

## **PRESS RELEASE**

**September 2nd, 2009**

### **Physicians Warn of Dangers of Physician Assistance of Patient Suicides**

HELENA, MONTANA - In the late 1990's Montana native, Dr. George Mulcaire-Jones, established a palliative care model for patients dying of HIV/AIDS in Africa. "Conditions were dire but never was suicide assistance requested or offered. I never saw nor could I imagine nurses or physicians being trained to bring death instead of life."

Dr. Mulcaire-Jones, who provides palliative care as part of his Butte family practice, is dismayed and alarmed that today the Montana Supreme Court is hearing arguments about whether Montana's constitution might give physicians the power to help suicidal patients kill themselves. "It's hard to imagine a worse signal to send to all Montanans who've been--or will ever be--diagnosed with a terminal illness."

He believes, "Most Montana doctors don't want to be involved in the medical killing of vulnerable patients. Montana physicians know that suicide requests are a cry for help, often indicating underlying depression. Good physicians treat suicidal depression, regardless of the prognosis of physical illnesses the patient might have as well. They provide excellent end of life care and good pain control. Patients need competent, compassionate care, not legalized lethal drug overdoses."

Dr. Patricia O'Halloran, Vice-President PCCEF Washington, concurred, "In most cases of assisted suicide requests, the patient is depressed. Treat the depression, and the patient again wants to live life to its fullest, even if shortened by a terminal illness. To provide a person with the means to kill him or herself not only directly facilitates that tragedy, but it also tacitly and powerfully endorses it. That's why most physicians don't want to be part of it" she concluded.

Dr. Linda Seaman, Yakima, WA palliative medicine specialist concurs with Drs. Mulcaire-Jones and O'Halloran. According to Dr. Seaman, "with the variety of modern pain medications, properly scheduled and dosed, pain can nearly always be controlled by palliative medicine specialists if not your own personal physician." Per Dr. Seaman, "Active physician participation in a patient's suicide will lend legitimacy to suicide rather than to truly compassionate care. And, over time, some patients who fear they are a burden to their families might feel unintended pressure, or even overt coercion, to end their lives prematurely. Legalizing assisted suicide sends the wrong message to senior citizens, to seriously ill people and their families, and to society."

According to Dr. Mulcaire-Jones, "another reason some terminally ill patients might contemplate suicide is because they can no longer do all the things they used to be able to do; people commonly become disabled as a terminal illness progresses. As a father of a child with a disability, I am acutely aware that false compassion can be a mask for discrimination. In the context of health care rationing, I believe legalized assisted suicide would further encourage disability discrimination and elder abuse" he stated.

Dr. Mulcaire-Jones concluded: "Montana is a community of people who care for their family members, neighbors, and friends. We surely want to continue in that proud tradition of compassionate care. Most Montanans know our state constitution was never intended to legalize the killing of ill and vulnerable Montanans. Surely the State Supreme Court has the horse sense to see that as well."

This press release was sent from True Compassion Advocates on behalf of Physicians for Compassionate Care Education Foundation of Washington

*Physicians for Compassionate Care Washington promotes the ethic that all human life has inherent value and that physician-assisted suicide undermines trust in the patient-physician relationship, changes the societal role of physician from healing to medical killing, and endangers the value that society places on life, specifically for those who are most vulnerable. Physicians across Montana have been joining as affiliate members.*