

PRESS RELEASE - May 6, 2003

U.S. COURT OF APPEALS HEARING REGARDING THE USE OF FEDERALLY CONTROLLED SUBSTANCES TO ASSIST SUICIDE

On May 7, 2003, a three-judge panel of the U.S. Court of Appeals for the Ninth Circuit will hear oral arguments in Portland, Oregon, regarding the case pertaining to the use of federally controlled substances to assist suicide.

Physicians for Compassionate Care is hopeful that the panel and appellate court will decide in favor of the U.S. Attorney General's directive "that prescribing, dispensing, or administering federally controlled substances to assist suicide violates the Controlled Substances Act."

The U.S. Supreme Court has reaffirmed that the federal law regulating controlled substances is uniform throughout the United States and may not be nullified by the legislative actions of individual states. Likewise, Oregon cannot exempt itself from the Federal Controlled Substances Act laws and regulations.

The major American medical professional organizations have stated repeatedly that physician-assisted suicide is fundamentally incompatible with the physician's role as healer, and would pose serious societal risks. Federally controlled substances include strong pain and sleeping medications that are to be used for a "legitimate medical purpose". To purposefully cause a patient's death by the writing of a prescription for lethal medication is not a "legitimate medical purpose".

"Physician-assisted suicide is not a legitimate medical purpose. It represents a reversal of the proper role of physician as 'healer, comforter, and consoler'." said Dr. Kenneth Stevens, President of Physicians for Compassionate Care. "By participating in physician-assisted suicide, physicians are providing the direction and means for patient's self-destruction. They are ordering the patient to die by writing the prescription. Those favoring physician-assisted suicide are twisting and corrupting the medical profession's ethics and ideals. Trust is a physician's most important asset, and physician-assisted suicide leads to a loss of patient's trust in his physician."

The experience of physician-assisted suicide in Oregon has shown that intractable pain has been a very infrequent reason for assisted suicide, even though that has been the rallying cry for assisted suicide. The drugs prescribed and used for physician-assisted suicide in Oregon have been barbiturates (sleeping pills); they have not been pain medications.

The U.S. Attorney General has reassured the physicians of Oregon that the federal Drug Enforcement Administration considers the proper prescribing of pain medications with the purpose of pain control as a legitimate medical practice, even if the pain medication may result in death.

The State of Oregon is in the midst of significant financial problems. Patients who have been on the Oregon Health Plan are faced with significant cutbacks in the financial support of their medical care. We have had such non-terminal individuals contact members of our organization

requesting assisted suicide because they are not able to receive adequate medical care. An individual with an 11-year history of chronic pain called requesting assisted suicide because of his frustration with cutbacks in his medical care. Oregon has created a disastrous climate by allowing physician-assisted suicide, and at the same time not providing adequate support of medical care for our citizens.

Our society and the medical profession should continue to focus our attention on improving knowledge of and access to improved medical and comfort care, and not on physician-assisted suicide. Society and the medical profession have the duty to safeguard the value of human life, especially the life of the most vulnerable.