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Commentary: Doctor-assisted suicide affects us all – negatively
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By DANIEL PHILLIPS COLUMNIST

STEVE DUIN WRITES in a column in The Oregonian that was reprinted in The Register-Guard on Nov. 15 that physician-assisted suicide is a personal decision that is nobody else's business. By implication, he believes that the rest of society is not harmed by Oregon's law that permits physician-assisted suicide to occur. On the contrary, the case Duin made reference to demonstrates that we are all harmed by physician-assisted suicide.

The story was reported in The Oregonian on Oct. 17. It described the case of an elderly woman with cancer who requested, and ultimately received, physician-assisted suicide. A psychiatrist evaluated her and felt that she was cognitively impaired and that her family appeared to be pressuring her. The conclusion was that she was not a candidate for assisted suicide. Her daughter requested a second opinion. A psychologist evaluated the mother, thought she was competent, but noted the daughter "may be somewhat coercive." Because there were differing opinions, a Kaiser Permanente Health System administrator made the final decision that she was eligible for assisted suicide. On Aug. 29, the daughter reported, at her mother's request she prepared the lethal medication. Her mother took it and died that day.

Two features make this case a special cause for concern. Both of the mental health professionals who evaluated the situation felt there were elements of coercion involved in this woman's decision to take her own life. Second, a Kaiser Permanente Health System administrator made the final decision about her eligibility for physician assisted suicide - not the patient's original family physician, not her treating oncologist and not the psychiatrist who originally evaluated the patient. This administrator, while reportedly an ethicist, and who we have no reason to believe acted other than with good intent, had a conflict of interest. A health care system that is likely to benefit financially by this patient's premature death pays the administrator's salary.

But how are we, as a society, harmed by this? What occurred was a violation of the spirit, if not the letter, of the law that Oregon voters passed. Proponents stated the law would not permit the coercion of individuals to commit suicide. Unfortunately, the safeguards did not work. In fact, they were doomed to failure from the beginning. Legalizing physician-assisted suicide made coercion inevitable. We have no way of knowing what was said behind closed doors in this or other cases of physician assisted suicide that may have compelled a "suicide." It should go without saying that society

is harmed when we fail to protect individuals from the acts of others that would terminate their life prematurely.

One cannot defend what happened by saying it doesn't matter because the individual had a terminal illness. If it is wrong to pressure a person into committing suicide, it is wrong no matter what their life expectancy. To believe otherwise removes a whole class from protection by the laws of the state. To accept this means that murder of the terminally ill would not be a crime.

Oregon law allowed physician-assisted suicide to occur in a situation where there was real doubt that the victim's choice was a free one. However, even if it was a free choice, society is still harmed. Committing suicide has never been the issue. Before Oregon passed the law permitting physician-assisted suicide, there was no law, nor should there have been one, prohibiting suicide, as wrong as anyone may personally believe it to be. But that is not the issue here. The issue is state-sanctioned, physician assisted suicide. This state is now on record as saying that it is proper for physicians to administer death. This affects us all. It appropriately introduces an element of distrust into the relationship between physician and patient. A person should not have to wonder: Will my physician be there for me at the end and use whatever dosage of pain medicine is necessary to control my symptoms, or will my physician avoid the hassle and offer me suicide instead?

When we medicalize suicide, it allows us to think of this as a normal part of the caring process. The result is to further desensitize society to the taking of human life. Physician-assisted suicide is a giant step toward euthanasia. The logic is quite clear: If physician-assisted suicide is a right, how can we deny this right to those who are not able to swallow the pills? To be "fair" they will need to be offered a lethal injection.

Physician-assisted suicide has one last negative consequence. While controversy over physician-assisted suicide has had a positive outcome in the short run by focusing attention on care of the terminally ill, in the long run, we will make far less progress as long as the simple expedient exists of removing them. The dearth of hospice care in the Netherlands where physician-assisted suicide is allowed speaks eloquently of that.

The story of this one woman should cause us all to reflect on the Pandora's box we opened in voting in Oregon's law.

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