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PHYSICIANS FOR COMPASSIONATE CARE NEWS

Affirming An Ethic That All Human Life is Inherently Valuable

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TESTIMONY BEFORE THE U.S. HOUSE OF REPRESENTATIVES SUBCOMMITTEE ON THE CONSTITUTION

July 14, 1998, the U. S. House Judiciary Subcommittee on the Constitution held hearings on the Lethal Drug Abuse Prevention Act in Washington DC. The legislation will nullify Oregon's doctor assisted suicide law, if passed by Congress and signed by President Bill Clinton. The bill clarifies that assisting in a patient suicide is not a legitimate medical purpose for the use of controlled substances and would lead to the suspension of a doctor's license to prescribe controlled substances if they participate in the practice.

The first panel to testify included: Dr. Herbert Hendin, Founder of the American Foundation for Suicide Prevention; Oregon Governor John Kitzhaber; Dr. Greg Hamilton, President of PCC; and Diane Coleman, an attorney and founder of "Not Dead Yet," an advocacy group for disabled citizens. Kitzhaber sat alone in opposing the bill in the main panel.

Dr. Herbert Hendin opened his testimony by demonstrating the role medical illness plays in suicides. No factor plays a more significant role in these suicides than depression, Hendin explained. He asserted that assisted suicide should not be permitted, because "...it would markedly worsen the care we provide to terminally ill patients." He closed by saying that Congress "...must be a wise champion of society's interests while protective of the most vulnerable."

John Kitzhaber then argued states' rights and chided the Subcommittee, claiming that such legislation would go against the will of Oregonians.

Dr. Greg Hamilton, in his opening statement, testified, "Using controlled substances to eliminate the sufferer instead of alleviating suffering is not medical." Hamilton went on to say that the use of pain medication increased in Oregon during a time when every doctor in the state knew an injunction forbid assisted suicide. This fact demonstrates that "...disallowing the use of scheduled drugs for assisted suicide does not interfere with prescription of pain medicine." Hamilton set forth the fact that the Lethal Drug Abuse Prevention Act would prevent the threat to public health and safety posed by the deterioration of palliative care that has accompanied assisted suicide in the Netherlands. In closing, Hamilton cited the first legal, publicly reported death by assisted suicide in Oregon. In this case, the woman's own doctor thought she was depressed, but "... this elderly woman did not receive antidepressant medication and psychotherapy. Any other patient, who was not stigmatized by the label 'terminally ill,' would have routinely been given a trial of such

treatment...This woman was subjected to lethal abuse of controlled substances, obtained, no doubt, by use of a federal DEA registration number.”

Finally, Diane Coleman said in a clear and forthright fashion, “With all due respect to the will of the Oregon voters, since when does our country put discrimination up to majority vote? When states’ rights conflict with anti-discrimination laws, when they conflict with the equal protection clause of the 14th Amendment, then federal law must prevail. *Brown v. Board of Education* determined that separate schools are not equal schools, and effectively outlawed Jim Crow. The Oregon assisted suicide law legalized the ultimate form of discrimination. It legalizes intentional killing based on the health status of the victim. This violates the Americans with Disabilities Act and, under a disparate impact, may also violate the Civil Rights Act of 1964. We people with disabilities demand the equal protection of the law.” Diane Coleman urged the Congress to, “Affirm the principles of non-discrimination which this nation has struggled so long to establish, to turn back the steamroller of the euthanasia movement before it is too late.”

The Chairman of the Judiciary Committee, Henry Hyde, took the opportunity to remind those present, that the Declaration of Independence puts it simply: “... that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are Life, Liberty and the Pursuit of Happiness.” “Life is a federal issue,” Hyde said, “one that Congress has the right to protect.”

According to a National survey conducted in March, 1998, by Wirthlin Worldwide, the move by both the U.S. House and Senate to block the nationwide spread of assisted suicide and to prevent it from continuing in Oregon echoes the will of the public. 65% of Americans surveyed opposed using federally controlled drugs for assisted suicide and answered “No” when asked: “Should the federal law allow use of these federally controlled drugs for the purpose of assisted suicide and euthanasia?”

The Lethal Drug Abuse Prevention Act of 1998 was voted on and passed by the Subcommittee and was forwarded on to the Full Committee (Amended). The full Committee passed the bill and sent it on for a full vote of the House. Hyde hopes to have the vote before the end of this year.

Pain Management Specialist Speaks Out For Seriously Ill Things to Remember When Treating Their Pain

Dr. Marshall Bedder says that the vast majority of seriously ill patients are managed by their primary physician without problems. And, he adds, “There are alternative techniques in treating pain when oral or systemic opioids are not effective in alleviating pain. These methods may include nerve blocks, neuroablative techniques, and spinal infusion. Keeping in mind that while administration of drugs, particularly morphine, is an important part of pain management, they are not the only choice; patients don’t have to live a sedated life to live out a pain free life.”

Dr. Bedder refers to a 1992 report from the Washington Medical Association. The report concluded, “Adequate interventions exist to control pain in 90 to 99 percent of patients.” Likewise, physician fears of patient addiction should be quelled by research that shows addiction only occurs in 40 out of a thousand pain cases. On the other hand, while pain management is so often and incorrectly seen in terms of drug administration, patients and professionals alike should become aware of the drug-free dimensions of pain management, such as distraction techniques, relaxation, biofeedback, and physical therapy.

According to Dr. Bedder, poor communication about pain can be a stumbling block to effective pain treatment. Sometimes it is difficult for a patient to communicate what kind of pain they're experiencing, it's intensity, it's location, if it is radiating, if it has increased, or has decreased. "The challenge for the physician working with a seriously ill patient is to really listen, and then, to believe that the patient is truly experiencing the symptom they are trying, in non-medical terms, to describe. A patient who is heard is a patient who is easier to help because they become a valued and integral part of the treatment team. At the same time, the doctor must ask the right questions, use pain rating scales, be willing to accept that what was successful with one patient may not work at all for another, and know when it is time to consult with a pain specialist."

While assisted suicide has been presented to the people in Oregon as an option for pain and suffering, Dr. Bedder says, "We can rationally discuss the individual's right to choose only when all choices are recognized. Is euthanasia and assisted suicide the only way to alleviate uncontrollable pain for those suffering from serious illness? Must patients choose to either live in pain or die by assisted suicide? No. Our patients need to know we can alleviate their pain; they need to know that effective pain management is available."

Marshall D. Bedder, MD, is Medical Director of Advanced Pain Management Group Inc. at Providence St. Vincent Hospital.

TOFFLER SPEAKS AT NATIONAL CONFERENCE

National Director, William Toffler, MD, represented Physicians for Compassionate Care at a national conference, Building a Bipartisan Majority for Life, August 22, 1998, in Rosemont, Illinois. Doctor Toffler joined such national luminaries as Rep. Henry Hyde, Allen Keys, Carlos Gomez, MD, Richard Doerflinger, and a host of others to help national and state leaders build bipartisan political support for policies that reflect our understanding that all human life is inherently valuable.

Doctor Toffler used the example of an 82-year-old Oregon woman, who was the first publicly reported legal case of assisted suicide in America, to illustrate the dangers of the Oregon "experiment." He pointed out that this woman's doctors could not protect her, although they did not think assisted suicide was appropriate and at least one of them considered her depressed. Once the family called the Compassion in Dying Federation, she died from lethal overdose in little more than the two and a half weeks minimum the law requires. He demonstrated how there are no useful safeguards in this state. The government reports have provided no useful information to protect the poor, the disabled, or the elderly. Already in Oregon, some HMO's have capped their allowance for in home palliative care (hospice) at \$1,000, while offering assisted suicide.

AWARDS

Miles Edwards, M.D., received the 1998 Charles Preuss Award for Distinguished Alumnus; OHSU, May 14, 1998.

Miles Edwards, M.D., received the Oliver Nisbet Award for Outstanding Volunteer Faculty; OHSU, June 3, 1998.

William Petty, M.D., received the Meritorious Achievement Award; OHSU, OB-GYN Dept., May 14, 1998. Publications:

Hamilton, N.G., Edwards, P.J., Boehnlein, J.K., Hamilton, C.A. (1998). The Doctor-Patient Relationship and Assisted Suicide. *Am J Forensic Psychiatry* 19:59-75.

Hamilton, N.G. (1998). What the Governor Said. *Brainstorm*, August, 1998.

Boehnlein, J.K. The Case Against Physician Assisted Suicide. *Community Mental Health Journal*. (In Press; 1999). Presentations:

Bedder, M. (1998). "The Effects of Euthanasia on Pain Control: The Oregon Experience." Southern Medical Association Conference: Pain Management, Strategies for Improving Outcomes. Scottsdale, Arizona, August 23, 1998.

Enhancing Life at the End of Life: Second Annual Compassionate Care Conference
Saturday, October 17th, 8am to 5pm
Providence Portland Medical Center

During the morning session, internationally renowned speakers discuss advanced pain management techniques, followed by an update by the Board of Medical Examiners. The afternoon will focus on issues that providers face when caring for the seriously ill as well as how to care for providers who work with the seriously ill.

If you haven't received your registration brochure or would like to register, call the Department of CME at St. Vincent Hospital @ (503) 216- 6587 and ask to speak with Wendy Schulz.

NEW RESEARCH ON ASSISTED SUICIDE IN AMERICA

The Journal of the American Medical Association (JAMA) published an important new study on doctor-assisted suicide and euthanasia on August 12, 1998. This study by Dr. Ezekiel Emanuel et al. will serve as a caution to doctors, patients, and legislators alike, showing 65.8% of doctors who participated in euthanasia or assisted suicide did not follow the proposed safeguards. These "safeguards" are derived from Dutch regulations and have been incorporated into proposals on assisted suicide and endorsed by euthanasia advocates in the US, including Oregon. While PCC does not recognize these suggested guidelines as safe, they are as follows: (1) the patient must be terminally ill; (2) the patient must be competent and initiate and repeatedly request euthanasia or assisted suicide; (3) the patient must be experiencing severe pain and/or suffering; and (4) the patient must be evaluated by another physician, who may be a psychiatrist. While these "safeguards" were created by assisted suicide advocates themselves, only one third of the time were they followed, even when it came to patient initiative. Emanuel found, " ... in 15% to 20% of cases, physicians are willing to provide euthanasia even without patient involvement in the decision ... " (p. 511). The frequency of non-consensual killing increases when the practice is condoned by the government as demonstrated by reports from the Netherlands. "Again, these data warn that safeguards meant to insure patient autonomy could be violated in a significant minority of cases making non-voluntary or involuntary euthanasia a concomitant of permitting voluntary euthanasia or PAS" (p. 511).

Doctors in the study emphasized morphine use. Dr. Marshall Bedder, Medical Director of the Advanced Pain Management Group at Providence St. Vincent Hospital, told PCC, "Just because a patient is enrolled in hospice doesn't mean they're receiving adequate pain control." Acceptance of assisted suicide could interfere with doctors learning good pain management and with the inclination to seek consultation from a pain management specialist.

In the Emanuel study, about 61% of those doctors who practiced assisted suicide had not sought consultation.

While pain was a focus of attention, depression was overlooked or ignored by most doctors in the study. "These data are worrisome because depression is one of the leading predictors of interest in euthanasia or PAS" (p. 512), Emanuel said.

Dr. Greg Hamilton, PCC President, emphasized these results demonstrate, "Patients' rights, indeed, their very lives have been threatened by the assisted suicide movement because it stigmatizes and devalues individuals labeled 'terminally ill.' For members of any other group, the purposeful and non-consensual taking of even one life would be cause for public outcry."

Veterans Protest

VA Hosts Assisted Suicide Expert

On June 9, 1998, the Portland VA hospital hosted Gerrit Kimsma, a doctor from the Netherlands who is a world expert and leading advocate of assisted suicide. A group of Veteran protesters gathered under the flag pole in front of the Portland Veterans Administration to oppose the use of federal funds for the promotion of assisted suicide. They said the hospital was in violation of the Assisted Suicide Funding Restriction Act of 1997, which prohibits federal funds for assisted suicides or for the promotion of assisted suicide. Protesters said Kimsma's presence at the VA hospital threatens the care of the seriously ill veteran.

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