Assisted suicide puts patients at risk By N. Gregory Hamilton, M.D. Washington Times, September 29, 2000

Kaiser Permenente gave Kate Cheney, an elderly Oregon woman with dementia, a lethal overdose of federally controlled substances despite the fact that a psychiatrist had found she was not eligible for assisted suicide. According to the psychiatric consultation, she was not mentally competent and assisted suicide appeared to be more her daughter's agenda than her own. How did the health maintenance organization get around the so-called "safeguard" of a psychiatric consultation for mentally impaired individuals required by Oregon's law legalizing assisted suicide? It simply got another opinion.

In his Sept. 26 Commentary column, How we meet death, Bruce Fein showed he had not done his usual research when he touted Oregon's assisted-suicide law and condemned the enlightened Pain Relief Promotion Act. He merely repeated Oregon state reports promoted by assistedsuicide activists without taking note that Oregon's state-run health plan for the poor and disabled rations health care for the poor and denies funding for more than 100 needed medical services, yet it fully funds assisted suicide.

Mr. Fein overlooked the fact that an Oregon HMO admitted to fully funding assisted suicide while it limits funds available for hospice care at a stingy \$1,000. He also overlooked the fact that the first publicly reported case of assisted suicide was diagnosed as depressed but instead of receiving the effective treatment for depression she needed and deserved, she was assisted in suicide. He overlooked the fact that Oregon government reports have been criticized roundly for giving the public only glib reassurances while failing to reveal known cases of assisted suicide for the depressed and demented, economic incentives favoring assisted suicide, instances of assisted suicides failing, and the lack of any adequate "safeguards."

The real threat to good patient care is assisted suicide. If Mr. Fein were to examine the facts, he certainly would join the American Medical Association, the national hospice organizations and pain care specialty organizations in supporting the Pain Relief Promotion Act, not suicide for the vulnerable.

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