

Five Oregonians to Remember

Recently, the Oregon group most actively promoting assisted suicide, “Compassion & Choices”, made the claim that everything in Oregon’s Death with Dignity Law is going “great” and has been a wonderful “success.”

Physicians for Compassionate Care Education Foundation (PCCEF), an organization representing hundreds of active practicing physicians in Oregon, begs to differ. Many others around the world are considering similar legislation and the real record needs to be revealed. In an effort to be transparent, it is important to remember Five Oregonians for whom the tragedy of doctor-assisted suicide was all too real.

Patients with dementia are being killed: The case of Kate Cheney

Mrs. Kate Cheney was an elderly Oregon woman with growing dementia and a diagnosis of a potentially terminal cancer. Her daughter, Erika, asked her primary physician for assisted suicide, but found the patient incompetent and denied this initial request. A second opinion was obtained by a psychiatrist who found that Mrs. Cheney had short-term memory deficits and dementia, and that the assisted suicide request appeared to be the daughter's "agenda." The daughter, who also accompanied Mrs. Cheney to this appointment, "coached her" in her answers, even when the psychiatrist asked her not to do so. Concerning the patient, the psychiatrist observed, "She does not seem to be explicitly pushing for this." Thus, the psychiatrist concluded that the patient lacked sufficient capacity to weigh options about assisted suicide; thus, she was ineligible for doctor-assisted suicide. The daughter would not take no for an answer, and sought a second mental health evaluation where the patient could not even remember when she was diagnosed with terminal cancer, although it had only been within the last three months. It was also noted by this second mental health opinion that the patient's "choices may be influenced by her family's wishes and her daughter, Erika, may be somewhat coercive". The pressure directed at Ms. Cheney from her family was so great that her own motivations could not clearly be distinguished from those of her daughter's. Clearly, psychiatric evaluation served no protective function for her. Despite these facts, this Kaiser patient had a home visit by her “managed care” administrator who decided she was a good candidate for assisted suicide and sought out a physician who could write for a lethal prescription. Fifteen days later she died from this lethal barbiturate overdose.

Depressed patients are given the means to commit suicide: The case of Michael Freeland

Michael Freeland, a 63-year-old cancer patient, had been haunted by thoughts of suicide since his early 20's when he made his first suicide attempt. In March 2000, his doctor diagnosed him with lung cancer and the following year he sought out, and was given a lethal dose of medication by a ‘Compassion & Choices’ physician. Subsequently, Mr. Freeland was hospitalized with depression and because of both suicidal and homicidal thoughts, the attending psychiatrist, who pronounced Mr. Freeland as incompetent, said, "The guns are now out of the house, which resolves the major safety issue." Yet, the same report claimed, "He keeps this [the lethal barbiturate overdose] safely at home." Two weeks before his death PCCEF members found Freeland alone, in pain, dehydrated, suffering from painful constipation, confused, and afraid to

take his pain medication. He said he was about to take the overdose because of pain. He had called his suicide doctor and this “Compassion & Choices’ physician offered to sit with him while he took the overdose. The PCCEF members, on the other hand, encouraged him to take his pain medication and arranged for 24-hour attendant care and receive an infusion pump for better pain care. Several weeks later, Mr. Freeland died comfortably, just having reconciled with his daughter and without taking the lethal drugs.

Patients are euthanized in the name of ‘assisted-suicide’: The case of Clarietta Day.

Dr. Gallant saw an unconscious patient in the Corvallis Emergency Department who had suffered a stroke. The patient’s daughter decided that her mother would be better off dead and asked Dr. Gallant to remove life support. He did so but the patient kept breathing. He then gave serial doses of valium and morphine to this unconscious patient (in no pain) trying to stop her breathing. This didn’t work. Then he placed a magnet over her pacemaker in a deliberate effort to stop her heart. This, too, did not cause her to die. He then gave her a massive dose of a drug that paralyzes all of the body’s muscles. A drug that should never be given to a patient who is not having her breathing supported artificially because it will paralyze all of the body’s breathing muscles. Indeed it did. The patient died within minutes of being deliberately and completely paralyzed by Dr. Gallant. The Oregon Board of Medical Examiners chose to reprimand Dr. James Gallant for unprofessional and dishonorable conduct and suspend his license for 60 days for engaging in active euthanasia with respect to his patient, Clarietta Day, who died as a result of a lethal injection administered by a nurse. No criminal charges were ever filed in connection with the patient's death and this doctor continues to practice. The Oregonian, in reporting on this act of active involuntary euthanasia, called Dr. Gallant’s action a “case of assisted suicide”.

Nurses are now getting into the act: The case of Wayne Melcher

Two nurses gave an overdose to a patient, Wayne (Wendy) Melcher, who had throat cancer. One nurse admitted that she was following the “plan” that had been developed by the patient for his own suicide. The nurses acted independently without following hospice protocol or even asking for any physician directive or order in giving overdoses of two different drugs . This assisted suicide effort was never reported to the Oregon Health Division as is required by the assisted suicide law. As one of the nurses is reported to been having a relationship with Melcher’s significant other, there is a clear conflict of interest. After this action of direct and intentional medical killing, these two nurses continue to practice in the State of Oregon.

Attempts at assisted suicide are failing: The case of David Pruitt

David Pruitt, a man from Oregon with lung cancer, obtained from a physician the standard lethal overdose by prescription, and when he felt it was time, he took the entire amount. He went to sleep for 65 hours and woke up saying “What the hell happened? Why am I not dead?” He was so unnerved by the experience that he didn’t want to go through it again. He died naturally nearly two weeks later.

Why remember these 5 Oregonians?

These five cases have been previously documented and their stories are all now part of the public record. Clearly, all is not well in Oregon and the recent statements by the pro-assisted suicide organization (Compassion & Choices) are patently false and deliberately deceptive. Their deception is part of a desperate effort to seduce other states to follow this so-called “model legislation.” In all likelihood, these tragically flawed cases likely represent only the tip of the iceberg of those who have been directly or indirectly harmed by this misguided law. The annual reports from Oregon need to be interpreted cautiously because reporting is voluntary and only pro-assisted suicide enthusiasts report. State officials have acknowledged that all of the reported information may be “cock and bull” for all they know. Further, we may never fully understand what has gone on with other cases as state officials have acknowledged in writing that they have actually destroyed identifying information in the name of “privacy” and in what PCCEF has called a “shroud of secrecy.”

In summary, PCCEF members recognize the importance of reporting the full story of these five patients and how their lives were adversely affected by the assisted suicide law here in Oregon. This law has created an environment where demented and depressed patients are medically killed, nurses are taking matters into their own hands, and involuntary euthanasia is being practiced in the name of assisted suicide. PCCEF is committed to transparency and providing the facts that “Compassion and Choices” does not want the rest of the world to know. We are committed to the whole truth about doctor assisted suicide and stand in opposition to this practice because of the inherent conflict of interest for the medical profession and for society.

- 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.