

JAMA Right-to-Die Piece Was a Fake  
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A Journal of the American Medical Association article promoting death for "uselessness" (Shah, 2000, p.1897) was simply not true. Dr. Michael Swenson put it succinctly: "the events described in his story never happened" (Swenson, 2001). Swenson supervised Dr. Shetal Shah, author of the deceptive medical journal article, in his work as a visiting medical student in Gambell, Alaska. The supervisor and the medical journal editor did the right thing. They corrected the record. They told the truth. Shah, however, persisted in his self-justification, claiming that what he presented as fact could have happened.

True to the tradition of a long line of liars in the right-to-die movement, Shetal Shah, M.D., presented as fact his fantasy about what death could be like in the arctic. He spun a yarn that a Siberian Yupik elder presented at a remote village clinic with the chief complaint of "uselessness." Shah then proceeded with a rambling, romanticized saga of events that never happened. At the end of the story, the elder, rather predictably, stepped out onto the frozen Arctic Ocean and walked to his death.

In presenting this story, Shah imposed a harsh, utilitarian ethic on the Yupik culture, which has no such ethic. He claimed, "When a man feels his ability to help the tribe has expired, he ... bids farewell to his family and walks over the frozen Arctic Ocean, never to return" (Shah, 2000, p. 1897). He described a culture "that feels a man is only as valuable as the wisdom he imparts" (p.1898). As Dr. Swenson, who actually knows something about the people with whom he works, pointed out, Shah's claim "perpetrates a falsehood that has never been true among the Inuit of Alaska" (Swenson, 2001, p. 919). As in all Inuit cultures, elders among the Siberian Yupik are held in "very high esteem," because they are "intrinsically valued," "just because they are the elders" (p.919).

In his zeal, Shah imposed the utilitarian values of the modern bioethics movement (Smith, 2001) upon this fictional character from a different culture. Shah claimed the non-existent tradition of self-extinction is based "solely on utility" (p. 1897). The problem is that there is no such tradition, as Swenson could have taught him. The falsehood that the Inuit ever had such a tradition is apparently based on a western misunderstanding arising from a form of nineteenth century social Darwinism. By perpetrating a new version of this myth, this time in the name of twenty-first century utilitarianism, Shah devalues not only the Inuit culture, but all individuals who may be vulnerable and dependent (Hamilton, N.G. et al., 1998). He apparently did so in an attempt to extend a "right to die" to anyone who feels demeaned by their culture, as well as to "chronic, progressively ill, or the elderly ICU patient with a poor prognosis" (Shah, 2000, p. 1897). These later patients Shah himself demeaned by claiming they have illnesses we doctors "would rather not live with" (Shah, p. 1897). Shah's solution appears to be a duty to die.

Shah's is merely one in a long line of right-to-die deceptions. Patti Rosen, for example, claimed in a television commercial key to passing the Oregon assisted-suicide law that her daughter took her assisted-suicide pills and slipped "peacefully away." Only when it was too late was the truth finally revealed to the public. Rita Marker of the International Anti-Euthanasia Task Force had

tried to make these facts known earlier. The pills initiated a dying process so gruesome that "a family member nearly put a pillow over her daughter's head" to smother her (O'Keefe, 1997). "In the end, Rosen, a registered nurse, said she 'hit a vein,' suggesting she had to use an injection to end her daughter's life." Only after a decade long killing spree was it finally revealed that 75% of Kevorkian's victims were not even terminally ill (Roscoe, 2000). More subtly deceptive is the Oregon Health Division (OHD) practice of using as their sole source of data the stories of the assisted-suicide doctors themselves (see PCC News, Spring 2001). OHD treats those complicit in the suicides as if they could be counted on to tell the truth, the whole truth, and nothing but the truth. OHD persists in overlooking serious, unreported problems with assisted suicide in Oregon. There have been documented depressed individuals (Hamilton & Hamilton, 1998) and those pressured by family members receiving lethal overdoses, doctor shopping, and grotesque failed assisted-suicide attempts not reported by the suicide doctors or OHD (Hamilton, C., 2000).

The JAMA editor acknowledged that a hoax had been perpetrated. Now, it's time to recognize a larger pattern of deception: the claim of a "right to die" is based on demeaning and dehumanizing fantasies of a few individuals who consider some other people's lives useless.

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