PHYSICIANS FOR COMPASSIONATE CARE NEWS

Affirming An Ethic That All Human Life is Inherently Valuable

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Senator Gordon Smith Supports Pain Relief Promotion Act
BILL PASSES SENATE JUDICIARY COMMITTEE
Passage Sends a Message of Hope to the Seriously Ill

On April 25, 2000, Oregon Senator Gordon Smith, in a dynamic testimony before the Senate Judiciary Committee, urged the Senate to pass the Pain Relief Promotion Act (PRPA). Smith told the committee that he was acutely aware that his position placed him in conflict with a majority of his constituents, "But on a matter of this magnitude--a matter of life and death--I have failed to find comfort with a troubled conscience. But more, I am loathe to let down the hundreds of thousands of Oregonians who, though a minority, heard my answers (in opposition to assisted suicide), and now count on the integrity of my word."

Smith went on to explain that the federal government has for years governed and controlled deadly drugs in interstate commerce to ensure public health and safety. "For a state--even my beloved home state of Oregon--to unilaterally act to use federal drugs for lethal purposes is an open invitation to the nation to reclaim and reassert its law. Oregon has no more right to write federal law than the federal government has to write Oregon law," Smith said.

After the Tuesday hearing, Physicians for Compassionate Care representatives, Drs. Edwards, Hamilton and Petty, and Catherine Hamilton, thanked Senator Smith in person for his courageous statesmanship.

Two days later, on April 27th, the PRPA passed out of committee, in a 10 to 8 vote. It is expected to come to the senate floor for a vote in the next couple of weeks. Senator Nickles, chief sponsor of the bill, hopes to have 60 senators on board by that time.

"This is a victory for the seriously ill in the entire nation and sends a message of hope," said Doctor Gregory Hamilton, President of PCC. "The PRPA will provide funding for improved pain treatment and palliative care for all Americans. And it will protect those patients in the state of Oregon, who are seriously ill and suicidal, and have been offered suicide by some doctors," Hamilton said. "It is unconscionable that these vulnerable citizens have been given the means to commit suicide with federally

controlled substances by doctors who hold federal DEA licenses, since suicide is not a medical purpose and therefore is not an appropriate use of these powerful federally controlled drugs. For years, these drugs have been regulated by federal law. Oregon assisted suicide activists have attempted to overstep federal regulations, which already prevent the use of these drugs for any such non-medical purposes. For this reason, the PRPA insures that doctors will use federally controlled substances to kill pain and not to kill patients," Hamilton said.

A Policy of Containment

Wesley Smith, attorney for the International Anti-Euthanasia Task Force and author of "Forced Exit: The Slippery Slope From Assisted Suicide to Legalized Murder," congratulated Physicians for Compassionate Care for taking the lead in the nationwide effort to educate the public about the dangers of assisted suicide. According to Smith, since the time Oregon legalized assisted suicide, six states have either outlawed assisted suicide or increased the civil penalty if a person is charged with assisting a suicide. None have followed Oregon. "Setbacks like these take the wind out of the sails of the pro-death movement. And these defeats are largely due to the educational efforts of Physicians for Compassionate Care," Smith said.

"We have information on the assisted suicide experiment in Oregon that would never have come to light, if not for the presence of Physicians for Compassionate Care." Smith went on to cite examples, such as the Kate Cheney case, where "death doctors colluded in the patient's assisted suicide despite the presence of family pressure, despite diagnosis of growing dementia, and despite the fact that her own doctor found her ineligible for assisted suicide because of these factors. We know assisted suicide drugs failed in Oregon; they have caused distress in those present, family members have been forced to 'help' end the life of the family member; others have called 911 for resuscitation after the overdose was taken." Smith says these suicides are taking place in a health care environment that limits care and has financial incentives for doctors to provide the least expensive alternative.

Smith encouraged Physicians for Compassionate Care members to adopt a policy of containment while they work to eliminate assisted suicide in Oregon. "If assisted suicide doesn't grow beyond Oregon, it will not be able to sustain itself," Smith said. "If we can contain it in Oregon, it will die there, like slavery died in the South."

Following Smith's slavery analogy back in time, he says it was because slavery was outlawed in the north, that it was contained in the south. And the battle for slave and free states began. The values that allowed slavery to exist were antagonistic to free

states, and slavery inevitably had to expand to survive. Smith quoted Abraham Lincoln as saying: “We can’t be half free and half slave.” Smith likened assisted suicide to slavery. “We can’t have half the country burdened by the chains of assisted suicide and the other half of free of it. Assisted suicide must expand to exist. If we can contain it in Oregon, we can focus our attack there and take the assisted suicide movement apart link by link.”

How can you contain assisted suicide in Oregon? Educate. Educate. Educate. Smith’s suggestions include: Write letters to the editors or editorials that demonstrate the abuses of assisted suicide in Oregon; submit articles to states such as Maine, Alaska, Montana, and California, where assisted suicide groups are working through voter initiatives, the courts, and the legislatures; respectfully call reporters when they don’t give the complete or accurate story, be they local or national, to tell them what they left out and ask them why they didn’t write the whole story; call the talk show hosts; talk about the problem inherent with medical killings to family, friends, people at the grocery store, anyone and everyone.

At least 43 people have killed themselves in two short years. “We have to be willing to stand up for the lives of those individuals who are seriously ill, for those whose lives are threatened in Oregon if they become depressed and suicidal,” Smith said. “Doctors can post signs declaring their office an ‘assisted suicide free zone’ or post the Hippocratic oath so it is visible in your waiting room,” Smith suggests, “and continue to say killing patients is wrong.”

The Oregon Report: What’s Hiding Behind the Numbers?
By Catherine Hamilton, M.A.

The Oregon Health Division did it again. It hid the human tragedy of assisted suicide behind 22 pages of statistics. While the health division is known for doing a yeoman's job in general epidemiologic reporting, it is quickly establishing a track record of secrecy on assisted suicide and assisted suicide alone.

Oregon’s health division received national attention last year when both Dr. Kathleen Foley from the famed Sloan Kettering Cancer Institute and head of Project on Death in America and Dr. Herbert Hendin of New York Medical College noted, "The report is marked by its failure to address the limits of the information it has available, overreaching its data to draw unwarranted conclusions" (The Oregon Report: Don't Ask, Don't Tell, Hastings Center Report, May-June, 1999, p. 37).

But that was last year. What about this year?

The 1999 report hides even more information from the public than last year's. It hides results of Oregon's failed experiment in assisted suicide behind meaningless questions, misleading numbers and unwarranted conclusions.

In fact, the Oregon Health Division didn't publish the first known case of a failed assisted-suicide attempt, but the public has the right to know.

The case I describe has been discussed only in hushed tones in pro-assisted-suicide circles, in the back halls of hospitals and hospices.

On December 3, 1999, at Portland Community College, during a class titled, "Physician Assisted Suicide: Counseling Patients/Clients," attorney Cynthia Barrett discussed one of Oregon's failed attempts. Barrett, who describes herself as an elder law attorney and a friend of assisted suicide activist Coombs Lee, was talking about the many details that must be completed in the process of assisted suicides.

In mid-sentence, Barrett broke from her outlined handout and gave an example. "The man was at home; there was no doctor there," she said. The eight or nine students in the small classroom, were silent, waiting to hear more. Barrett went on: "The wife was there. Other family were there. He took the prescription. After he took it, he began to have some physical symptoms," Barrett said. She did not explain what the symptoms were. "The symptoms were hard for his wife to handle. Well, she (the wife) called 911," Barrett exclaimed, with shock in her voice. "The guy ended up being taken by 911 to a local Portland hospital. Revived. In the middle of it. And taken to a local nursing facility." She said, "I don't know if he went back home. He died shortly--some period of time after that time."

I asked, "So he had completed all the paperwork and he was using Oregon's assisted suicide law?"

Barrett said that's what she understood.

I wondered aloud, "But he wasn't part of the report, the Oregon report?"

"I'm not sure of that," Barrett said.

"Maybe George knows," I asked.

George Eighmey, the executive director of the Compassion in Dying Federation, was sitting in the front row. He quickly said, "He wasn't one of our patients."

During break that afternoon, I heard footsteps coming toward me on the tiled floor.

I looked up. Eighmey was walking toward me, swinging his arms. He said in a loud voice that I should not use the information I had heard in the class, that I should not "go to the media," that the class was confidential.

Apparently, those who arrange suicides, those who give patients lethal prescriptions, and even those in the Oregon Health Division, don't feel Oregonians have a right to know about the failure of the suicide experiment.

Barrett said another important thing during her lecture at Portland Community College, she said: "...if you have a psychological disorder or depression causing impaired judgment you're not suppose to be able to use this law." At least it was one of the things the people of Oregon were promised.

Yet, there is the case of Kate Cheney, an 85-year-old woman with growing dementia, who was originally declared ineligible for assisted suicide because of her cognitive impairments and because she appeared to be pressured by her family. According to an October 17, 1999 Oregonian article, Mrs. Cheney couldn't remember recent events and people she knew, including the name of her doctor, nor could she remember when she was diagnosed with cancer, even though it was only a few months earlier.

But, when the doctor said she was not eligible for assisted suicide, neither his diagnosis nor his opinion were treated as the safeguard that it was supposed to be. The "so-called" safeguard didn't protect this impaired, vulnerable woman from falling victim to family pressure. Mrs. Cheney's daughter sought another opinion. The second evaluation also acknowledged memory deficits and said the "choices of the patient may be influenced by her family's wishes and the daughter was somewhat coercive." Nevertheless, the doctor approved the suicide. One might ask the question: Just how demented and how much pressure must the patient be under before they will be protected from assisted suicide?

With the life of Kate Cheney, the final call came down to a single Kaiser doctor/administrator who decided she was a good candidate for assisted suicide.

Regrettably, Mrs. Cheney took an overdose of drugs given to her by Kaiser Permanente, a fully capitated HMO with a profit sharing plan for its doctors. As predicted, there is no protection for the depressed, demented or those under pressure, once killing in the medical setting is legalized. And the Oregon Health Division, which has responsibility to report on this experiment in death, left these detail out of their report.

Neither did the division include in their report another failed attempt of assisted suicide in Oregon. The case of Patrick Matheny, who had ALS. Unfortunately, in this

case a second attempt was made and when that failed, we were told that a family member "helped" Patrick Matheny die when he couldn't swallow the oral medication provided.

Patrick Matheny's brother-in-law told The Oregonian in a March 11, 1999 article, "I think the process 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. It doesn't go smoothly for everyone...For Pat, it was a huge problem. It would not have worked without help." The brother-in-law would not say what happened in the trailer that morning, how he "helped" Patrick die. "I know in my heart that I did the right thing," he said.

But how did Patrick Matheny die? We will never know. The body was cremated the next day and the case wasn't investigated. Regardless, his case pointed out a flaw in the assisted suicide plan that relies on oral medication. Oregon authorities responded to questions about the case by suggesting lethal injections, infusions and gases, despite the promises to the people of Oregon that this would never happen.

Sheriff Paul Burgett commented, "It would be unlawful to say that we're not going to allow disabled people to make the same sorts of decisions and have the same rights as people who have the physical ability to accomplish their objectives."

Oregon's Deputy Attorney General David Schuman backed him up with a letter in which he stated that the Americans with Disabilities Act could be used to claim that patients with trouble swallowing deserve equal access to assisted suicide.

Schuman's letter makes clear what is at stake: The possibility that lethal injection, where the patient no longer has control, could become part of the assisted suicide plan.

As predicted by many, legalization of assisted suicide brings failed suicides and the deaths of vulnerable people under pressure of family. And it ushers in lethal injections, and with them involuntary euthanasia.

By interviewing only those people who have a stake in justifying their contribution to the suicide of a seriously ill person, such as assisted-suicide doctors and family members, the Oregon Health Division has made sure that information about the economic context of assisted suicide, failed attempts, assessments of the adequacy of pain care, and the lack of protections for the mentally ill, will not come to light.

The health division could have done meaningful research by releasing full medical records with identifying data blackened out to independent researchers. It could have done prospective studies, including objective assessments of the adequacy of pain care

and treatment of depression provided, not just the pro forma consultations orchestrated by assisted-suicide activists.

Oregonians were assured the problem cases presented here wouldn't happen with doctor-assisted suicide. These are the very types of problems the public expected the Oregon Health Division to address in its yearly report. Yet, here are three cases where problems occurred and nothing was reported. The Oregon Health Division discredits itself by failing to reveal important information.

Coombs Lee claimed that the number of people in Oregon who fell victim to assisted suicide was "statistically insignificant." In our view, however, no human being is insignificant. Each and every person is equal and valuable. Every suicide is tragic.

The moment we start calling individual people who die by lethal overdose "statistically insignificant," we dehumanize and devalue all human beings.

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