

# Advocacy Training: Opposing Assisted Suicide Laws

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# A good place to start

If assisted suicide is legal, some people's lives will be ended without their consent, through mistakes and abuse.

No safeguards have ever been enacted, or even proposed, that can prevent this outcome, which can never be undone.

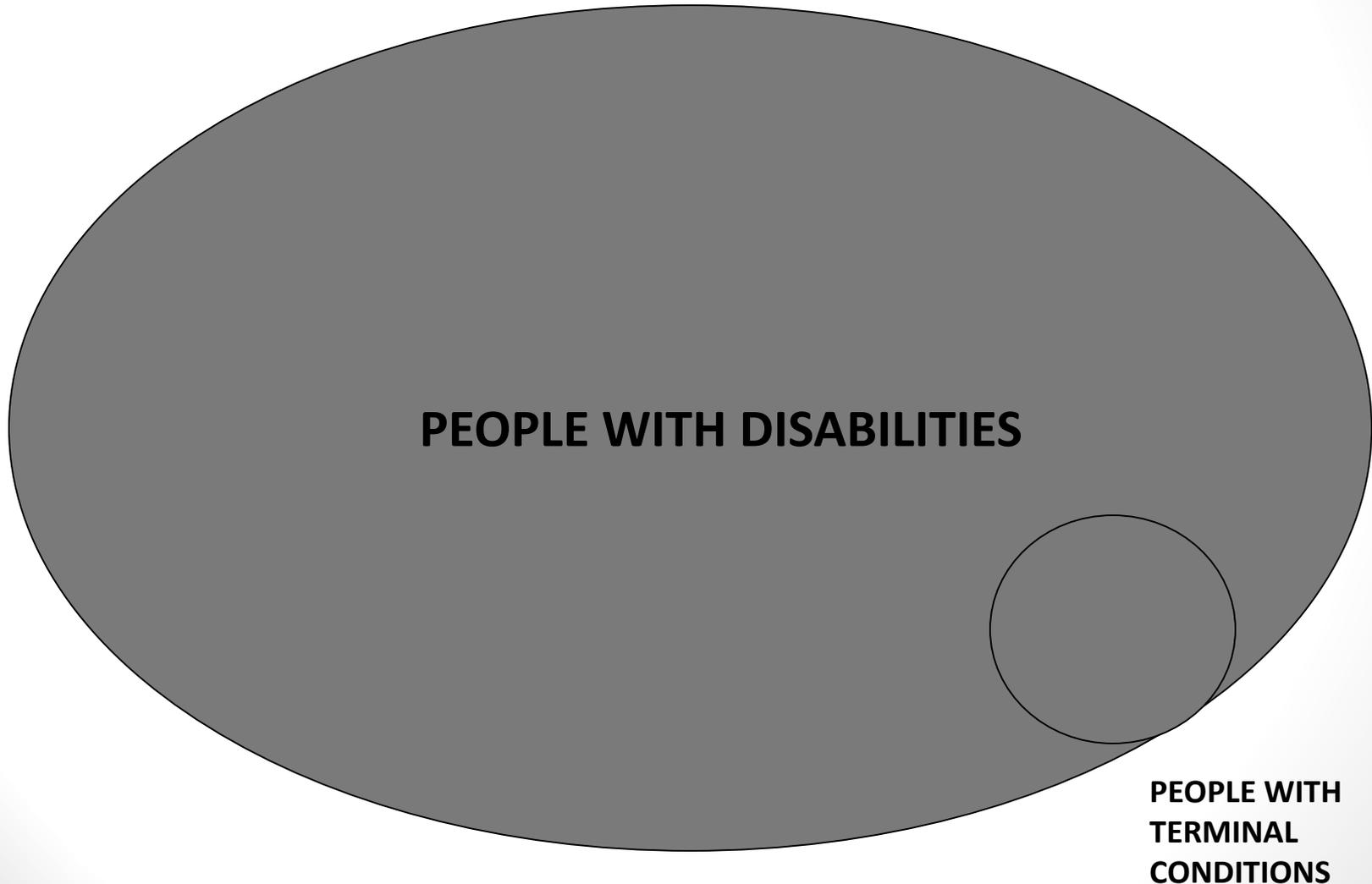
# What's Disability Got To Do With It?

Some question the legitimacy of disability groups "meddling" and trying to "take away" what they see as the general public's right to choose assisted suicide in the face of terminal illness.

# Most “Reasons” For Assisted Suicide Are Disability Issues

Oregon Reporting Form Language	1998-2013
His Or Her Terminal Condition Representing A Steady Loss Of Autonomy.	91.4%
The Decreasing Ability To Participate In Activities That Made Life Enjoyable.	88.9%
A Loss Of Dignity	80.9%
The Loss Of Control Of Bodily Functions, Such As Incontinence And Vomiting	50.3%
The Physical Or Emotional Burden On Family, Friends Or Caregivers	40.0%
Inadequate Pain Control Or Concern About It	23.7%
The Financial Cost Of Treating Or Prolonging His Or Her Terminal Condition	2.9%

# What's Disability Got To Do With It?



# What is the Disability Role?

The disability experience makes us experts in both:

- The concerns that lead people to request assisted suicide, and
- The dangers of legalizing assisted suicide.

We live on the front lines of the healthcare system in a society that devalues old, ill and disabled people.

We are the proverbial canaries in the coal mine, who understand and can explain the dangers to everyone of a public policy of assisted suicide.

# A Deadly Mix:

The deadly combination  
of assisted suicide  
and our broken, profit-driven  
US health care system



"We're able to hold down healthcare costs through assisted suicide."

**Barbara Wagner**, a 64-year-old great-grandmother, had recurring lung cancer, and **Randy Stroup** had prostate cancer. Their physicians prescribed chemotherapy, for Wagner to extend her life and for Stroup to help relieve pain.

But the Oregon Health Plan sent each a letter saying the Plan would not cover the beneficial chemotherapy treatment “but ... it would cover ... [among other things,] physician-assisted suicide.”

# Elder & Disability Abuse

- **Elder Abuse**

- Under the Oregon & Washington laws, a friend or relative – even an heir – can “encourage” an elder to make the request, sign the forms as a witness, pick up the prescription, and even administer the drug (with or without consent) because no objective witness is required at death, so who would know?

# Legal Alternatives Available

Which include:

- Palliative Care
- Palliative Sedation

# Failures of “Safeguards”

## **Fundamental loophole: Terminal Illness Prognosis.**

- Many people are misdiagnosed.
- “Terminal” predictions are unreliable.
- Some bills include people with conditions that cause death without treatment, like diabetes.
- Some bills define “terminal” as “incurable” and “irreversible.”

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"Of course you don't feel any better.  
Two years ago I gave you six months  
to live. You do the math."

**Jeanette Hall** of Oregon was diagnosed with cancer in 2000 and told she had six months to a year to live. She knew about the assisted suicide law, and asked her doctor about it, because she didn't want to suffer.

Her doctor encouraged her not to give up, and she decided to fight the disease. She underwent chemotherapy and radiation. Eleven years later, she wrote, “I am so happy to be alive! If my doctor had believed in assisted suicide, I would be dead. ... Assisted suicide should not be legal.”

**John Norton** was diagnosed with ALS at age 18 and given 3-5 years to live. Six years later, the progression of his disease suddenly stopped.

He is alive at age 77, with a wife, children, and retired from a successful career. He stated that if assisted suicide had been legal at the time, he would have used it, but is so happy to be alive.

# Failures of “Safeguards” (cont’d.)

**Doctor shopping.**

Doctor-shopping is when, if you ask for lethal drugs and your doctor says “No, you don’t qualify,” you or your family shops for another doctor who will say “yes.”

That’s what happened to Oregonian Kate Cheney, age 85. Although a psychiatrist concluded that she had dementia and was being pressured by her adult daughter, she later died after taking another doctor’s suicide prescription.

It's important to know that Compassion & Choices, known earlier as the Hemlock Society, facilitates the overwhelming majority of reported Oregon deaths in some way. They can refer you to a doctor if yours says no.

# Percentage of Reported Oregon Deaths Through C&C Assistance

(examples of particular years)

- Through 2002: “About 75%”
- In 2003: 79%
- In 2008: 88%

(These are typical, not outliers...)

## Duration of Physician-Patient Relationship in Reported Oregon Assisted Suicide Cases

The median reported duration of the physician-patient relationship in the Oregon assisted suicide cases over the years 1997-2014 is:

**13 weeks.**

(Range: 0 – 1905 weeks)

# Failures of “Safeguards” (cont’d.)

People with depression  
and psychiatric disabilities  
are at a significant risk.

Michael Freeland obtained lethal drugs in Oregon, despite a 43-year history of severe depression, suicide attempts and paranoia. His prescribing doctor said a psychological consult was not “necessary.” Yet, when finally provided high-quality medical and social services, his desire for assisted suicide vanished. He was able to reconcile with his estranged daughter and lived two years post-diagnosis until he died a natural death.

If Oregon's safeguards are strong, how did someone like Michael Freeland obtain lethal drugs?

Oregon's statistics show that, in recent years, only 3% of patients are being referred for psychological evaluations. Over all the years, only 6% have been referred.

On the rare occasions that psychiatric assessments happen, they are usually “pro forma,” because a doctor who thinks her patient should receive lethal drugs can “shop” for a psychologist or psychiatrist who will make a finding consistent with that view.

Moreover, the consulting doctor is often unable to diagnose depression, particularly when limited to the one session the law permits. The consultant only gives an opinion about whether the person's depression or other psychological factors result in impaired judgment. No treatment for diagnosed depression is required.



Assisted suicide creates a double standard. If you're non-disabled and want to kill yourself, you get suicide prevention services. If you have a disability and want to die, you get assisted suicide.

# Failures of “Safeguards” (cont’d.)

Financial and  
emotional pressures.

**Linda Fleming**, the first person to use the Washington State law, was divorced, had had financial problems, had been unable to work due to a disability, and was forced to declare bankruptcy.

Yet the Director of Compassion & Choices of Washington State said that her situation presented “none of the red flags” that might have given his group pause in supporting her request for death.

Yet proponents tell us that financial pressures have never played a role.

**Thomas Middleton** was diagnosed with Lou Gehrig's disease, moved into the home of Tami Sawyer in July 2008, and died by assisted suicide later that very month. Two days after Thomas Middleton died, Sawyer listed his property for sale and deposited \$90,000 into her own account.

After a federal investigation into real estate fraud, Sawyer was indicted for first-degree criminal mistreatment and aggravated theft. But the Oregon state agency responsible for the assisted suicide law took no action.

# The safeguards do work for someone: The doctors!

- Doctors are not held liable if they act on “good faith,” an impossible standard to disprove.
- The “good faith” standard makes all the other “safeguards” unenforceable
- For all other procedures, doctors are liable if they are negligent.

# Minimal Data & Fatally Flawed Oversight

- Reporting requirements lack teeth (NY bill requires no reporting whatsoever)
- Non-compliance is not monitored
- No investigation of abuse
- Underlying data is destroyed annually
- Possible falsification of documents

# The Netherlands:

“The Netherlands has moved from assisted suicide to euthanasia, from euthanasia for the terminally ill to euthanasia for the chronically ill, from euthanasia for physical illness to euthanasia for psychological distress and from voluntary euthanasia to nonvoluntary and involuntary euthanasia. Once the Dutch accepted assisted suicide it was not possible legally or morally to deny more active medical [assistance to die], i.e. euthanasia, to those who could not effect their own deaths.

(Quote continues >)

“Nor could they deny assisted suicide or euthanasia to the chronically ill who have longer to suffer than the terminally ill or to those who have psychological pain not associated with physical disease. To do so would be a form of discrimination. Involuntary euthanasia has been justified as necessitated by the need to make decisions for patients not [intellectually] competent to choose for themselves.”

– Dr. Herbert Hendin, Congressional testimony –

# Other Pointers:

- If you have a personal experience that relates directly, think of a short way to tell it.
- Use short examples of known abuses and problems from Oregon and Washington State as examples of each point, if possible.
- If you are asked about religion, abortion or politics, just say “My reason for being here is my concern about . . .” and go to your talking point. If they ask it again, give the same response again.

# Other Pointers (cont'd.):

- We are here due to our public policy concerns on behalf of people at risk: people with disabilities, elders, poor people, people from diverse backgrounds, and the many others who will be endangered by assisted suicide laws.
- If you are asked, “What about dying people who are suffering?” say, “Our hearts go out to anyone dealing with terminal illness and their families. But assisted suicide laws are so dangerous—they harm far more people than they help. You can’t ignore these harms!”

# Assisted suicide bills are usually defeated! (if we do our homework)

- In 2014, they failed in Massachusetts, New Hampshire, and Connecticut
- In 2015, they failed in Colorado, Montana, Wyoming, Utah, Maryland, Connecticut, Nevada, Alaska, New Hampshire, Iowa, Maine, and Rhode Island

The proponents  
focus on “choice.”  
Our response is  
social justice.

# Questions