



Oregon's Assisted Suicide Law

Safeguards Don't Work





What is Physician-Assisted Suicide?

Physician-assisted suicide involves a physician prescribing lethal drugs for a patient with the knowledge that the patient intends to use the drugs to commit suicide. Refusing a ventilator, or some other life sustaining machine or treatment is not assisted suicide. The intent of refusing medical treatment is not to end life, but to allow nature to take its course. With physician-assisted suicide the intent is to kill the patient.

Once assisted suicide is legalized, it becomes impossible to contain. Once assisted suicide is legalized, it becomes impossible to protect the vulnerable and mentally ill. Once assisted suicide is legalized, it becomes, essentially, death on demand.

Facts vs. Fiction.....

Oregon's Failed Experiment



The myth of “intractable pain”

Supporters of assisted suicide have long maintained that assisted suicide is necessary for those suffering from intractable pain; however, to date, there still is no documented case of assisted suicide being needed for untreatable pain. In fact, **in the list of reasons patients choose to use assisted suicide, pain, or fear of pain, is the least used reason!**

Dr. Linda Ganzini, professor of psychiatry at Oregon Health & Science University,

surveyed family members of Oregon patients who requested assisted suicide. Her published report emphasizes this truth: “No physical symptoms experienced at the time of the request were rated higher than 2 on a 1 to 5 scale. In most cases, future concerns about physical symptoms were rated as more important than physical symptoms present at the time of the request.”¹ The study found that many physicians

On November 8, 1994, Oregon became the first government in the world to legalize physician-assisted suicide when voters passed a statewide ballot measure. After a lengthy court battle and the failure of a 1997 ballot measure to repeal the law, Oregon's assisted suicide law became functional in November, 1997. That year Oregon became the first jurisdiction in the world to begin experimenting with legalized assisted suicide.

are surprised at the lack of suffering experienced by a patient who is requesting assisted suicide.

The myth of “rational” suicide

National studies show that among patients requesting assisted suicide, depression is the only factor that significantly predicts the request for death. An estimated 90% of suicides in the U.S. are associated with mental illness, most commonly depression.² Diagnosing depression can be challenging, but is often found with

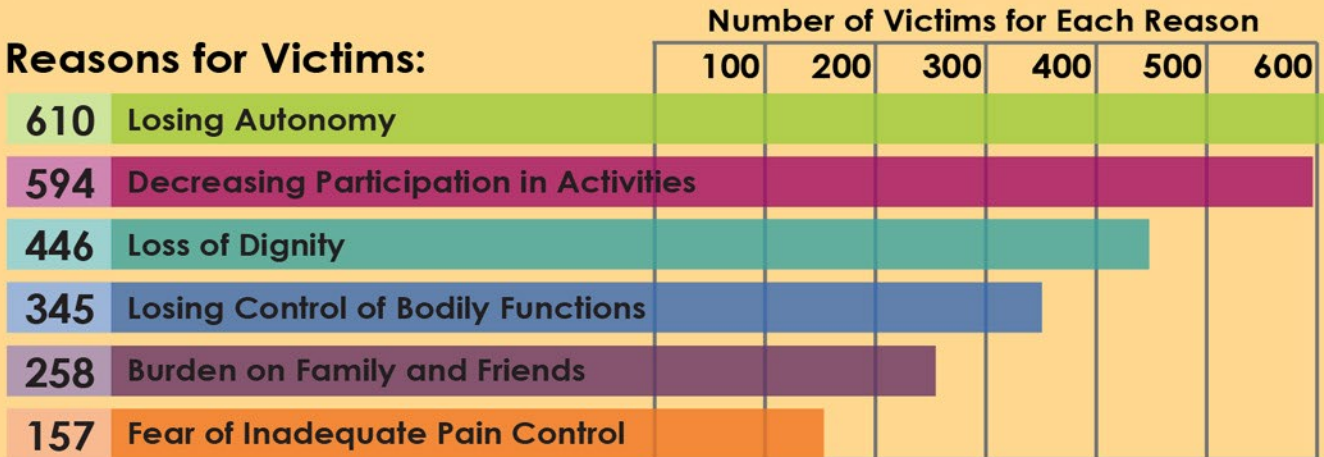
good psychiatric care. In spite of these facts, in 2012, only 2 out of 77 assisted suicide victims received psychiatric counseling.³

Needless suicides by abandoned patients

Ganzini’s study confirmed what has been seen in publicized cases. Instead of patients having their fears and concerns addressed by physicians, once the request for assisted suicide is made, other care options are abandoned. The majority of physicians will not participate in assisted suicide.

Reasons Assisted Suicide Victims Expressed Before Ending Their Lives.

*(Some Victims Had More Than One Reason)

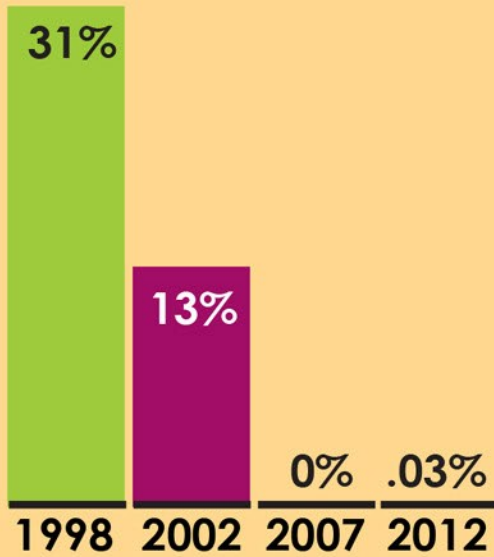


Compared from 1998 to 2012. Total Number of Patients Over 14 Years = 673



Since the passage of Oregon’s physician-assisted suicide law, many states have attempted to pass similar laws. Maine and Michigan voters rejected statewide ballot measures to legalize assisted suicide in their states. Legislators in Hawaii, Vermont, California, and other states have rejected bills to legalize assisted suicide. Courts in Florida and Alaska turned back lawsuits from patients demanding they be given a right to physician-assisted suicide.

Percentage of Patients Receiving Psychiatric Exams

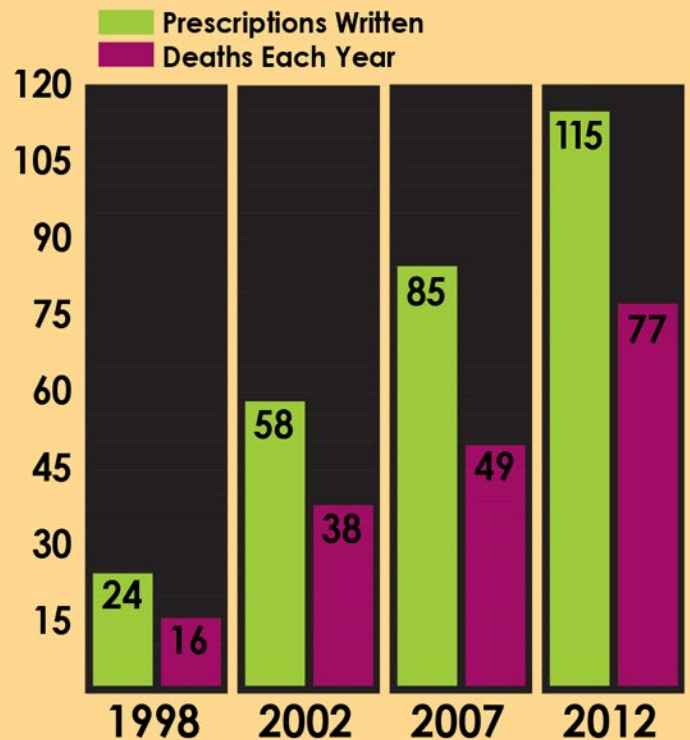


This chart follows the percentage of patients who receive psychiatric examinations before being given lethal drugs.

When physicians refuse to participate in assisted suicide, the patients then often seek the help of assisted suicide proponents. These proponents shepherd patients to doctors who will write lethal prescriptions for patients they have just met. In 2009, Compassion & Choices suicide group facilitated 57 of 59 assisted suicide deaths. Many patients would change their minds about assisted suicide if interventions were made to help them maintain control, independence, and self-care, all in their home environment.

“The study found that many physicians are surprised at the lack of suffering experienced by a patient who is requesting assisted suicide.”

Physician-Assisted Suicide in Oregon



In the 1997 Supreme Court case, *Washington v. Glucksberg*, physician-assisted suicide was rejected as a constitutional right when the Court upheld both the New York and Washington statutes prohibiting assisted suicide by a 9-0 vote. Physician-assisted suicide is not a right protected by the U.S. Constitution.

Safeguards Don't Work...

Facts You Need to Know

The main concern about physician-assisted suicide is the inability to create safeguards or contain assisted suicide to any boundaries. Since legalizing assisted suicide, Oregonians have seen firsthand what really happens. Since physician-assisted suicide was legalized, Oregonians have found out that safeguards don't work.

A shroud of secrecy encompasses the reporting process of assisted suicide. The Oregon Department of Health's annual report publishes raw statistics and no inquiry is held to verify even the most rudimentary of figures. No oversight exists to ensure patients are safeguarded from negligence or abuses of the law. However, publicized assisted suicide cases have proven:

- "Doctor shopping" is common. A network of assisted suicide proponents ensures that patients will receive assisted suicide, even when their family doctor knows their desire for death could be alleviated.⁴
- Familial pressure is applied on patients to commit assisted suicide.⁵
- Patients suffering from depression and dementia are receiving physician-assisted suicide.⁶
- Once receiving a drug overdose prescription from a pro-assisted suicide doctor, patients no longer receive concerned medical care, but instead are abandoned to die.⁷
- While some pain-relieving and life-saving medications are not paid for by Oregon's Health Plan, assisted suicide is. In rejecting payment for these medications, the Health Department informs patients about the availability of assisted suicide.⁸
- The "slippery slope" for illnesses which qualify for assisted suicide is a reality. Patients with diabetes have accessed Oregon's physician assisted suicide law.⁹



Oregonians Speak Out:

Jeanette Hall, *patient*

In 2000, I was diagnosed with cancer and told that I had six months to a year to live. I knew that our law had passed, but I didn't know how to go about doing it. I did not want to suffer, and I did not want to do radiation. I wanted my doctor to help me, but he didn't really answer me.

Instead, he encouraged me to not give up and ultimately I decided to fight the cancer. I had both chemotherapy and radiation. I am so happy to be alive!

It is now 12 years later. If Dr. Stevens had believed in assisted suicide, I would be dead. I thank him and all my doctors for helping me choose "life with dignity."¹⁰

Kathryn Judson, *patient's wife*

When my husband was seriously ill several years ago I took him into the doctor's office, relieved that we were going to get badly needed help (or so I thought).

To my surprise and horror, during the exam I overheard the doctor giving my husband a sales pitch for assisted suicide. 'Think of what it will spare your wife, we need to think of her' he said.

If the doctor had wanted to say 'I don't see any way I can help you, knowing what I know, and having the skill I have' that would have been one thing. If he'd wanted to opine that certain treatments weren't worth it as far as he could see, that would be one thing. But he was tempting my husband to commit suicide. And that is something different.

I was indignant that the doctor was not only trying to decide what was best for David, but also what was supposedly best for me.

We got a different doctor, and David lived another five years. But after that nightmare in the first doctor's office, and encounters with a 'death with dignity' inclined nurse, I was afraid to leave my husband alone again with doctors and nurses, for fear they'd morph from care providers to enemies, with no one around to stop them.¹¹

Isaac Jackson, *attorney*

In 2010, I was retained by a client whose father had died under our assisted suicide act. Unlike other deaths I have investigated, it was difficult to get basic information.

After I wrote the state epidemiologist, I received a letter from the Attorney General's Office that the agency charged with collecting assisted-suicide data, the Oregon Health Authority, "may only make public annual statistical information." The letter also referred me to the Oregon Medical Board and law enforcement.

The Board wrote me that there could be no investigation without an allegation of misconduct against a physician. At my request, a police officer was assigned to the case. Per his confidential report, the Oregon Health Authority would neither confirm nor deny that my client's father had died under the act. Per the report, the office did talk to the doctor signing the death certificate who said he did not know the death had involved assisted-suicide. The death certificate listed the immediate cause of death as "cancer" and the manner of death as "natural."

Per the report, the officer also spoke with potential perpetrators who assured him that the death had been voluntary. He closed the case.¹²



“Those promoting assisted suicide promised Oregon voters that it would be used only for extreme pain and suffering. Yet there has been no documented case of assisted suicide being used for untreatable pain. Instead, patients are being given lethal overdoses because of psychological and social concerns, especially fears that they may no longer be valued as people or may be a burden to their families.”

—Dr. Greg Hamilton, Portland psychiatrist.

¹ Ganzini et al: Journal of General Internal Medicine (J Gen Intern Med) 2008 Feb; 23(2):154-7

² Institute of Medicine. Reducing Suicide: A National Imperative. Washington, DC: National Academies Press 2002:99

³ Oregon Health Authority Death With Dignity Act

⁴ Erin Hoover Barnett, "Is Mom Capable of Choosing to Die?" The Oregonian, October 17, 1999, G2

⁵ Ibid

⁶ Erin Hoover and Gail Kinsey Hill, Two Die Using Suicide Law, The Oregonian, March 26, 1998, A1

⁷ American Journal of Psychiatry, volume 162, June 2005 Competing Paradigms of Response to Assisted Suicide Requests in Oregon

⁸ Eugene Register Guard, June 11, 2008 "A Gift of Treatment"

⁹ http://public.health.oregon.gov/death_with_dignity_act/page_6_footnote_6

¹⁰ www.RavalliRepublic.com mailbag 11-28-12

¹¹ Hawaii Free Press letters to editor 2/15/11

¹² Montana Standard mailbag 1/20/13

For further information visit

www.pccef.org

www.ortl.org/endoflife

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