

Physician-Assisted Suicide Promotes Suicide

This should be obvious: If you want more suicide, pass a law letting doctors offer it as just another “treatment” for illness, as Oregon did in 1994.

But most people know suicide is a tragedy. So “Compassion & Choices” (C&C), the former Hemlock Society, rejects that term and insists on euphemisms: “death with dignity,” “aid in dying,” “end of life option.”

The fact: Under Oregon’s law and similar proposals, a person receives a lethal dose of barbiturates (also called an overdose of sleeping pills), with instructions on how to use it to kill oneself. These drugs are used in some of the more than 40,000 suicides in the U.S. every year, as in the tragic deaths of Marilyn Monroe, Judy Garland, Jimi Hendrix, Margaux Hemingway and others. The same drugs are used in some executions.

A difference? Experts wonder if some of these famous deaths were accidents. Those assisting suicides under a law like Oregon’s know what they’re doing: Making sure a person knows how to cause his or her own death. That only increases the responsibility of all involved -- including those who pass such a law. Yet C&C claims other differences between its agenda and suicide:

Claim: Suicidal people are depressed; these patients are not.

Fact: Most suicides among people with serious illness, like other suicides, involve a treatable mental disorder like depression. Yet in Oregon and Washington, 96% of patients get the overdose without a psychological evaluation.

Claim: Suicide is a lonely act; these patients consult with loved ones.

Fact: In Oregon, family notice is optional; in newer bills like California’s it isn’t even encouraged. Witnesses to a patient’s request can stand to inherit, or have other selfish motives for encouraging death. No witness is required for the lethal act itself; it can be lonely, or attended only by those who want the patient dead.

Claim: These deaths are rational because the alternative is horrible pain.

Fact: Almost all suicides are efforts to avoid horrible pain – a pain that may be more persistent and intractable than the physical pain of illness, which can be alleviated by medical staff with proper training.

Claim: These patients are diagnosed as terminal, so they no longer have lives.

Fact: Predictions that a patient has “six months to live” are notoriously unreliable. Some patients dying under the Oregon law in 2014 were diagnosed as terminal and given the drugs in *previous years*. Each year, thousands of patients who qualified for the Medicare hospice benefit, because they were expected to die in less than six months, outlive that prediction. And when government assumes that *all* patients with such a diagnosis have no real life, and so need suicide assistance instead of suicide prevention, that can only worsen their feelings of hopelessness and worthlessness – and the likelihood that they consider suicide.

Oregonians with suicidal feelings aren’t making fine distinctions. Oregon’s suicide rate soared after its law took effect, and is over 40% higher than the national average (even without “physician-assisted” cases, which by state law don’t count as suicides). When a state approves physician-assisted suicide, it teaches its citizens that suicide is an acceptable solution. And that is a tragedy.

Sources: See fact sheets on the Oregon law, the role of depression, and “beyond terminal illness,” at <http://bit.ly/pasfacts>.