

The Reality of Physician Assisted Suicide in Oregon & What it Means

presentation to
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**“ the secret of the care of the patient
is in caring for the patient ”**

“The Care of the Patient”

J American Medical Assoc 1927; 88:877-882

Definitions – use correct language

- Physician-assisted suicide: Physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act. Provides sleeping pills and information about the lethal dose while aware the patient may commit suicide.
- Euthanasia: Active causation of death of patient by physician by lethal injection.

American Medical Association Code of Ethics

- Allowing physicians to participate in assisted suicide would cause more harm than good.
- Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

I did not go
into medicine
to kill people !

Dr. Stevens quoted in
New York Times, Katie Hafner article
August 11, 2012

For 2400 years, physicians have withstood the allure of promoting death. We have cared for the weak and outcast when others have turned away.

Today's pressures include economic ones; such forces may compromise patient care and promote assisted suicide.

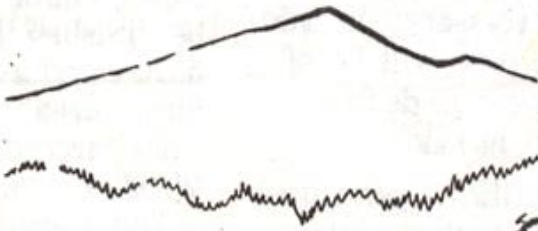
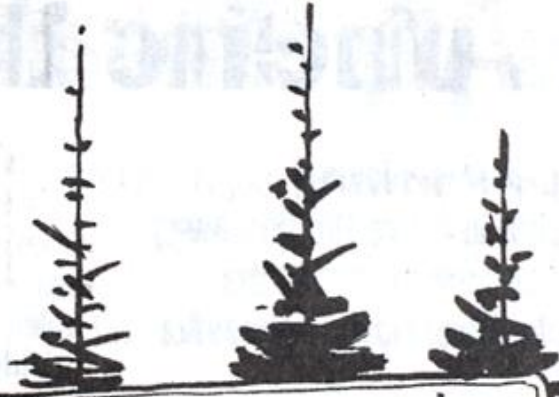
Physicians have the duty to safeguard human life, especially life of the most vulnerable: the sick, elderly, disabled, poor, ethnic minorities, and those whom society may consider the most unproductive and burdensome.

Suicide Prevention

- When a person expresses a desire to take their own life, society acts to protect that person from committing suicide.
- However, when assisted suicide is legalized, society then acts to assist that person in committing suicide.
- This is especially true for those who are seriously ill or have disabilities – they have lost society's protection against suicide.

I THINK THAT SIGN
MAY MAKE PEOPLE FEEL
TOO UNWELCOME, LIM...

Welcome To
OREGON
"MAY WE ASSIST YOU
WITH YOUR SUICIDE?"



The focus of assisted suicide legalization is to give doctors legal protection and the right to kill patients.

The focus is not on comfort care.

The focus is not on pain management.

The focus is not on palliative care.

The focus is to legalize assisted suicide.

Legalization of assisted suicide does not give any new rights to patients.

It's purpose is to legally protect doctors who write prescriptions for lethal drugs.

Legalization of assisted suicide takes away from terminally ill and disabled patients, the protection against doctors who order their death by a prescription for lethal drugs.

DOUBLESPEAK

In his 1993 book, "Lawful Exit", Derek Humphry, founder of the Hemlock Society, devoted a **chapter titled "DoubleSpeak"** to the importance of language.

The proponents of assisted suicide use euphemisms in their campaign to legalize assisted suicide.

But suicide is still suicide

“You will never get accustomed to killing somebody.”

Writing a lethal prescription is like “giving a patient a loaded gun and just asking them not to shoot before you leave the house.”

*Pieter Admiraal, M.D. leader of The Netherlands' euthanasia movement
American Medical News 9/15/1997*

Michael Freeland (Mr. A)

received substandard medical care

Assisted suicide leads to dumbing-down of medicine

- 63-year old with lung cancer, received lethal drugs without a psychiatric evaluation, even though he had a history of suicide-attempts.
- He was committed involuntarily to a hospital psychiatric unit because of suicidal & homicidal concerns. Guns removed.
- Judge declared him to be incompetent; all while he had lethal drugs in his home.
- At time of hospital discharge, a palliative care consultant wrote that he probably needed attendant-care at home, but that was a "moot point" because he had "life-ending medication".
- Substandard medical care because of assisted suicide.

<http://ajp.psychiatryonline.org/cgi/reprint/162/6/1060>

What does terminal mean?

Life-expectancy is difficult to predict

Dr. J. Englebert Dunphy, MD

(Prominent US surgeon):

- “My personal experience made it obvious to me that one cannot predict the precise course or outcome of cancer.
- “The adage ‘he will be dead in 6 months’ is an unforgiveable statement for a physician to make”.
“Annual Discourse - On Caring for the Patient with Cancer”,
New England Journal Medicine, Aug 6 1976

Presented at annual meeting Massachusetts Medical Society

Jeanette Hall – cancer patient lured to assisted suicide

- In 2000 was diagnosed with cancer, she refused treatment and wanted assisted suicide. She had voted for it.
- Without treatment, she was told she had 6 to 12 months to live.
- After 4 weekly visits with me, I helped her have hope, she completed treatment, the cancer disappeared.



"I'm Alive - 13 years later!" 17

Pain is Not the Issue It is a smoke-screen

- Pain can be controlled.
- Uncontrolled pain in the terminally ill rarely occurs.
- In Oregon only a very small minority of patients dying of Physician-assisted Suicide chose it because of fear of pain in the future. This was not because they were having pain.

If intolerable suffering were the reason for physician-assisted suicide, then why is it not successfully promoted in areas of the world where there really is such intolerable suffering?

Why is assisted suicide & euthanasia only successfully promoted in affluent societies?

The message that proponents of assisted suicide are giving to the public and to patients, is that doctors can do a better job of killing patients than they can of caring for their medical needs.

Patients worry that doctor becomes the attorney, judge, jury and executioner.

“No matter how carefully any guidelines are framed, assisted suicide and euthanasia will be practiced through the prism of social inequality & bias that characterize the delivery of services to all segments of society, including health care. Growing concerns about health care costs increase the risks presented by legalizing assisted suicide and euthanasia. This cost consciousness will no be diminished, and may be exacerbated, by health care reform.”

*New York Task Force on Life and Law 1994
Assisted Suicide and Euthanasia*

People with disabilities fear assisted suicide

- Disability Rights advocates are appalled at the negative assisted suicide message directed to people with disabilities.
- Assisted Suicide advocates de-value those who are disabled by playing on the “horror of dependency”.
“There are conditions worse than death”.
- Those with disabilities fear they will be the next targets of Assisted Suicide.
- They have formed “Not Dead Yet” and “DREDF” organizations.



Is Disability a Dead End?

Depression

- Depression is the leading cause of suicide.
- Depression needs to be diagnosed and properly treated with counseling and medications.
- Oregon researchers reported in 2008 that 25% of Oregonians requesting assisted suicide were depressed.
- Yet, in the past 6 years only 1% (5 of 381) of Oregonians dying of assisted suicide had a psychiatric evaluation.

Assisted Suicide is Cheap – save \$\$\$

- There are financial reasons why HMOs or state medicaid programs may promote cheaper Assisted Suicide, rather than have prolonged cost of caring for a patient with chronic disease.
- There is concern that vulnerable people with limited-resources may feel that Assisted Suicide is their only choice.

Physician-assisted Suicide and Euthanasia can help solve the problem of rising health care costs says Derek Humphry of Hemlock Society 12/2/1998

Economics makes case for euthanasia, Derek Humphry argues

By ERIN HOOVER BARNETT

of The Oregonian staff

The physician-assisted suicide debate drew national attention this year, from attempts in Congress to cripple the practice to the airing of Dr. Jack Kevorkian's latest case on "60 Minutes."

Attempting to put the debate into historical context is Derek Humphry and Mary Clement's new book, "Freedom to Die: People, Politics and the Right to Die Movement."

The 388-page book argues that assisted suicide is, as Victor Hugo said, "an idea whose time has come."

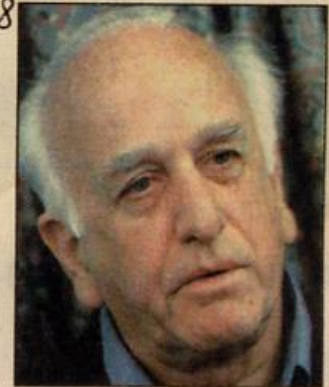
Humphry, best-selling author of "Final Exit" and a longtime advocate of assisted suicide and euthanasia, elaborated in an interview from his

home near Eugene.

Q: You argue in "Freedom to Die" that assisted suicide — where patients obtain drugs to end their own lives — and euthanasia — the intentional killing of an ailing patient, usually by lethal injection — are practical options in an era of mounting health care costs. Aren't you ratifying fears that the high cost of end-of-life care will pressure people to commit suicide?

A: We would fight against obligatory dying. We would argue against any duty to die. But from polls, we know that just over half the people in the country do want physician-assisted dying in

Please turn to
HUMPHRY, Page E4



HUMPHRY

OREGONIAN
12/2/1998

Choice is an Illusion

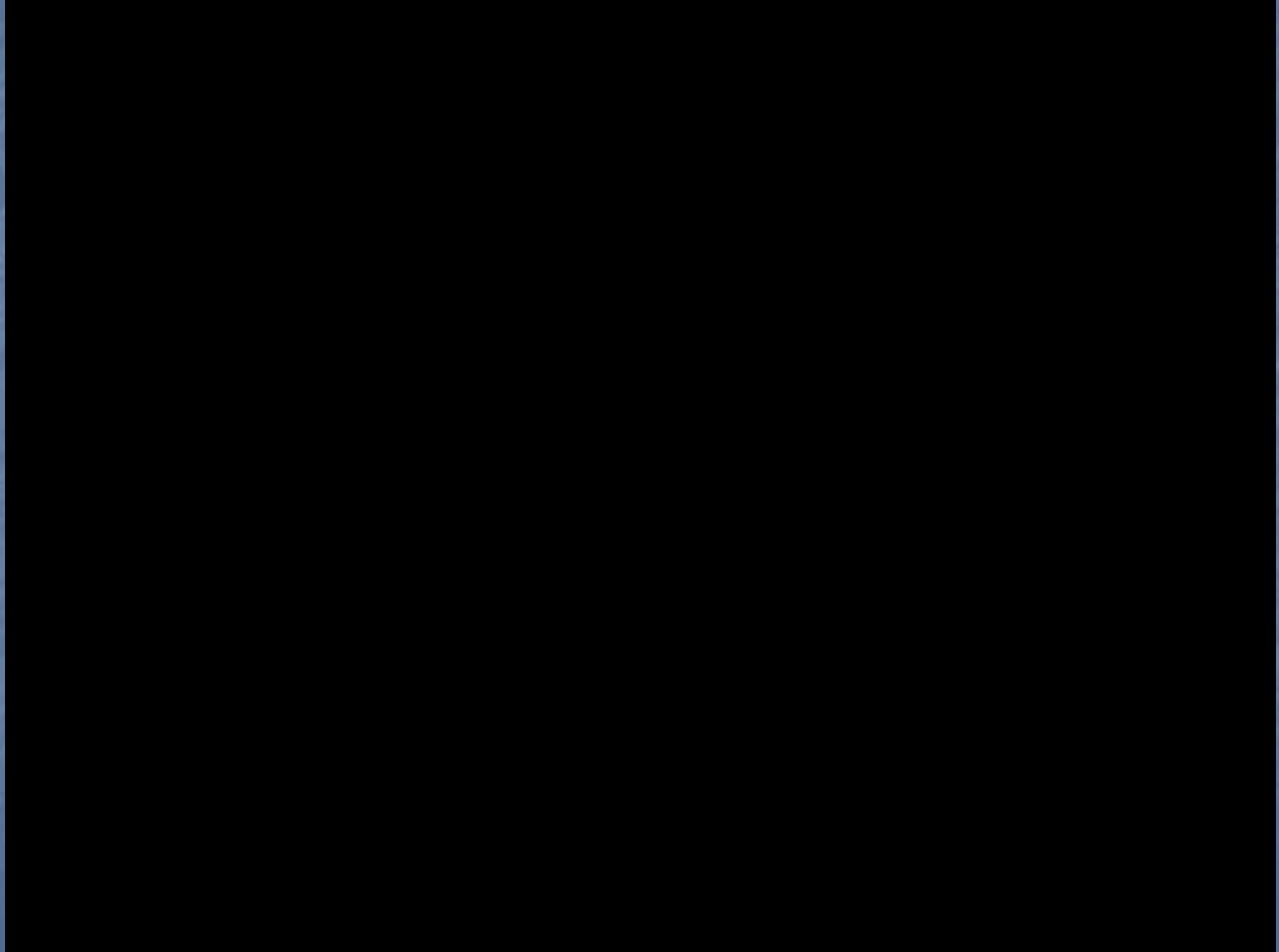
- Assisted Suicide is a recipe for elder abuse.
- In Oregon, legalization has empowered the Oregon Health Plan to steer citizens to suicide.
- Other suicides have increased with the legalization of assisted suicide.
- Legalization will decrease personal choice



Oregon is rationing cancer treatment, but offering assisted suicide to cancer patients

- Oregon Health Plan (Medicaid) limits treatment with intent to prolong survival.
- **Barbara Wagner – The Oregon Health Plan (Medicaid) refused to cover beneficial life-extending cancer treatment, but offered assisted suicide instead.**
- <http://www.katu.com/home/video/26119539.html>

Barbara Wagner - Oregon Health Plan



Kate Cheney-age 85 died 8/29/1999

“Kate’s choices may be influenced by her family’s wishes and her daughter may be somewhat coercive.” – evaluating psychologist

A family struggle

Is Mom capable of choosing to die?

Kate Cheney says she wants assisted suicide, but doctors and therapists wonder if it's actually her vocal daughter's wish



Kate Cheney - Questions ?

- She was turned down for assisted suicide because psychiatrist Dr. Linda Ganzini, Oregon's most experienced assisted-suicide investigator, determined that Kate Cheney was not capable of making that decision.
- Her daughter's assertiveness about getting the lethal dose made the psychiatrist wonder whose agenda this really was. Whose choice? Assisted suicide is a recipe for abuse.
- Doctor-shopping resulted in her getting the lethal dose and dying of assisted suicide.

“Is Mom capable of choosing to die?”

EH Barnett, The Oregonian newspaper, 10/17/1999.

Legalizing assisted suicide does not improve end-of-life care

- “Last Acts” in a 11/18/02 report gave Oregon mixed ratings on end-of-life care.
- In several aspects of palliative care, Oregon received lower grades than many states which ban assisted suicide.
- Oregon researchers found that after the legalization of assisted-suicide that there were more Oregon patients dying of pain than there were previously.

What about Suicides?

2009 year information – rate per 100,000 population

<http://www.suicidology.org>

- Oregon's rate of suicide – 16.8 [644 #]
- National rate of suicide - 12.0 [36,909 #]
- Oregon's rate of suicide is 140% of national rate. Adding 59 assisted suicide deaths to 644, totals 703 suicides; results in an Oregon rate that is **153%** of the national average.

Oregon has a real problem with its high suicide rate [8th highest in US]

- Oregon's suicide rate has been increasing since 2000. Assisted suicide start in 1998.
- How do you justify suicide prevention in a state that has legalized assisted suicide?
- What message does legalization of assisted suicide send to those who are considering suicide because of life's problems?

There is a mistaken opinion that all Oregon assisted suicide patients have self-administered the lethal drugs.

- The Washington Post (11/3/99) told how Dr. Rasmussen opened 90 capsules and poured the powder into chocolate pudding. He gave the mixture to the woman's son who spooned the mixture into his mother's mouth. Another son gave her sips of water to wash the solution down. All she did was swallow.
- *Is this self-administration?*

Patrick Matheny 43-yr old.
His brother-in-law had to "help" him
with assisted suicide because he
could not have done it by himself.

Man with ALS makes up his mind to die

■ Patrick Matheny, who had Lou Gehrig's disease, dies with his brother-in-law at his side in a Coos Bay travel trailer

By ERIN HOOVER BARNETT

of The Oregonian staff *Oregonian 3/11/99*

Patrick Matheny, on the brink of complete paralysis from Lou Gehrig's disease, used his lethal prescription for physician-assisted suicide Wednesday in the Coos Bay travel trailer he called home.

But as he had feared, Matheny struggled to swallow the mixture of barbiturates and a chocolate nutrition drink.

His brother-in-law, whom Matheny asked to be with him, said he helped Matheny die. His brother-in-law would not elaborate on how he helped Matheny, saying that was too personal.

"I do love Pat, and I needed to be there for



BENJAMIN BRINK/The Oregonian

Patrick Matheny, who had Lou Gehrig's disease, died Wednesday at age 43.

him, and I was. I know in my heart that I did the right thing," said Joe Hayes, who, like Matheny, is 43. "He had made up his mind. This is what he wanted. I just think the pro-

cess needs to be looked at. If we're going to do this, then it needs to be set up in a way in which each individual can accomplish it."

Matheny's parents, whose house is steps away from their son's trailer, summoned Hayes from his home farther up the coast on Monday when Matheny indicated he felt ready to use the lethal medication soon. Matheny wanted to spare his parents the experience of being with him when he died. Hayes is married to Matheny's sister, and the two men were close for many years.

Matheny had spoken publicly about his experience in pursuing physician-assisted suicide when he began the process to get a lethal prescription last fall, one year after his diagnosis with amyotrophic lateral sclerosis, or ALS. He had planned to buy illegal street drugs but then decided he wanted to support

What about Oregon's Department of Health oversight of assisted suicide? It is a joke.

- When Oregonians voted to legalize assisted suicide, the ballot measure stated there would be no cost to state government. You get what you pay for
- Following a failed assisted suicide attempt in 2005, the Department of Human Services (DHS) stated that they had "no authority to investigate individual Death with Dignity cases – the law neither requires nor authorizes investigations from DHS" *Press Release from DHS 3/4/2005*
- There is no real monitoring of Oregon's assisted suicide experiment.
- The 2011 Year report listed underlying illness as "Unknown" for 3 patients dying of assisted suicide. How can an "unknown" illness be terminal? Residence unknown for 3.

Doctor not present when drugs are taken by patient

- In the past four years (2009-2012) the prescribing doctor has been present for only 22 of the 272 assisted suicide deaths in Oregon. Yet doctors are asked to describe what happened at that time. They have no knowledge.
- How do we know what others are doing to influence and direct the suicide?
- Doctors are not required to care for the patient once the prescription for lethal overdose has been written.
- “The emperor has no clothes”

“A coterie of insiders runs the program with a handful of doctors & others deciding what the public may know.”

The Oregonian newspaper editorial- 9/20/2008

- The Oregon assisted suicide organization (C&C) claims to have directed and controlled 75% of the assisted suicide deaths in Oregon. In 2009, 57 of the 59 assisted suicide deaths were their clients. They know and control the information released to the public.
- There is a mask of silence regarding the details of assisted suicide in Oregon.

Death-Doctors

Oregon doctors specializing in assisted suicide

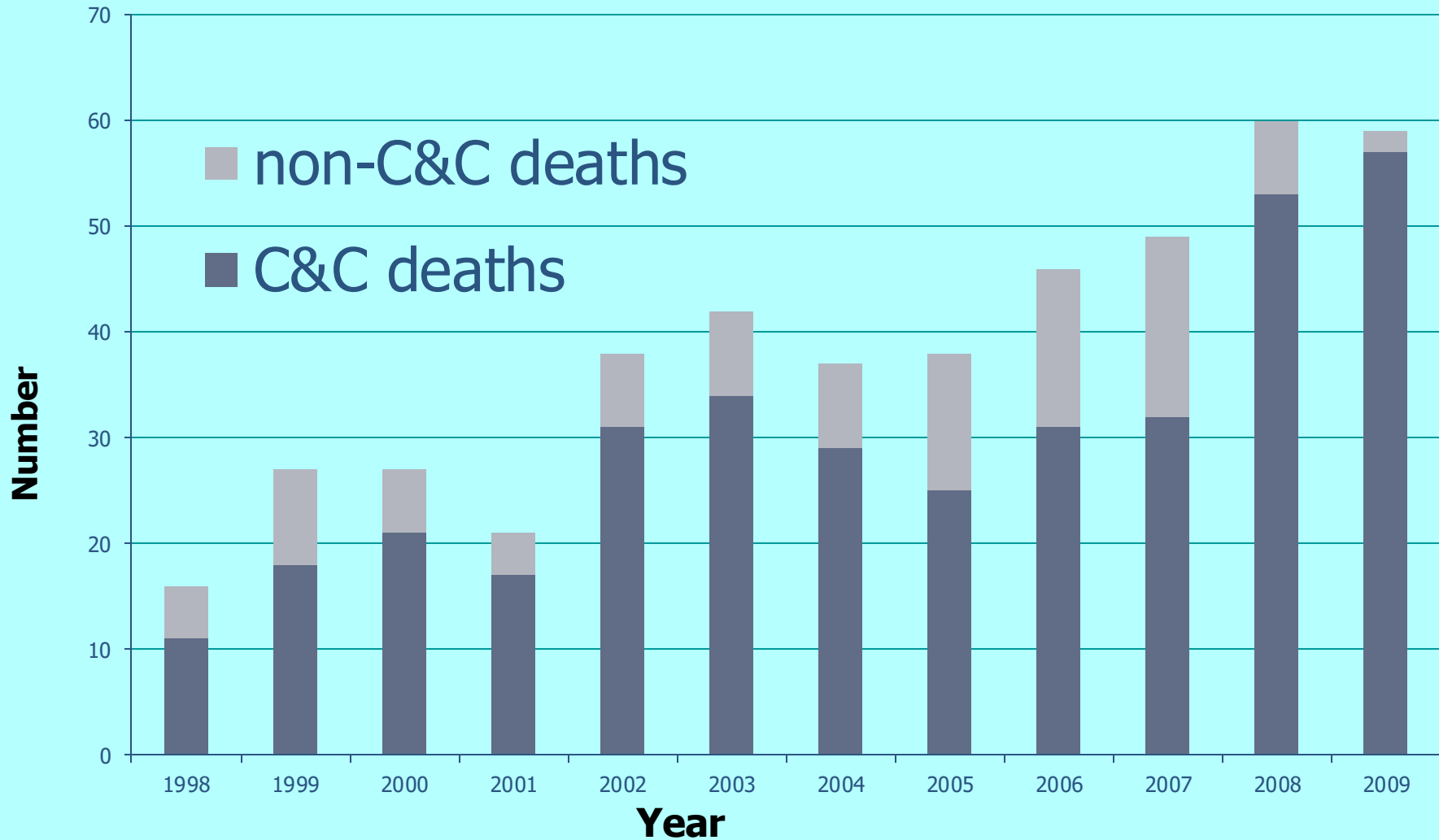
- From 2001 to 2007, 109 doctors (1% of Oregon doctors) wrote 271 fatal prescriptions for assisted suicide.
- From 2001 to 2007, 3 doctors wrote 62 of the 271 fatal prescriptions. That is 23% of the prescriptions written by only 3 doctors.
- 17 doctors wrote 165 of the 271 prescriptions, that is 61% of prescriptions.

Hedberg, J Clin Ethics 2009; 20:124-132

Oregon's assisted suicide proponent organization C&C

- State they are the authors of the assisted suicide law, describe themselves as the guardian of that law, advocate and campaign for legalization of assisted suicide in other states.
- They are associated with three-fourths of Oregon's assisted suicide deaths, and with 57 of the 59 deaths in 2009.

Numbers & Proportion of Oregon Assisted Suicide Deaths who were clients of Compassion & Choices (C&C) Organization



Compassion & Choices

C&C

Conspiracy & Control

- Compassion & Choices is like the fox in the proverbial chicken coop; in this case the fox is reporting its story to the farmer regarding what is happening in the coop.
- C&C's non-physician executive director (an attorney) reported in 2007 that he had attended more than 36 assisted suicide deaths, even helping to prepare the drugs.

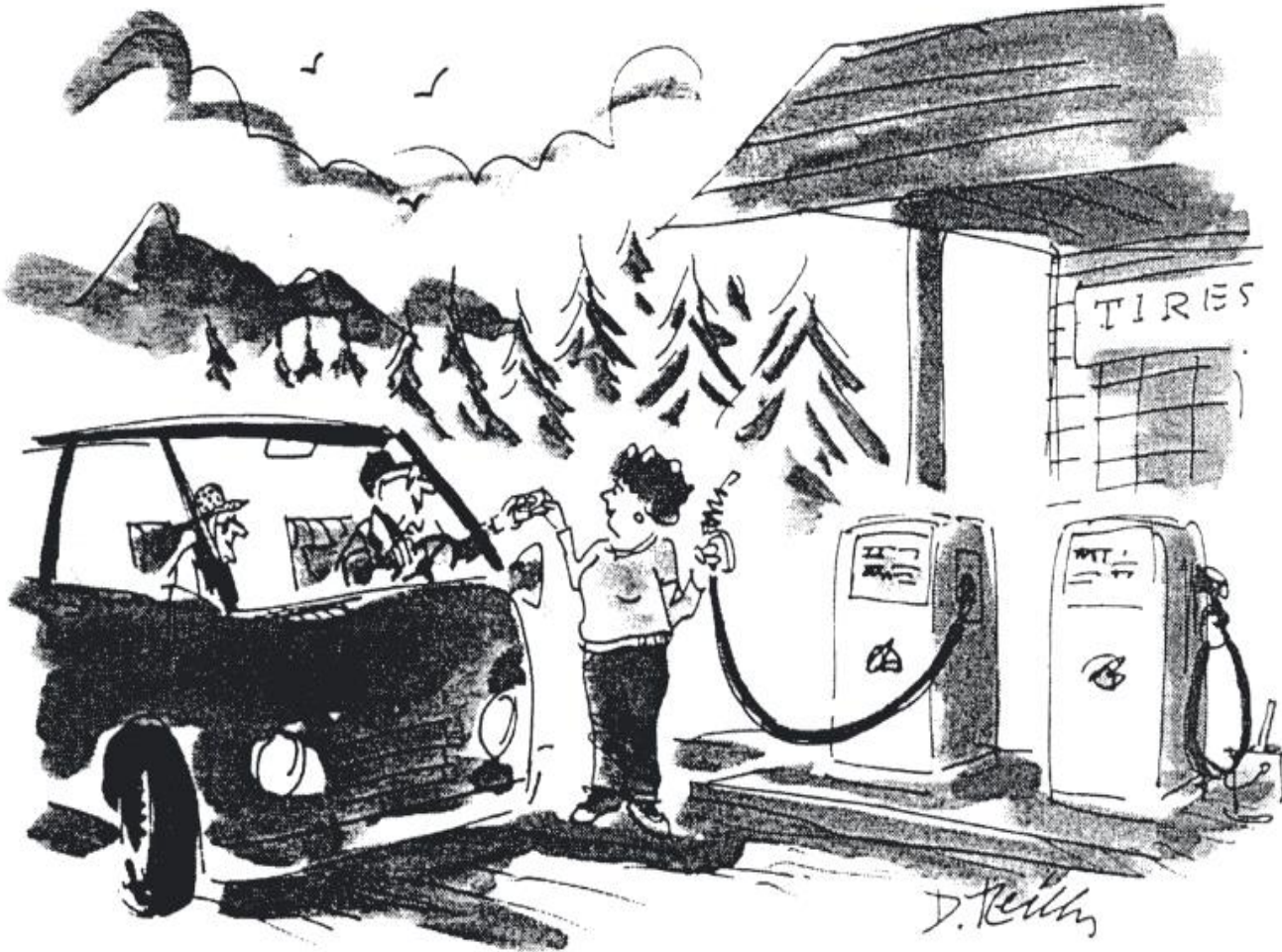
The assisted Suicide movement speak of the “safeguards” in Oregon’s Assisted Suicide Act. However, these “safeguards” are really boundaries or “fences”.

They are a barrier for access to assisted suicide for those outside these boundaries.

This is a very fatal flaw in the assisted suicide argument.

Autonomy & Boundaries don't mix.

- Unbounded autonomy has no boundaries.
- The boundaries around assisted suicide are elastic.
- They have stretched like a rubber band, and will continue to stretch.
- The nature of unbounded autonomy ultimately leads to loss of autonomy.



"Yes, Oregon's lovely, but we're just here for the suicide."

What is ahead for assisted suicide – what do the proponents want?

This is the slippery slope

- They want no “safe harbor for patients”. Doctors should be required to participate or refer patient to a doctor who will write a lethal prescription. No choice for doctors.
- Eliminate reporting requirements.
- Extend to non-terminal and demented patients, who are not capable of choosing.
- Allow euthanasia, lethal injection

Physicians who care for patients should not order and direct their death.

- It is against medical ethics: “Give no deadly drug”.
- It is too dangerous to give the power to kill patients to the medical profession.
- It is dangerous because of insurance company and government financial incentives.
- It destroys the inherent trust between patient and physician.
- It devalues the inherent value of human life.
- It desensitizes us towards any type of suicide.

When a doctor writes a prescription for assisted suicide, the message is:

- Your life is not worth living.
- You are better off dead.
- I don't value you or your life.
- I want you dead.
- I order you to die.
- I direct you to die.

It destroys trust between patient and physician.

My personal story:

- In 1982, my wife with advanced cancer, and I went to her doctor again.
- She was told “Nothing more can be done.”
- Doctor: “I can write an ‘extra-large’ prescription for pain medication for you.”
- My wife: “He wants me to kill myself.”
- She was devastated that her physician, her trusted physician, would subtly suggest that her life was no longer of value.
- Assisted suicide decreases trust between patient and doctor.

Revised Good Samaritan Parable

- WHO IS MY NEIGHBOR? *Luke 10:29-37*
- A certain man going down from Jerusalem fell among thieves which stripped him of his raiment and wounded him, leaving him half dead. A priest saw him and passed by on the other side. A Levite came and looked on him and passed by on the other side.
- But a certain Samaritan came where he was, when he saw him he had compassion on him, and he gave him fatal poison, and put the half-dead man out of his misery; permitting better use of his money.
- Which of these three was neighbor unto him that fell among thieves? He that showed mercy on him.

Which Good Samaritan Doctor
does Society want
to care for them?

Choose Well

Recommended Publications

- The Case Against Assisted Suicide, Foley & Hendin, Johns Hopkins Press, 2002
- Forced Exit, The slippery slope from Assisted Suicide to Legalized Murder, Wesley Smith, Spence Publishing, 2003, www.spencepublishing.com
- Culture of Death, Wesley Smith, Encounter Books, 2000
- Power Over Pain, How to get the pain control you need, Cheven and Smith, International Task Force (paperback), 2002, \$13.
- Emotional & Psychological Effects of Physician-Assisted Suicide & Euthanasia on Participating Physicians, KR Stevens, Issues in Law & Medicine 21:187-200, 2006.
(<http://www.pccef.org/art44.htm>)
- Physician-Assisted Suicide in Oregon: A Medical Perspective, Hendin & Foley, Michigan Law Review, 106:1613-1640, 2008
http://www.michiganlawreview.org/assets/pdfs/106/8/hendin_foley.pdf

Recommended Websites

- www.pccef.org Physicians for Compassionate Care
- www.choiceillusion.org Choice is an Illusion
- www.patientsrightscouncil.org Patients Rights Council
- www.hospicepatients.org Hospice Patients Alliance
- www.epcc.ca Euthanasia Prevention Coalition
- www.notdeadyet.org Not Dead Yet
- http://dredf.org/assisted_suicide Disability Rights Education & Defense Fund