

PHYSICIANS FOR COMPASSIONATE CARE NEWS

Affirming An Ethic That All Human Life is Inherently Valuable

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AMA CONTINUES TO BACK PAIN RELIEF BILL

The American Medical Association (AMA) delegates meeting in December ended with a victory for ethical medical practice. The AMA voted to continue support of the Pain Relief Promotion Act. AMA support for federal legislation that would prevent doctors from prescribing controlled substances for patient suicides is a blow to suicide advocates around the nation. While some AMA doctors requested that the AMA reverse its stance of support for the Pain Relief Promotion Act, their arguments, though passionate, according to an AMA reference committee report, were unfounded and failed to convince the delegate majority to overthrow AMA support. Now the Pain Relief Act, stronger than ever, enjoys the continued support of the nation's largest medical organization, as well as other state and national medical groups, disability rights groups, pro-life groups and advocates for the nation's poor.

"This is a good law," said Dr. Rex Greene, an AMA delegate and cancer specialist from Los Angeles. "I am firmly convinced that the opposition's campaign was orchestrated by the euthanasia movement," said Greene. "There is substantial protection for physicians here (to prescribe appropriate pain medications)," Greene said after the vote. Other AMA supporters agreed that concerns about the Pain Relief Act were blown out of proportion by assisted suicide advocates.

Many dedicated physicians committed to the well-being of their patients, and to the ethical practice of medicine, stood together around the country this month and lobbied their state delegates, letting the AMA know just how many doctors were behind them in their opposition to assisted suicide and their support of the Pain Relief Promotion Act.

PCC, with it's more than one thousand physicians in Oregon and nationwide, has worked tirelessly to uphold terminally ill patients' right to live with dignity and doctors' right to practice ethical medicine. Drs. Gregory Hamilton and William Toffler, co-founders of Physicians for Compassionate Care, attended the AMA meetings in San Diego; they were armed with letters of support by pain and palliative care experts and cancer specialists. Dr. Hamilton presented data in the form of charts demonstrating that in recent cases where a state has passed a new ban on assisted

suicide, the use of pain control drugs like morphine increased. For example, in Rhode Island, enactment of a state law very similar to the federally proposed Pain Relief Promotion Act was followed by a greater than twofold increase in statewide morphine use. This fact proved embarrassing to some Rhode Island doctors who tried to say the Pain Relief Act would discourage doctors from using pain medications. Documentation, facts, and a voice of reason amidst the emotionally laden charges against the bill gave PCC and all who support the Pain Relief Act the high ground.

The Pain Relief Promotion Act passed the US House of Representatives in October with solid bipartisan support and will soon come before the US Senate. If passed and signed by the president, the Pain Relief Act will promote improved pain care by increasing knowledge of pain management in both public and private health programs and by providing 5 million dollars a year for training in palliative care for physicians, nurses and other health professionals. It also adds new protections for doctors and nurses who use medications under the federal Controlled Substances Act by clarifying that aggressive pain management is appropriate medical care even if, in the rare case, it may have the unintended side-effect of increasing the risk of death.

1999 - Year of the Elderly

In this the final month of the International Year of the Elderly, PCC honors Ann Bowar, 84. Ann's daughter, Margaret Caldwell, called PCC in January of this year for referral to a physician who respects the inherent value of each human life. Margaret was also seeking emotional support after her mother, Ann Bowar, had a stroke. PCC nurse volunteers have kept in touch with Ann's family through its follow-up phone call program.

Ann Bowar was a homemaker. She was committed to being a "stay-at-home mom," because she wanted to have a strong influence on her children. "Children are your most precious possession," Ann has always said. And that's why she chose to stay home with her children rather than have a job outside the home. Ann's husband was a civil engineer at Bowneville Power for more than 30 years. The couple has four daughters.

Ann loves family. Her children and grandchildren have always been the center of her life. When her grandchildren were young, Ann made sure that they came to visit her for overnights. Ann is a gentle, quiet woman, always thinking of others. Ann is currently living at Maryville Nursing Home, where she says, "Yes, I am happy." All Ann's children and grandchildren visit her several times every week.

Recent Publications:

Edwards, MJ; Garland, M; Bonazzola, M; Crawshaw, R (1999). "Care that Cares: Medicine's Essential Patient-Centered Ethic." *The Pharos* 18:14.

WINTER ROSE

December finds her heart to be more fierce than
was her thorn, the winter rose.
And ones who long for spring, to them she brings a
memory warm.
Her blush, now faded, still does hold,
Through rain and wind, until at last the heavens all
are calm.

But for a glimpse into her bloom, I walked the
garden moss and rock.
Then, when upon my visit, her thorn did snatch my
sweater sleeve and hold me there.
And though she didn't speak a word, she took me
to her soul;
It was then that I discovered happy-peace
was living there.

Oh winter rose, in my old age, I hope that I can be,
Half as sweet and tender as the blossom that you sing.
And that I'll stand, where my life turns, like you stand,
A gift divine.

Dedicated to Lily Monson, by Catherine Hamilton

AMA REFERENCE COMMITTEE REPORT

The AMA Reference Committee heard testimony on the Pain Relief Promotion Act in San Diego this month. The following paragraphs are excerpts of the committee's conclusions:

First, your Reference Committee agrees with the bill's sponsors that the "Pain Relief Promotion Act of 1999," would for the first time establish in federal law substantial new protections for physicians prescribing controlled substances in the ordinary course of patient treatment. This position is substantiated by a Department of Justice letter dated October 19, 1999, wherein it is affirmatively stated that: "H.R. 2260 would eliminate any ambiguity about the legality of using controlled substances to alleviate the pain and suffering of the terminally ill by reducing any perceived threat of administrative and criminal sanctions in this context. The Department accordingly supports those portions of H.R. 2260 addressing palliative care."

Second, because the bill would amend existing statutory law in the Controlled Substances Act, in existence for decades, the suggestion that the bill would extend DEA authority or create new penalties, although passionately stated, is without legal merit. The bill would do neither of these things by a "plain meaning" reading of its language. Instead, it would legislatively acknowledge the legitimate medical purpose of prescribing controlled substances, even if one effect were ultimately to cause death, the so-called "double effect." This intent has been confirmed by debate on the House floor relating to the bill, as well as in a comprehensive Congressional Record statement by Senator Nickles. As it currently stands, physicians are potentially susceptible to DEA scrutiny any time they prescribe controlled substances. This new bill would truncate this authority, but retain DEA authority to investigate instances where controlled substances are used to effectuate a physician-assisted suicide.

Finally, your Reference Committee finds without legal merit allegations that state palliative care guidelines would be overridden by the "Pain Relief Promotion Act of 1999," or that the DEA would have any new authority to promulgate federal guidelines under this bill. (These excerpts and the complete report can be found at www.AMA-assn.org.)

1999 -- International Year of the Elderly

On December 10th, 1999, at the National Theater in Warsaw, Poland, PCC president, Gregory Hamilton, joined with Jerzy Buzek, Prime Minister of Poland, Maria Smereczynska, Minister of the Family, and other doctors and representatives of various nations for the International Year of Seniors Conference, in honor of the elderly. Issues such as the importance of the role of the elderly in family life, special medical needs, and the psychological, spiritual and social needs of the elderly were addressed. The convention also featured a filmed historical documentary of Post WWII euthanasia and its dangers. The film, which will be aired on Poland's public television broadcasting network in January, takes a look at assisted suicide in Oregon.

Interviewed from Oregon were Drs. Richard Thorne and Greg Hamilton. Other PCC members featured in the program were Drs. Herbert Hendin, founder of American Foundation for Suicide Prevention and Richard Fenigsen. Dr. Fenigson once practiced medicine in the Netherlands and has written extensively on the abuses of euthanasia in Holland.

The daylong conference closed with a panel discussion. The panel included Wanda Poltawska, MD, psychiatry, Anna Adameczyk, MD, hospice, and Gregory Hamilton, MD, psychiatry. Moderating the discussion was radio announcer, Piotr Semka. Following is a summary of Dr. Hamilton's pre-panel lecture in Warsaw:

I am honored to be here in Poland, this great country, which, through her sacrifice, has restored hope throughout the world. Your country, with its long, courageous history, has arisen once again to independence only ten short years ago.

But I must tell you today, I am sorely grieved, that in my own state of Oregon, a state I love, in a country I love, the grand words of the Declaration of Independence which states: "We hold these truths to be self-evident, 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," that these noble words are no longer honored in Oregon. At least one class of people is no longer equal. Their unalienable right to life is no longer recognized. Aged or seriously ill people, who are stigmatized by the label "terminally ill" can now be put to death through assisted suicide. They are no longer afforded the same protections against discouragement and despair that everyone else shares. Instead, those who are ill or aged or vulnerable in my state can now be handed a lethal overdose instead of the help they deserve.

Your elderly, whom you are honoring this year, these brave men and women who survived the Nazi occupation with its policies of euthanasia and extermination, who survived without ever surrendering to the enemy, and lived through and eventually cast off Soviet communism, not only for themselves, but for the whole world, these men and women deserve love and respect and help -- not poison pills.

Let me tell you some of the things that are happening in my state since assisted suicide has been legalized.

The United States Supreme Court wrote that "...it turns out that what is couched as a limited right to 'physician assisted suicide' is likely, in effect, a much broader license, which could prove extremely difficult to police and contain." We predicted that once intentional killing through assisted suicide was accepted, it would become nearly impossible to prosecute virtually any killing in the medical setting.

One example of the blatant failure to investigate and prosecute illegal killing in the medical setting in Oregon was the Gallant case, in which a Corvallis doctor was found by the Oregon Board of Medical Examiners clearly to have ordered a lethal injection for an elderly woman who did not even request it. Such an action is clearly illegal, even in Oregon. Nevertheless, the Eugene district attorney declined to prosecute him, because he did not think he could get a conviction in my state with its official sanctioning of assisted suicide.

The people of Oregon were told that government reports about assisted suicide were somehow going to function as a safeguard for assisted suicide. They have failed to provide protection. There is no penalty for doctors who do not report. What reports there are, such as the Oregon Health Division report of the first 15 cases of assisted suicide, seem to base their claims more on a lack of information than on clear data. For example, the report claims depression played no part in the first 15 cases when the medical literature documents that the first publicly reported assisted suicide case was diagnosed as depressed.

Yet another case just came to light last month about a women named Kate Cheney.

The psychiatrist who evaluated Kate Cheney, an elderly woman with growing dementia, declared her ineligible for assisted suicide, because of her cognitive impairments and because her family appeared to be pressuring her, according to an October 17, 1999, Oregonian article. She could not remember recent events and people. When the psychiatrist said she was not eligible for assisted suicide, the daughter and the new doctor (the new doctor had been assigned to Mrs. Cheney when her daughter demanded a different physician for her mother, after her original doctor appeared less than enthusiastic about an assisted suicide for her) did not accept the opinion, as the safeguard it was supposed to be. Instead, they sought another opinion from a second mental health professional, since there is nothing in the Oregon law to stop them from doing so. The psychologist admitted the patient could not even remember when she was diagnosed with terminal cancer and that the patient's "choices may be influenced by her family's wishes and her daughter, Erika, may be somewhat coercive." Nevertheless, she approved the suicide.

The final decision about Kate Cheeney's suicide came down to a Kaiser administrator, Dr. Robert Richardson. He gave the go-ahead for giving a lethal overdose to this elderly woman under pressure from her family. Kaiser Permanente is a fully capitated health maintenance organization with a profit sharing plan for its doctors. It always saves money if the patient dies early. The estimated cost of an overdose is \$45.00, according to government reports. As predicted, it can be seen that once assisted suicide is legalized, there is no way to protect the vulnerable and mentally ill.

What elderly and ailing patients need is good care. They need their physical concerns addressed, including the treatment of any pain they may have. They need practical help with day-to-day needs, such as food and shelter. They need people around them who value and respect them and who want them to live, not to commit suicide. They need their spiritual issues taken seriously and addressed. And they need a witness to their passage through this important stage of life. We have much to learn from sitting with those who are entering a stage of life we will all experience.

To provide good care for the aging and seriously ill, doctors, nurses, hospice workers, and clergy need training in good palliative care. There have been wonderful new pain treatments developed in the past several years. Doctors and nurses need training in these techniques. Health care personnel also need additional training in recognizing and treating depression in the elderly. It is these things the elderly and seriously ill need from us -- not poison pills.

I believe that western Europe and America have much more to learn from your country than to teach it about honoring and caring for the elderly. I am here to learn. And I am tremendously honored and grateful that you have invited me to be a part of this occasion honoring the International Year of the Elderly.

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