

This article “Why Oregon Patients Request Assisted Death: Family Member’s Views” by Linda Ganzini, Elizabeth R. Goy and Steven K Dobscha was just published in the Feb. 2008 issue of Journal of General Internal Medicine 23 (2):154-157.

It reports regarding what the patients’ families thought were the reasons for their family member requesting physician-assisted suicide (PAS). Much of the information came from family members who learned about the study through Compassion and Choices, formerly Compassion in Dying. We learn from this paper that that organization reported in 2005 that they had given information to or assisted 180 of the 246 persons who died of PAS in Oregon. This is further evidence regarding how that organization controls physician-assisted suicide in Oregon.

The family members’ views on why patients requested PAS are tabulated. Using a scoring system based on a scale of 1 to 5 (1=not at all important reason for request, 5=very important reason for request) none of the patients’ current physical complaint or suffering reasons had a median score of greater than 2. The scores of 3,4 & 5 were related to future fears and concerns, or of poor quality of life. This underscores what we have said before, these people are not choosing PAS because of uncontrollable pain or suffering, although that was the argument used to pass the Oregon law in 1994 and 1997. They are primarily concerned about future concerns. Rather than a doctor writing a prescription for a lethal overdose of sleeping medication, doctors should properly assess and deal with these patients’ fears and concerns.

The confirmation of the lack of physical suffering among these assisted suicide patients was also noted with the statement in the concluding paragraph that: “Some Oregon clinicians have expressed surprise at the paucity of suffering at the time of the request among these patients”, referencing the paper “Oregon Physicians’ Responses to Requests for Assisted Suicide: a Qualitative Study” by Dobscha, Heintz and Ganzini in Journal Palliative Medicine 2004; 7:450-461.

This paper demonstrates that the traditional role of comforting and caring is being replaced and disregarded in favor of intentional medical killing.

Physicians for Compassionate Care Education Foundation continues to oppose assisted suicide because:

- Doctor assisted suicide undermines trust in the patient-physician relationship
- Doctor assisted suicide changes the role of the physician in society from the traditional role of healer to that of the executioner
- Doctor assisted suicide endangers the value that society places on life, especially for those who are most vulnerable and who are near the end of life.