

Latest Assisted Suicide Report Should be a Cause for Alarm

Complications with assisted suicide do occur. The Oregon Department of Human Services' report on assisted suicide for 2003, just released, describes a patient who drank one-half of the prescribed medication and, about 30 seconds later, vomited one-third of what was consumed.

This patient is reported to have lived another 48 hours before dying. Yet, patients surviving beyond 6 hours are unlikely to die from the short-acting barbiturate. Such instances are clearly assisted suicide failures and lead to more questions. What is the true cause of death? Where is the so-called death with dignity?

A wall of secrecy surrounds assisted suicide in Oregon. Information is self-reported to the state by the prescribing doctors. In only 29% of the cases were they present when the patients took the drugs. So how do they know about the circumstances surrounding those deaths? They get information second- and third-hand from others who were there. The result is we really don't know how these patients are dying.

There is an impression that assisted suicides in Oregon are occurring from barbiturate capsules taken by mouth. However, 37 Oregonians died in 2003 from pentobarbital overdose. Pentobarbital is available only as an injectable liquid, the same formulation used to euthanize animals. It is manufactured to be used as an injection,, although it could be ingested by mouth or given as an IV infusion. The state agency responsible for reporting on assisted suicide is neither aware that the injectable form of pentobarbital was used in 2003, nor is it aware of how it was used.

How do we know it is not being used as a lethal injection for euthanasia? We don't.

Once this injectable liquid is in the hands of the doctor or others, there is no control to prevent it from being injected into the patient. This is further evidence of the "slippery slope" from assisted suicide to euthanasia.

Among the many other concerns raised by information in the report is the fact that non-terminally ill patients are receiving prescriptions for lethal drugs. The state report for the year 2002 stated that two patients receiving prescriptions in 2001 were still alive at the end of 2002, indicating they were still alive over one year from receiving the prescriptions. This year's report documents that one recipient of a prescription in 2001 died in 2003. That means the other patient who received a prescription for lethal drugs in 2001 was still alive, more than two years after receiving the lethal drug prescription. Only patients with a life expectancy of six months are eligible for assisted suicide. Yet these cases indicate the law is being ignored.

Depression is the most common condition leading to suicide. Yet, only 5 percent of assisted suicide patients were referred for psychological evaluation. Patients with depression at the end of life deserve good mental health treatment --- not assisted suicide.

The latest official report on assisted suicide in Oregon is cause for alarm.

(This was published in The Oregonian newspaper editorial page on March 12, 2004, as an "In My Opinion" op-ed commentary written by Kenneth Stevens, M.D., President of Physicians for Compassionate Care, and Chairman of the Radiation Oncology Department at Oregon Health & Science University.)