

Talking Points Against Legalization of Assisted Suicide And Examples of Problem Cases

Our concern is social justice. 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.

1. There's a **deadly mix between our broken, profit-driven health care system and legalizing assisted suicide**, which will be the cheapest so-called treatment. Direct coercion is not even necessary. If insurers deny, or even merely delay, expensive live-saving treatment, the person will be steered toward assisted suicide. Will insurers do the right thing, or the cheap thing?

Barbara Wagner and **Randy Stroup**, Oregonians with cancer, were both informed by the Oregon Health Plan that the Plan wouldn't pay for their chemotherapy, but would pay for their assisted suicide. Though called a free choice, for these patients, assisted suicide would have been a phony form of freedom.

2. **Elder abuse**, and abuse of people with disabilities, are a rising problem. Where assisted suicide is legal, an heir (someone who stands to inherit from the patient) or abusive caregiver may steer someone towards assisted suicide, witness the request, pick up the lethal dose, and even give the drug -- no witnesses are required at the death, so who would know?

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.

3. Importantly, there is an alternative: anyone dying in discomfort that is not otherwise relievable, may legally today, receive **palliative sedation**, wherein the patient is sedated to the point where the discomfort is relieved while the dying process takes place. So we already have a legal solution to any uncomfortable deaths that does not endanger others the way an assisted suicide law does.

4. Diagnoses of terminal illness are often wrong, leading people to give up on treatment and lose good years of their lives, and endangering people with disabilities, people with chronic illness, and other people misdiagnosed as terminally ill.

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, but he encouraged her not to give up. Eleven years later, she wrote, "I am so happy to be alive! If my doctor had believed in assisted suicide, I would be dead."

5. Doctor-shopping: It's become common knowledge in Oregon that if your doctor says no, call the main organization that supports assisted suicide—today it's called Compassion & Choices but it used to be known as the Hemlock Society—and it will refer you to assisted-suicide-friendly doctors. They have been involved in between 75% and 90% of Oregon's reported assisted suicides. Shopping for another doctor who says yes, will get around the law's weak safeguards.

Take the case of Oregon patient **Kate Cheney**, who was 85. Her doctor refused to prescribe lethal drugs, because he thought the request actually resulted from pressure by her adult daughter who felt burdened with care giving. So the family found another doctor, and Ms. Cheney soon used the lethal prescription, and died. We call this "doctor shopping."

6. People with depression and other psychiatric disabilities are at significant risk. **Michael Freeland**, age 64, had a 43-year medical history of acute depression and suicide attempts. Yet when Freeland saw a doctor about arranging an assisted suicide, the physician said he didn't think that a psychiatric consultation was "necessary." But when Freeland chanced to find improved medical and suicide prevention services, he was

able to reconcile with his estranged daughter and lived two years post-diagnosis. How did that happen if the safeguards are so strong?

7. Financial and emotional pressures can also make people choose death. Family pressures are often hidden.

8. Oversight & data collection are grossly insufficient.

The reporting requirements lack teeth. Non-compliance is not monitored.

- There is no investigation of abuse, nor even a way to report it. The system does not report abuse because it's set up not to find any abuse, and not to show abuse, even when it does exist.

Wendy Melcher died in August 2005 after two Oregon nurses, Rebecca Cain and Diana Corson, gave her overdoses of morphine and phenobarbital. They claimed Melcher had requested an assisted suicide, but they administered the drugs without her doctor's knowledge, in clear violation of Oregon's law. No criminal charges were filed against the two nurses.

- There are a small number of penalties with no way to enforce them; no established means for finding out what happened.
- Underlying data is destroyed annually: most egregious of all, the State of Oregon has acknowledged that after each annual report is published, the underlying data is destroyed, so no outside party can conduct objective research.
- The Washington State assisted suicide law, and many current proposals in other states, require physicians signing the death certificate to list the underlying terminal illness as the cause of death, not the taking of lethal drugs, even if the patient was not experiencing any symptoms from the illness at the time. Many doctors see this as requiring them to falsify the death certificate, and it makes accurate data impossible to collect.

9. People with disabilities endangered. Supporters of doctor-prescribed suicide always say this proposal won't affect people with disabilities. But it will, **whether or not they realize it.** Terminal illnesses are almost always disabling in some way, particularly in the latter stages. And people with terminal illnesses are particularly vulnerable to risk. Oregon data also shows that the top five reasons people request assisted are disability-related concerns that have not been effectively addressed, and that many people outlive their terminal diagnosis.

Some organizations that oppose assisted suicide laws (medical and disability orgs.):

<ul style="list-style-type: none"> • American Academy of Neurology • American Association of Physicians and Surgeons • American College of Medical Quality • American College of Physicians • American Medical Association (AMA) • American Medical Directors Association • American Nurses Association • American Society of Medical Ethics • National Hospice & Palliative Care Organization • Patients Rights Action Fund (PRAF) • Physicians for Compassionate Care Educational Foundation 	<ul style="list-style-type: none"> • American Disabled for Attendant Programs Today (ADAPT) • American Association of People with Disabilities (AAPD) • Association for Persons with Severe Handicaps (TASH) • Associations of Programs for Rural Independent Living (APRIL) • Autistic Self-Advocacy Network (ASAN) • Disability Rights Education & Defense Fund (DREDF) • Disability Section, American Public Health Association • National Council on Independent Living • National Council on Disability • National Spinal Cord Injury Association • Not Dead Yet • The Arc of the U.S. • United Spinal Association (USA)
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