

Inequality in Society and Physician Assisted Suicide

Notes by Kenneth Stevens, M.D., August 25, 2008

In his book “Liberalism’s Troubled Search for Equality: Religion and Cultural Bias in the Oregon Physician-Assisted Suicide Debates”, (University of Notre Dame Press, 2007) author Robert P. Jones of the Center for American Progress “Contends that assisted suicide, whatever its liberty claim, profoundly violates the superseding liberal principle that all lives are to be equally protected, since some suicidal persons will receive facilitation, and others prevention, some better care than others, some could be coerced through economic circumstances into not being a ‘burden’, etc. This being so, and since equality trumps liberty whenever they conflict, Jones argues that assisted suicide should not be legalized – much less made a constitutional right – particularly given the profound social inequalities faced by the seriously ill, the elderly, and people with disabilities. Moreover, their [liberalism’s] exclusion of religious voices in the public square, rather than helping society determine the right, actually renders egalitarian liberals unable to ‘hear the real voices of the disadvantaged it promises to champion’.” Quote by Wesley J. Smith review in First Things (see www.wesleyjsmith.com/blog – March 5, 2008)

The New York State Task Force on Life and the Law publication, “When Death is Sought, Assisted Suicide and Euthanasia in the Medical Context”, May 1994, page xiii, under the heading of “The Task Force’s Recommendations”, “The Social Risks of Legalization” stated”

- The Task Force members unanimously concluded that legalizing assisted suicide and euthanasia would pose profound risks to many patients. For purposes of public debate, one can describe cases of assisted suicide in which all the recommended safeguards would be satisfied. But positing an “ideal” or “good” case is not sufficient for public policy, if it bears little relation to prevalent social and medical practices.
- No matter how carefully any guidelines are framed, assisted suicide and euthanasia will be practiced through the prism of social inequality and bias that characterizes the delivery of services in all segments of our society, including health care. The practices will pose the greatest risks to those who are poor, elderly, members of a minority group, or without access to good medical care.
- The growing concern about health care costs increases the risks presented by legalizing assisted suicide and euthanasia. This cost consciousness will not be diminished, and may well be exacerbated, by health care reform.

The World Health Organization’s statement is the following Major Recommendation that “Member states [nations] not consider legislation for physician assisted suicide or euthanasia until they had assured for their citizens the availability of services for pain relief and palliative care.” WHO, Cancer Pain Relief and Palliative Care. Report of WHO Expert Committee, Geneva:1990, 11-12. Reported in Foley, K, Compassionate Care not Assisted Suicide, in Foley and Hendin, The Case Against Assisted Suicide, Johns Hopkins Press, 2002, page 294.

There is concern nationally regarding the rising costs of health care. Financial conditions may lead to assisted suicide as an answer to those rising costs.

The headline in a The Oregonian article December 2, 1998, read “Economics makes case for euthanasia, Derek Humphry argues”. In a question and answer format, Derek Humphry of The Hemlock Society, described how legalization of physician assisted suicide and euthanasia can help solve the problems of rising health care costs.

Ever since the start of the Oregon Health Plan in 1994, they have not covered the cost of “curative” treatment for cancer diagnoses with a 5% or less 5-year survival, specifically even when such treatment has the primary intent to prolong life or alter disease progression.

In June to August, 2008, the media has reported on two patients, Barbara Wagner with lung cancer and Randy Stroup with prostate cancer, living in the Eugene, Oregon area, who each received a letter from the Oregon Health Plan in May 2008 informing them that because of their cancer diagnosis, they would not be covered under the Oregon Health Plan for chemotherapy treatments. However, in the same letter they were informed that comfort care treatment would be covered, which would include the costs of physician-assisted suicide. It is good for him that Senator Ted Kennedy is not in Oregon and not on the Oregon Health Plan.

Oregon assisted suicide patients have been described by their doctors as being fiercely independent and controlling people. They fear dependency. [Ganzini, Dobscha, Hientz, Press. Oregon physicians' perceptions of patients who request assisted suicide and their families. *J Palliative Med.*2003;6:381-390]

Ann Jackson, executive director of the Oregon Hospice Association told a newspaper reporter, in describing these patients: "In effect, they've said no to hospice. Either they don't believe we in hospice can meet their needs, or we're not meeting their needs " [Colburn. Suicide: Study is the first based on interviews. *The Oregonian newspaper*, June 12, 2003]

How do you protect the vulnerable from laws passed for those who have controlling personalities? With great difficulty.

United Kingdom’s House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill Report, concluded that is “controlling people with strong personalities” who desire physician assisted suicide. “There was general agreement among our witnesses that the number of people who might be regarded as serious about ending their lives, who are not psychiatrically ill and who are unlikely to be deflected from their purpose is very small indeed and comprises to a large extent terminally ill people who have strong personalities and a history of being in control of their lives and whose suffering derives more from the fact of their terminal illness and from the loss of control which this involves than from the symptoms of their disease.”

“If therefore it should be accepted by the House that there is a case for such exceptional individuals to be afforded assistance to end their lives, consideration would need to be given to how the parameters of any new law could be set in such a way as to ensure that the take-up rate is limited to such people.”

House of Lords

Select Committee on the Assisted Dying for the Terminally Ill Bill (HL)

Volume I: Report, HL Paper 86-I,

Paragraph 244, pages 83-84

London: The Stationery Office Limited

4 April 2005

<http://www.publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/86i.pdf>

Minority organizations recognize the danger of legalization of assisted suicide in a society with inequalities.

Statement of League of United Latin American Citizens regarding California Assembly Bill 2747 and regarding legalizing or legitimizing Physician Assisted Suicide. <http://www.lulac.org/advocacy/resolutions/2008/reshea03.html>

WHEREAS, AB 2747 (Berg), is sponsored by the pro-assisted suicide organization Compassion and

Choices.

WHEREAS, AB2747 places the label of “terminally ill” on patients that may have many years of life ahead of them.

WHEREAS, AB 2747 mandates that a physician discuss the cost and burden of medical treatment with “terminally ill” patients and their families, WHEREAS, AB 2747 allows medical professionals to refer “terminally ill” patients to Compassion and Choices and their pro-assisted suicide counselors rather than accredited hospice care,

BE IT RESOLVED, that the League of United Latin American Citizens oppose AB 2747 and any effort to legalize or legitimize Physician Assisted Suicide.

Approved this 11th day of July 2008.

Rosa Rosales

LULAC National President

The disability rights organization “Not Dead Yet” was formed as a response to the threat of legalized assisted suicide. They are strongly aware of the threat of legalized assisted suicide to those with disabilities. (<http://www.notdeadyet.org/docs/about.html>)

We need inspiration in solving the problems of a world with inequalities, and legalization of assisted suicide is not a solution.