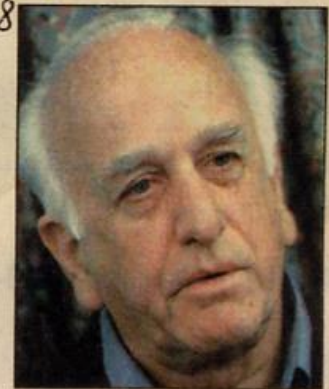
Humphry, best-selling author of "Final Exit" and a longtime advocate of assisted suicide and euthanasia, elaborated in an interview from his

home near Eugene.

Q: You argue in "Freedom to Die" that assisted suicide — where patients obtain drugs to end their own lives — and euthanasia — the intentional killing of an ailing patient, usually by lethal injection — are practical options in an era of mounting health care costs. Aren't you ratifying fears that the high cost of end-of-life care will pressure people to commit suicide?

A: We would fight against obligatory dying. We would argue against any duty to die. But from polls, we know that just over half the people in the country do want physician-assisted dying in

Please turn to
HUMPHRY, Page E4



HUMPHRY

OREGONIAN
12/2/1998

The Oregon Medicaid cost of 2 PAS deaths in 1998 was \$99.

Oregon will refund \$60 after suicides

The Associated Press

SALEM — Hoping to avoid a run-in with the federal government, Oregon health officials said Monday they will refund about \$60 that might have accidentally been spent to help two people commit suicide.

The issue came up after members of Congress raised concerns that Oregon had violated a 1997 ban on using federal dollars for assisted suicides.

After the state said that 15 people used the Death With Dignity Act to end their lives last year, the federal Health Care Financing Administra-

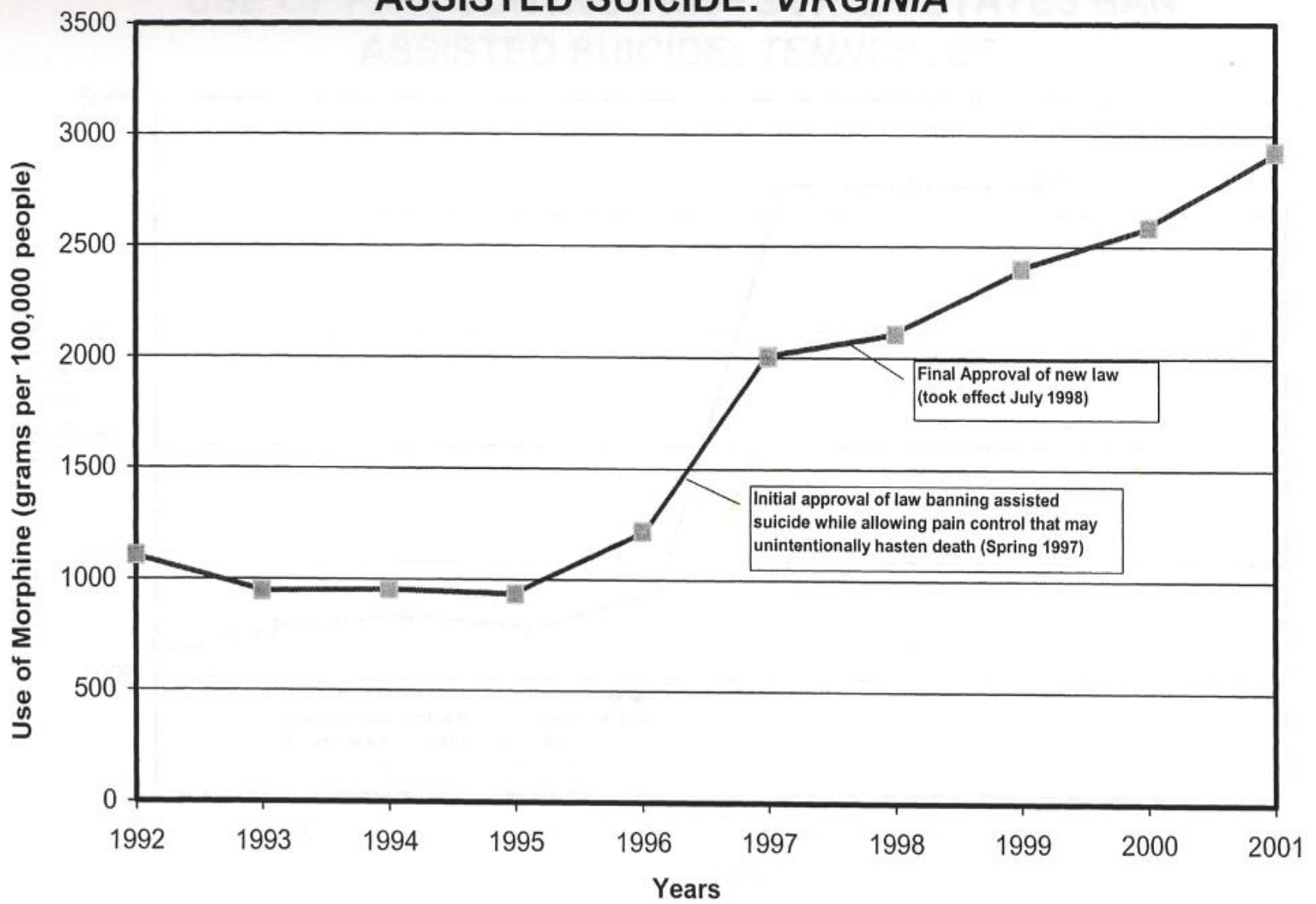
tion asked the state to double-check to see if any federal dollars were involved.

State Medicaid Director Hersh Crawford said two of the 15 people were Medicaid patients and that \$99 was billed by their doctors or pharmacists.

Normally the state has separated federal and state funds so only state money would be used to aid dying. But he said the state decided to refund about \$60 — which represents the 61 percent share of Medicaid covered by the federal government — to avoid conflict with federal officials over the issue.

Oregonian 3/30/99

USE OF PAIN CONTROL RISES WHEN STATE BANS ASSISTED SUICIDE: VIRGINIA



(Source of morphine data: Drug Enforcement Administration)

For many in our society,
there is no right or wrong,
there is only
extreme autonomy.

They believe:

- We succeed in this life based on our own achievements.
- We prosper according to our own intelligence.
- We conquer according to our own strength.
- Anything we choose to do is okay because there is no wrong.

The DWD movement exploits autonomy and self-determination as their main argument for PAS.

The patients in Oregon requesting PAS have been described as being extreme in their desire for continuing their coping mechanism of control in dying as they have in their life.

“Oregon Physicians’ Perception of
Patients who Request Assisted
Suicide and Their Families”

Ganzini, L., et al,

Journal of Palliative Medicine 6:381-390

June, 2003

Physicians described requesting patients as:

- Strong and vivid personalities characterized by determination & inflexibility
- Wanting/demanding to control the timing and manner of death
- Wanting to avoid dependence on others
- Forceful, persistent
- Refusing medical interventions including palliative treatments

Physicians used the following words to describe the requesting patients:

- Independent
- Self-directed
- Lack of reliance on others
- Dreaded dependence
- Determined
- In-charge
- Strong-willed
- Stubborn
- Prideful
- Very opinionated
- Eccentric
- Crusty
- Solitary odd ducks
- Outspoken
- Forthright
- Adamant
- Uncompromising
- Very demanding

Thus, we have controlling, independent people arguing to establish a public-policy legalizing PAS.

What is wrong with that?

Once the public-policy has been established then the weak and vulnerable become subject to being killed by doctors.

The DWD Movement Exploits & Promotes Unbounded Unbridled Pridefulness

Chief Deadly Sin



Chief Worldly Virtue



Chief Deadly Virtue

Once it is legal and doctors are given the power to kill people, the powerless and dependent will be swept up and disposed of in our society.

Consider what has happened in The Netherlands, and it will occur in other nations as well.

The Netherlands - 1995 Study

<u>Medical Decision</u>	<u># of Deaths</u>
Physician-assisted suicide	542
Euthanasia	3018
Ending life without request	948
Opioids given with explicit intention of ending life	1896
Estimated total deaths caused by active intervention by physicians	6368

In The Netherlands the Physician-caused Death Criteria has expanded from:

- Request from terminally person with intolerable suffering, to
- Request from psychologically distressed person, to
- No-request from patient required, to
- Euthanizing babies with birth defects.

There are no Safeguards in The Netherlands.

The DWD movement speak of the “safeguards” in Oregon’s DWD Act. However, these “safeguards” are really boundaries or “fences”. They are a barrier for access to PAS for those outside these boundaries.

This is a very fatal flaw in the
DWD argument.

Autonomy & Boundaries don't mix.

- Boundless autonomy is boundless.
- Unbounded autonomy has no boundaries.
- The boundaries around PAS will be elastic.
- They have stretched like a rubber band, and will continue to stretch.
- The nature of unbounded autonomy ultimately leads to loss of autonomy.

If it is autonomy
that is wanted,
then give to all people
the right and access to
use lethal drugs
without physician involvement.

The danger of this is obvious.

Kate Cheney-age 85 died 8/29/1999

“Kate’s choices may be influenced by her family’s wishes and her daughter may be somewhat coercive.” – evaluating psychologist

A family struggle

Is Mom capable of choosing to die?

Kate Cheney says she wants assisted suicide, but doctors and therapists wonder if it's actually her vocal daughter's wish

Kate Cheney, 85, (left) discovered in May that she had an inoperable, cancerous tumor in her stomach. Her daughter, Erika Goldstein, 64, became a strong advocate for her mother's decision to obtain a lethal prescription with Oregon's physician-assisted suicide law.

KATHRYN SCOTT OSLER/
THE OREGONIAN



There is a mistaken opinion that all Oregon PAS patients have self-administered the lethal drugs.

- The Washington Post (11/3/99) told how Dr. Rasmussen opened 90 capsules and poured the powder into chocolate pudding. He gave the mixture to the woman's son who spooned the mixture into his mother's mouth. Another son gave her sips of water to wash the solution down. All she did was swallow.
- *Is this self-administration?*

Patrick Matheny 43-yr old.
His brother-in-law had to
"help" him with PAS because he
could not have done it by himself.

Man with ALS makes up his mind to die

■ Patrick Matheny, who had Lou Gehrig's disease, dies with his brother-in-law at his side in a Coos Bay travel trailer

By ERIN HOOVER BARNETT

of The Oregonian staff *Oregonian 3/11/99*

Patrick Matheny, on the brink of complete paralysis from Lou Gehrig's disease, used his lethal prescription for physician-assisted suicide Wednesday in the Coos Bay travel trailer he called home.

But as he had feared, Matheny struggled to swallow the mixture of barbiturates and a chocolate nutrition drink.

His brother-in-law, whom Matheny asked to be with him, said he helped Matheny die. His brother-in-law would not elaborate on how he helped Matheny, saying that was too personal.

"I do love Pat, and I needed to be there for



BENJAMIN BRINK/The Oregonian

Patrick Matheny, who had Lou Gehrig's disease, died Wednesday at age 43.

him, and I was. I know in my heart that I did the right thing," said Joe Hayes, who, like Matheny, is 43. "He had made up his mind. This is what he wanted. I just think the pro-

cess needs to be looked at. If we're going to do this, then it needs to be set up in a way in which each individual can accomplish it."

Matheny's parents, whose house is steps away from their son's trailer, summoned Hayes from his home farther up the coast on Monday when Matheny indicated he felt ready to use the lethal medication soon. Matheny wanted to spare his parents the experience of being with him when he died. Hayes is married to Matheny's sister, and the two men were close for many years.

Matheny had spoken publicly about his experience in pursuing physician-assisted suicide when he began the process to get a lethal prescription last fall, one year after his diagnosis with amyotrophic lateral sclerosis, or ALS. He had planned to buy illegal street drugs but then decided he wanted to support

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The deputy Oregon state attorney general, David Schuman, suggested that the Oregon physician-assisted suicide law may discriminate against those who are paralyzed or on life support and they can't swallow.

(Oregonian 3/13/99)

Eliminating this "discrimination" would require euthanasia.

Even in Oregon there is confusion,
this was clearly a case of euthanasia
(lethal injection) and not PAS.
No criminal charges were filed !

11/3/97

Lawmakers will help doctor in suicide case

■ **Dr. James Gallant of Corvallis had his license suspended after he gave a lethal injection to a patient with a fatal disease**

The Associated Press

CORVALLIS — A doctor disciplined for helping a terminally ill patient commit suicide is getting the support of his state legislators.

"We're going to do what we can to help," Sen. Cliff Trow, D-Corvallis, told a crowd of about 150 people Saturday at a rally for Dr. James Gallant.

Oregonian

Gallant was disciplined by the state in connection with the March 1996 death of Clarietta Day, 78. Gallant had diagnosed her illness as a subarachnoid hemorrhage, a fatal condition that left the woman in a coma. While still conscious, Day had instructed family members not to take extraordinary measures to keep her alive.

Even though Day's family supported the doctor's actions as merciful, the state Board of Medical Examiners suspended Gallant's license to practice medicine for two months. The suspension expired Nov. 1.

The Lane County District Attor-

ney's office is investigating Gallant for possible criminal charges.

Gallant received a standing ovation at Saturday's rally. Speaking publicly for the first time since disciplinary proceedings against him began, Gallant thanked patients and friends for their support.

"Anything that occurred, occurred because that's what the patient and family wanted," Gallant said.

The Death With Dignity Act, which voters passed in 1994, allows doctors to prescribe lethal pills to sane, terminally ill patients with less than six months to live. Court challenges have prevented the law from taking effect.

Mail ballots for Measure 51, which would repeal the assisted-suicide law, will be counted Tuesday.

Gallant prescribed a lethal injection of succinylcholine, a drug that paralyzes respiratory muscles, for Day. Injections are not allowed under Oregon's assisted-suicide law.

About 1,000 people have signed a petition demanding that insurance companies keep Gallant on their payrolls and that Good Samaritan Hospital restore his hospital privileges. They also want to change state laws they say resulted in Gallant's being treated unfairly.



"Yes, Oregon's lovely, but we're just here for the suicide."

Physicians who care for patients should not order and direct their death.

- It is against medical ethics: “Give no deadly drug”.
- It is too dangerous to give the power to kill patients to the medical profession.
- It is dangerous because of HMO financial incentives.
- It destroys the inherent trust between patient and physician.
- It devalues the inherent value of human life.
- It desensitizes us towards any type of suicide.

My personal story:

- In 1982, my terminally ill wife and I went to her doctor.
- “Nothing more can be done.”
- “I can write an “extra-large” prescription.”
- “He wants me to kill myself.”
- She was devastated that her physician, her trusted physician, would subtly suggest that her life was no longer of value.

Recommended Publications

- The Case Against Assisted Suicide, Foley & Hendin, Johns Hopkins Press, 2002, \$50.
- Forced Exit, Wesley Smith, Spence Publishing, 2003, \$18. www.spencepublishing.com
- Culture of Death, Wesley Smith, Encounter Books, 2000, \$24.
- Power Over Pain, How to get the pain control you need, Chevlen and Smith, International Task Force (paperback), 2002, \$13.
- Protecting Psychiatric Patients and Others from the Assisted-Suicide Movement, Olevitch, Praeger Publishers, 2002.
- Tuesdays with Morrie, Albom, Broadway Books (paperback), 1997, \$12.

Recommended Websites

- www.pccef.org Physicians for Compassionate Care
- www.iaetf.org International Anti-euthanasia Task Force
- www.adjliffe.org American Center for Law & Justice
- www.hospicepatients.org Hospice Patients Alliance
- www.ama-assn.org American Medical Association
- www.physiciansforlife.ca Canadian Physicians for Life
- www.euthanasiaprevention.on.ca Euthanasia Prevention-Canada
- www.notdeadyet.org Not Dead Yet

More Websites

- www.dyingwell.com Dying Well-Ira Byock
- www.nrlc.org National Right to Life Committee
- www.painlaw.org Pain Law
- www.chninternational.com Compassionate Health Care Network – Canada
- www.donoharm.org.uk Do Not Harm U.K.
- www.ohd.hr.state.or.us/chs/pas Oregon DWD