

The Sad Truth Behind "AID IN DYING"

By Rita L. Marker

Attorney and executive director of the Patients Rights Council

Ann was a vocal advocate of doctor-prescribed suicide, called "aid in dying" by its proponents. She and her husband co-founded the Hemlock Society – the organization now known as Compassion & Choices. We were definitely adversaries, but a phone call changed that relationship.

Ann called me from Oregon. She had cancer; her husband had left her, and she wanted to talk. Many phone calls and visits followed. We became friends, and she shared the events that had changed her view about assisted suicide.

She explained that one evening, when she was getting ready to undergo cancer treatment, she told her husband that if the treatment was not successful, she wouldn't expect him to care for her. She wouldn't linger. Instead, she would just "check out."

Reliving that evening, she explained, "I'll never forget the look on his face. It was one of complete relief, and I realized right then that I'd wanted him to say he'd be there for me no matter what." She said that moment was more devastating for her than her cancer diagnosis.

She wanted to warn people about what she had once worked so hard to legalize – the transformation of doctor-prescribed suicide into a "medical treatment."

It has been years since Ann's death, but the organization she helped found has grown nationally and is the power behind current efforts to permit "ad in dying." Since passage of Oregon's law permitting doctor-prescribed suicide in 1994, there have been more than 175 attempts to pass Oregon-style laws. In the past two years there have been more than twenty such bills, including one, recently passed in the District of Columbia where I practice law. My clients are low income, and they would be gravely affected by this new law.

Those who are leading the charge for passage of a similar bill in Maryland point to Oregon's official reports. They claim that those reports prove there are not any problems or abuses. There's a problem with that. All information in Oregon's official reports is provided by those who carry out assisted suicide. On top of that, there are no penalties for non-reporting or for inaccurate or incomplete reporting.



Rita Marker with Ann Humphry in Steubenville, Ohio.

The MD bill, like the Oregon law, contains what the sponsors call "safeguards." They claim that its passage would provide a choice to be made by a patient with a caring doctor who, after lengthy discussions with the patient, would write a prescription for "medication" to be used as a last resort.

The stark reality is that time with a physician is greatly limited. Doctor-patient interaction may be limited to a 10 or 15 minute visit.

Also, among the "safeguards" is the requirement that before writing the prescription for deadly drugs, a doctor must inform the patient of the "feasible alternatives" including treatment, comfort care, hospice care and pain control.

But what if a patient doesn't have the financial capacity to obtain those alternatives?

Being told about alternatives is different than having true access to them. In addition, authorization for treatment and care may depend on cost effectiveness. The cost of drugs for assisted suicide is miniscule compared to the cost of providing treatment to make a patient more comfortable and to extend life.

The economic force of gravity is obvious and has already been experienced in Oregon where the Oregon

"When symptoms or circumstances become intolerable to a patient, effective therapies are now available to assure relief from almost all forms of distress during the terminal phase of an illness without purposefully hastening death as a means to that end."

National Hospice and Palliative Care Organization

Health Plan has notified some patients that medications prescribed to extend their lives or improve their comfort level are not covered but lethal drugs for assisted suicide are.

What could be more cost effective than a prescription for a deadly overdose of drugs?

"Choice" is an appealing word, but inequity in health care is a harsh reality. The last to receive the health care they need and want could be the first to receive doctor-prescribed suicide.

Debunking a common misconception about assisted suicide

Myth: Assisted suicide is most often requested by individuals because they are experiencing unbearable physical pain.

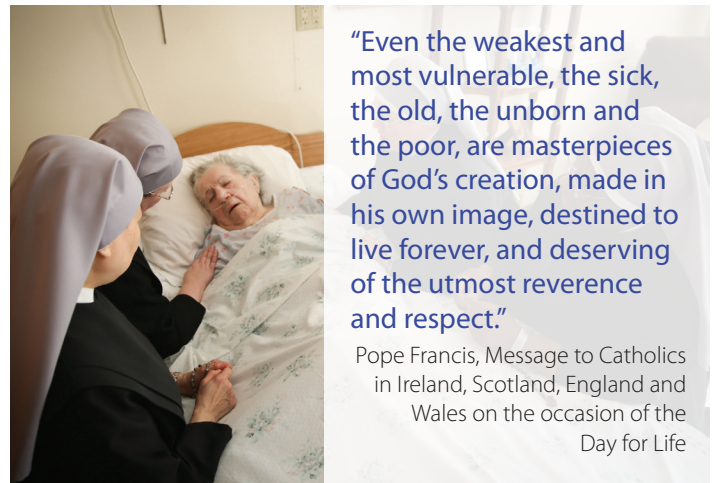
Truth: The Oregon Health Authority's 2015 Death with Dignity annual report states that the three primary reasons individuals requested assisted suicide were:

- Less able to participate in activities making life enjoyable (96.2%)
- Losing autonomy (92.4%)
- Loss of dignity (75.4%)

These are psychological sufferings, not the physical agony of one's illness. Such reasons originate from losing a sense of one's worth and the meaning of one's life—pains that can be greatly alleviated through mental health treatment, pastoral care, and loving support.

What other groups oppose physician assisted suicide?

- The American Medical Association
- The American College of Physicians
- The American Nurses Association
- The National Hospice and Palliative Care Organization
- The National Council on Disability
- Numerous other medical, palliative care, and disability organizations



"Even the weakest and most vulnerable, the sick, the old, the unborn and the poor, are masterpieces of God's creation, made in his own image, destined to live forever, and deserving of the utmost reverence and respect."

Pope Francis, Message to Catholics in Ireland, Scotland, England and Wales on the occasion of the Day for Life

Discover ways you can help stop assisted suicide in Maryland at

transformfear.org

Stay up-to-date on local legislation and sign up to receive alerts:

stopassistedsuicidemd.org