

Bias Makes Travesty of Assisted-Suicide Report

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Gregory Hamilton, M.D.

On Wednesday, the Oregon Health Division reported 21 assisted suicides in 2001. Once again, the annual report gathered information only from those needing to justify recent participation in a suicide -- the assisted-suicide doctors themselves. There was no independent verification of the adequacy of pain care, palliative care or psychiatric treatment in any of the cases.

The Health Division's reporting in this area is a travesty. It discredits what was once a fine public health organization. National medical experts have observed that those responsible for monitoring the Oregon assisted-suicide law have become its advocates and have biased their data collection.

In a new book, scheduled to be released in March by Johns Hopkins Press, Drs. Kathleen Foley of Project on Death in America and Herbert Hendin of New York University have concluded, "Even more troublesome has been the restrictive manner in which the Oregon Health Division, charged with monitoring the law, has interpreted its mandate." This restrictive interpretation has resulted in biased data collection, false assurances and the failure to disclose known cases of patients with depression and patients under pressure from their families being given assisted suicides.

Neither has the Health Division revealed the admitted involvement of HMOs in assisted suicides.

What little useful information one can glean from the report all points to one conclusion: Assisted suicide isn't necessary. Among Oregonians who died last year, 99.9 percent did so without assisted suicide. And the other 0.1 percent could have, too, given the availability of pain treatment and palliative care.

The predominate concerns that led to the suicides were psychological fears and social concerns. Only one assisted-suicide victim this year even mentioned pain care as a possible concern. There is no evidence that any of the victims was suffering from actual substantial pain. That's because doctors can treat pain. No one in America needs to die in unrelieved pain.

The psychological and social fears of the assisted suicide victims all point to low self-esteem and anxiety often associated with depression. Medical studies demonstrate that

most patients even inquiring about assisted suicide suffer from depression, often unrecognized by the doctor. Yet only three of the Oregon assisted-suicide victims were even referred for a psychiatric opinion. Such neglect of the mental health concerns of suicidal patients would be considered malpractice in any other state.

Dr. Gregory Hamilton, a Portland psychiatrist, is a spokesman for Physicians for Compassionate Care.