

In working to promote an ethic that life has inherent value, we often come across resistance or barriers. Here are few statements that we often hear in Oregon:

"Assisted suicide has been a good thing for palliative care." Many palliative care providers believe that assisted suicide has been a good thing for our palliative care programs because of the attention that this issue has brought to the problem of poor medical care at the end of life. Direct and intentional participation in assisted suicide can never be a good thing. The point of view that assisted suicide is good for end-of-life care is like a police officer saying that homicides are good since they justify expansion of funding for law enforcement and, thus, lead to a safer community.

"This really is not any concern of mine." Suicide assistance begins within the hospitals where the attitudes of the physicians are revealed when they discuss end-of-life options and alternatives and is facilitated when caregivers and families express the sentiment that the one suffering is "better off dead." Over the past decade, we here in Oregon have heard many say that "assisted suicide is not really my concern," yet this attitude of benign neglect toward assisted suicide has created an environment that allows for the deliberate medical killing of vulnerable patients with dementia and depression. This mindset has been at the center of most of the past century's world tragedies.

"Assisted Suicide is a side issue; the real problem is inadequate end-of-life care."

We often hear the analogy that assisted suicide is like a "fist-fight outside of a house that is burning down" and the house that is burning down is the inadequacy of good care of those who are at end of life. This view is used to justify the view that all healthcare providers need to expend all energy on improving end of life care, and that assisted suicide is really a side issue. This popular description of the relative importance of assisted suicide is wrong in a very substantial way. The correct analogy is that physician assisted suicide is like a "homicide happening outside of a house that is burning down." Clearly, the improvement of end of life care needs to be the primary focus of any health system, but specifically addressing assisted suicide critically important.

The effects of physician-assisted suicide permeate Oregon's medical systems and the attitudes that we have regarding the intrinsic worth of others in our society. PCCEF continues to affirm the ethic that human life has inherent value and that doctor-assisted suicide does the following:

- Undermines trust in the patient-physician relationship
- Alters the role of the physician from the traditional one of healer to executioner.
- Endangers the value that society places on life, specifically for the vulnerable

Physicians for Compassionate Care and its members will continue to assist individual patients and their families to access excellent palliative care at the end of life.