

Physician Assisted Suicide & Euthanasia Historical & current trends

3/15/2021



Advocacy for Life

Linda Wrede-Seaman, MD

FAAHPM, FACEP, FAAFP

Pacific Northwest University Health Sciences

Objectives

- 1) **Identify current US & international trends re: physician assisted suicide & euthanasia**

The Netherland's story: proof of slippery slope

The Canadian story: proof of disregard for safeguards

- 2) **Identify 3 successful strategies & rationale used by Compassion & Choices to mobilize societal support for PAS & Euthanasia**

- 3) **Identify 3 successful strategies for speaking against PAS & Euthanasia**

Goal: Protect Choice and Purport transparency in policies



"Put on the Whole armour of
God, that ye may be Able
to **Stand Against** the
wiles of the devil."

Ephesians 6:11

Truth
Righteousness
Gospel of Peace
Faith
Salvation
The Word of God
Praying

Medical Wisdom.....

Time tested truths that can be honored

“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish.” — *Sir William Osler, FRS, FRCP*

Historical Wisdom

- **“The only true wisdom is knowing you know nothing” 399 BC, Socrates**
- **“ I will abstain from all intentional wrong doing and harm” 400 BC, Hippocratic oath**

History repeats itself especially for those who do not reflect....

- **World War II atrocities:**
Eugenics

- **Human behavior:**
Money, Power, Sex, Greed, Lust, Pride

- **The Hemlock Story in Brief:**

<https://www.hemlocksocietysandiego.org/wp-content/uploads/2019/03/brief.pdf>

- **Palliative Care Movement:
Success in improving EOL Care has
introduced new `attacks**

Palliative care our best resource

Palliative Care as a specialty hoped to address the patient issues fueling requests for PAS

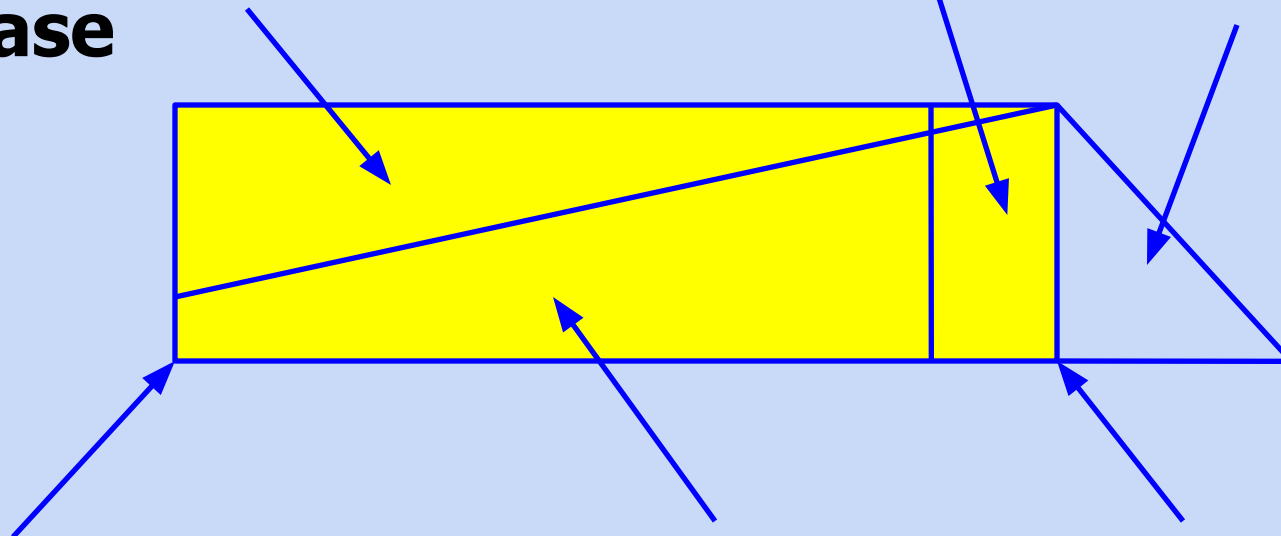
- **1996-2008 #2883 American Board of H&PM**
- **2008-2020 ABMS primary board added certification H&PM #8197 certified physicians**
- **Fellowships created by ABHPM/ABMS 152 currently**

Model of Palliative Care

Treat the Disease (Curative) Care **Hospice Care** **Bereavement Care**

Disease

Advancing



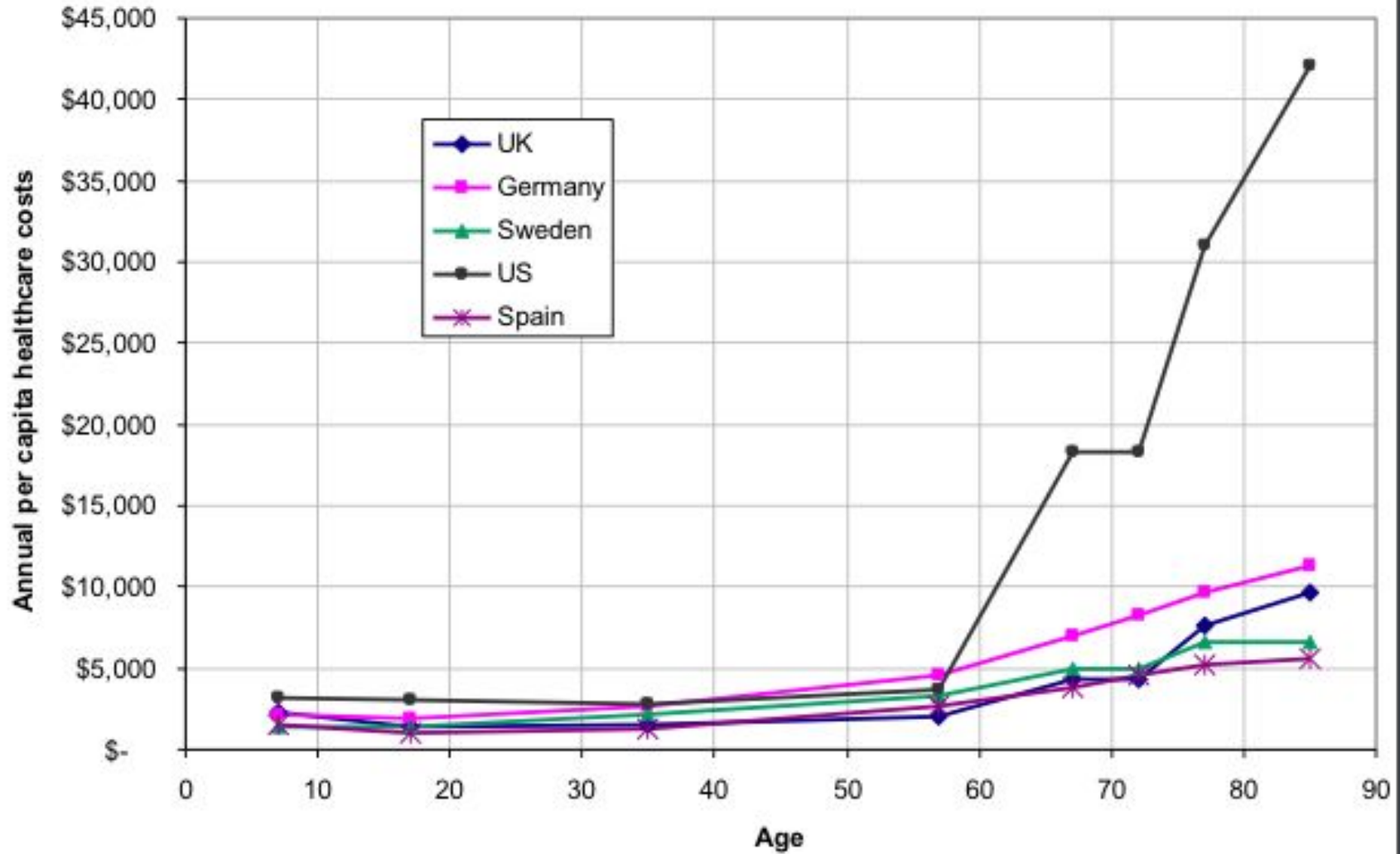
Diagnosis
AAPLOG

**Treat the Patient
(Palliative/Supportive)**

Death



Healthcare Costs by Age



Statistics.....2010-2019

Over age 65 years grew by 34.2%

98.3% die covered by Medicare; 40+ million (15%+ of the population) are limited with chronic health/advancing disease conditions

- **World population continues to grow exponentially:**
 - **1960 3 billion;**
 - **2021 7.8 billion**

The Silver Tsunami.....

Never have so many been supported by so few.....

Sets the scene for euthanasia proponents

Compassion & Choices Strategies

#1 Word smithing works

Choice was the marketing winner in 2008

Since then PAS laws avoid the truth by deception as demonstrated by their name changes: Hemlock Society, Compassion & Dying, Compassion and Choices, End of Life-Washington

Compassion & Choices strategies

#2 C&C prey on **vulnerable/dependent** individuals emotions:

- Dependency = burden = humility = loss of dignity;
- Deplete their family resources
- My life has no real purpose anymore
-
- **Great potential for Elder Abuse/vulnerabilities made to feel like they are a burden by those who may benefit with an inheritance**

○

Compassion & Choices strategies

#3 C&C advocates use **stories of pain & suffering** when this is documented since 1997 as one of the least cited reasons for PAS requests

Findings: 3 most common reasons patients request PAS

- loss of autonomy
- inability to engage in enjoyable activities
- loss of dignity

2013, New England Journal of Medicine report
Source: comprehensive cancer care center

Compassion & Choices strategies

#4 C&C **proselytize autonomy** ; prey on individuals' **need to control**, ignores the values of a helping profession. Most requests come from individuals who are not good receivers of care, white, wealthy, males

#5 C&C **advocates have little skill/knowledge in treating pain versus suffering** and how to address the underlying causes to promote a peaceful death

Compassion & Choices is formerly Hemlock Society

<https://www.hemlocksocietysandiego.org/wp-content/uploads/2019/03/brief.pdf>

Compassion & Choices strategies

#6 Shifting the blame to the medical profession is very devious, an insult to our profession

All PAS bills are requesting blanket immunity in dealing with the consequences of 1/poor outcomes 2/ adverse side effects 3/pain & suffering of those not informed and left behind

Big Picture issues

What motivates PAS advocates?

Who are “They”?

- **#1 Population control**
- **#2 World resource management**
- **#3 Money/ Cost savings in health care (utilitarian ethics)**
- **#4 Self serving Money Making via donations or life insurance pay offs; Life Insurance collection not impacted by PAS**

Big Picture issues

What motivates PAS advocates?

Who are “They”?

- **#5 Cultural intolerance for ‘non contributors’? disability/aging/loss of independence ; Some might call this eugenics. Remember history?**
- **#6 Biased presumptions on what brings meaning to human beings:
Loss of purpose = Societal burden**

Big Picture issues

What motivates PAS advocates?

Who are “They”?

“If the treatment or medication could actually cure the disease and the patient cannot pay for the treatment, then the disease remains incurable. ”

Quote for the Oregon Health Care Authority, State insurer for Medicaid and Medicare recipients.

Big Picture issues

What motivates PAS advocates?

Who are “They”?

- No one tracking monies going to organizations like Compassion and Choice
- No one is watching the ‘self reported’ PAS deaths, their outcomes, the impact of skewed Vital Statistics

Current PAS Laws Flaws

- **“One cannot expect, unless one inspects”**
- Our State legislators are passing laws that endorse immunity for premature killing of citizens, knowing that PAS is an UNSTUDIED, irreversible medical intervention, NOT endorsed by any medical entity.
- Each state law varies some ; current law expansions are eliminating safeguards voted in place by the public...and no one is paying attention but a few outspoken physicians and organizations.

The Slippery Slope is in process in the US and abroad

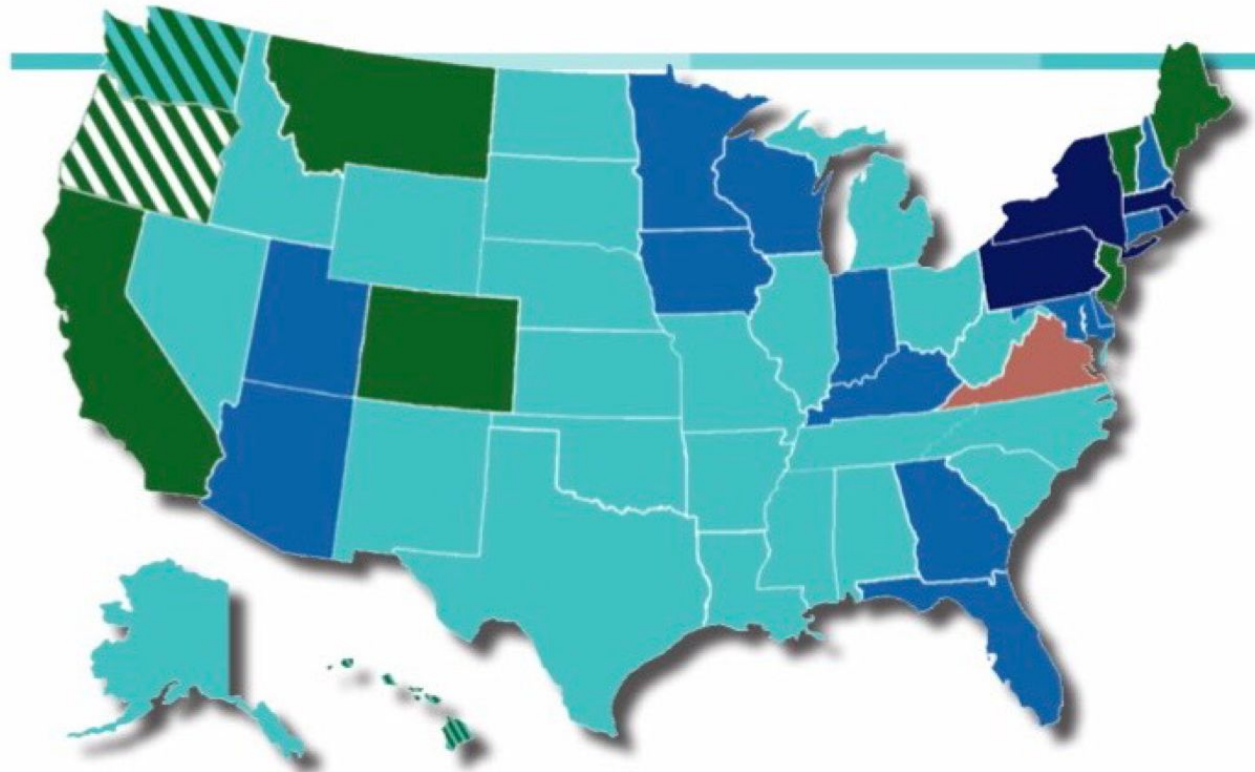
- No accountability in the oversight/ process
 - The slippery slope is in process
 - The Netherlands & now Canada lead the way

An example in Switzerland: Dignitas 'suicide tourism' centers are for profit since 1998: cost \$7000-10,000.00 USD. Mr Ludwig Minelli known to be collecting beyond this by self report

[https://en.wikipedia.org/wiki/Dignitas_\(Swiss_non-profit_organisation\)](https://en.wikipedia.org/wiki/Dignitas_(Swiss_non-profit_organisation))

PAS Current status of the US (3/2021)

- **11 US jurisdictions have legalized: OR, WA, CA, CO, ME, MA, HI, NJ, VT, MT & DC**
- **Oregon expanded their law to eliminate the 15 day waiting period 2020**



- Assisted Suicide is Legal
- Bill proposed, now dead
- Bill proposed, no progress this year, but held until next year
- Expansion Bills Defeated
- Proposed bill is facing bi-partisan resistance
- Bill passed to expand assisted suicide
- Remaining vigilant and engaged to this national threat

State Status

State of the Union, 2021

- **In the last few years, 9 states have strengthened legal language against PAS: UT, SD, OH, NM, LA, ID, GA, AZ, AL**
- **2021 NM, AZ, WA, HI attempting to expand or legalize again**
- **MT attempting to eliminate Baxter decision to reverse protections for those facilitating PAS**

Washington State

C&C aka EOL WA HB 1411 currently being considered; passed the House, in Senate:

- **14 day waiting period to 72 hours**
- **Expand Rx writing to PAs, ARNPs, DNPs**
- **Allow non psychiatrists/psychologists to do mental health screening for mood disorder**
- **Mandate hospitals to disclose policies on administering PAS**
- **Allow scheduled medications to be mailed**

Palliative Care & Hospice Education & Training Act, Federal level

- **2020 116th US Congress HR 647**
- **If had passed, supporters of physician assisted suicide would succeed in mandating “Choice” of PAS or euthanasia as a part of hospice and palliative care services**

Active Euthanasia: 2021

- **Legal in (7) Countries: Netherlands, Belgium, Luxembourg, Albania, New Zealand, Australia, Canada**
- **Portugal, Italy, France, SoAfrica, Peru discussing**
- **Japan has language against PAS**
- **Germany allows PAS but not euthanasia**
- **Columbia legalized euthanasia but it was never ratified**
- **out of 195 countries ~ 4-5%**

The Netherland's slippery slope story.....

- **Practiced since 1970's, legalized in 2001 , 2020 legalized recently for children >2 years, dementia, chronically ill patients 'tired of living'.**
- **Documented INvoluntary euthanasia of elderly in long term care facilities (elderly), mentally handicapped, and disabled; Also failure to nourish or hydrate.**
- **Fatal Flaws, 2020 DVD documenting the slippery slope and push back in Netherlands**

Canada...fast track for PAS

- **Legalized in 2016**
- **Already legalized pediatrics, newborns, demented, chronically ill, 'tired of living'**
- **Bill C 7 bill expands to mentally handicapped, 2021 passed this month**
- **Delta Hospice system fighting British Columbia's mandate of the Irene Thomas hospice to allow PAS on site.**
 - **Defunded of government funds, December 2020**

Why Care?

- **Everyone will die**
< 10% suddenly; > 90% prolonged illness

The dying process may appear 'ugly'; however a peaceful death is achievable with preparation

- **Most of us have little experience with the dying process nor how to come along side it with professionalism and sensitivity**
- **Being present in these events are valuable **opportunities** for you to have **positive impact** on your patient's life closure and hence, positively impact the family's memories.**
- **This creates a life honoring legacy for survivors**

Stories in hospice are many....

Opportunities to resolve life long pain

Opportunities to resolve relationships

The business of closure and legacy is powerful and positive

What you can do....

- 1. Maintain competence in pain & non pain symptom management at end of life**
- 2. Safeguard your personal wellness and professional relationship with patients & colleagues**
- 3. Educate patient & family about normal dying process early on and help prepare**

What you can do.....

- 4. Promote advanced care planning that safeguards against PAS & euthanasia in writing with known HC POA/ personal advocate**
- 5. Advocate for CHOICE for patients to be guaranteed life affirming care.**
- 6. Know your community agencies and colleagues' practice ethics**

What you can do.....

- 7. Advocate for transparency in health care delivery policies on PAS; Be wary of ANY system of care: hospitalizations, palliative care services, hospices, and long term care facilities.**
- 8. Be a role model for caring communication regarding life and death decision making**
- 9. Join Conscience in Residency <https://conscienceinresidency.com/>**
- 10. Join Hippocratic Registry <https://www.hippocraticregistry.com/>**

Hippocratic Physician's Role

- **Professional & Personal integrity is your strength**
- **Create alternatives to life affirming care**
- **Faciliate /create safe places for death**
- **Maintain a trusting relationship with your patients that guarantees will not kill or allow benign neglect**

Hippocratic Physician's Role

- **Safeguard your patients/families while in their most vulnerable states**
- **Know your own limits/barriers;**
- **Know your colleagues, community resources.**
- **Advocate for transparent hospital/hospice institutions policies on EOL**

Dr. Seaman's Personal Wellness Objectives for each of you.....

- **Prepare your own advanced directive, use explicit language based on Euthanasia Prevention Coalition**
- **Identify your Health Care POA & advocate NOW**
- **Have 'mantras' memorized & ready to during ethical decision making challenges**

Dr. Seaman's Personal Wellness Objectives for each of you.

- **Identify a Signature Song for your life**
- **Read Lilac Girls by Martha Hall Kelly**
Ponder the psychological transformation of Dr. Herta Oberheuser, female Nazi physician
- **<https://www.jewishvirtuallibrary.org/herta-oberheuser>**

Medical Wisdom Time tested truths

To Cure Sometimes.....

To Relieve Often.....

To Comfort Always.....

Ambroise Paré, physician to King François I

[https://www.thelancet.com/article/S0140-6736\(08\)60379-7/fulltext](https://www.thelancet.com/article/S0140-6736(08)60379-7/fulltext)

Contact Info

- **For more information feel free to contact me at Linda Wrede-Seaman, MD**
- **Email: LadyDoc58@gmail.com**
- **Board certifications in Family Medicine, Emergency Medicine, Hospice & Palliative Medicine,**
- **Mother, Educator, Homeschool Teacher, Entrepreneur, Owner/Author of publishing company, Public servant, Married to another physician.....**

Contact info:

LadyDoc58@gmail.com

- intelli-card.com
- **Includes how to handle requests for PAS in a life affirming way and guide to life affirming communication**
- **Symptom Management Algorithms: A Handbook for Palliative Care, 4th Edition, ISBN 978 1 888411 22 5**