

Guest Editorial: Why Progressives Should Oppose the Legalization of Assisted Suicide

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Today the Assembly Judiciary Committee begins hearings on AB 654, which would legalize assisted suicide in California. There is a widespread public perception that those opposed to legalization are religious conservatives, and the logical position for a liberal is in support.

But the coalition that's formed to oppose the bill, Californians Against Assisted Suicide (<http://www.ca-aas.com/>) shows a diversity of political opinion that may be surprising to those who have not looked closely at the issue. In opposition are numerous disability rights organizations, generally seen as liberal-leaning; the Southern California Cancer Pain Initiative, a group associated with the American Cancer Society; the American Medical Association and the California Medical Association; and the Coalition of Concerned Medical Professionals, which does anti-poverty work in poor communities. Catholic organizations are in the mix, but no one could consider this a coalition of religious conservatives. They represent many groups coming together across the political spectrum. Why?

• MANAGED CARE AND ASSISTED SUICIDE—A DEADLY MIX.

Perhaps the most significant reason is the deadly mix between assisted suicide and profit-driven managed health care. Again and again, health maintenance organizations (HMOs) and managed care bureaucracies have overruled physicians' treatment decisions, sometimes hastening patients' deaths. The cost of the lethal medication generally used for assisted suicide is about \$35 to \$50, far cheaper than the cost of treatment for most long-term medical conditions. The incentive to save money by denying treatment already poses a significant danger. This danger would be far greater if assisted suicide is legal.

Though the bill would prohibit insurance companies from coercing patients, direct coercion is not necessary. If patients with limited finances are denied other treatment options, they are, in effect, being steered toward assisted death. It is no coincidence that the author of Oregon's assisted suicide law, Barbara Coombs Lee, was an HMO executive when she drafted it.

A 1998 study from Georgetown University's Center for Clinical Bioethics underscores the link between profit-driven managed health care and assisted suicide. The research found a strong link between cost-cutting pressure on physicians and their willingness to prescribe lethal drugs to patients, were it legal to do so. The study warns that there must be "a sobering degree of caution in legalizing [assisted suicide] in a medical care environment that is characterized by increasing pressure on physicians to control the cost of care."

• OREGON IS A DEEPLY FLAWED MODEL

The California bill is modeled after a nearly identical law that went into effect in Oregon in 1997. Assisted suicide advocates laud Oregon's example. But Oregon shines only if you

don't look too closely. Californians concerned with good government have reason to be highly skeptical.

Each year, Oregon publishes a statistical report that leaves out more than it states. For example, several of these reports have included language such as "We cannot determine whether assisted suicide is being practiced outside the framework of the law." The statute provided no resources or even authority to detect violations. All we know comes from doctors who prescribed the drugs, not family members or friends who probably have additional information about the patients. Doctors that fail to report their lethal prescriptions face no penalty. The state doesn't even talk to doctors who refused to assist the very same patients other physicians later helped to die, though these doctors who first said "no" may have viewed the patients as not meeting legal requirements, important information if one wishes to evaluate the law's outcomes. Autopsies are not required, so there's no way to ascertain the deceased was actually terminally ill, opening the door to another Dr. Kevorkian. The state's research has never reported on several prominent cases inconsistent with the law – these cases came to light only via the media. Last month, an editorial in The Oregonian complained that the law's reporting system "seems rigged to avoid finding" the answers.

Also disturbing, end-of-life care in Oregon has been touted as improving because of this law, but when the full situation is taken into account, the claim lacked data or the improvement has been explainable from other factors – for example, assisted suicide advocates have lauded an increase in the use of hospice, but hospice referrals have increased dramatically across the U.S. Then, in July 2004, a study in the Journal of Palliative Medicine showed that dying patients in Oregon are nearly twice as likely to experience moderate or severe pain during the last week of life, as similar Oregon patients around the time the Oregon law came into effect, suggesting a significant decline.

Most troubling, the California bill and Oregon's law also legalize negligence, by means of the "good faith" standard, which says that no practitioner of assisted suicide will be subject to any legal liability if they act in good faith, something nearly impossible to disprove, making all other rules unenforceable. For everything else doctors do, they are liable if they are negligent. But on assisted suicide, even if negligent, health care practitioners cannot be found violating the law, as long as they practice in good faith.

There are many more reasons progressives should oppose the legalization of assisted suicide. We must separate our private wishes for what we each may hope to have available for ourselves someday and, rather, focus on the significant dangers of legalizing assisted suicide in this society as it operates today. This column is sure to bring howls from those already ideologically supportive of legalization, but anyone who wants to look deeper, beyond the simplistic mantras of choice and "right to die," are encouraged to read other articles and testimony that can be found in these locations:

A longer article by this author at <http://dredf.org/assistedsuicide.html>

Commentary by Dr. Herbert Hendin, Medical director of the American Foundation for Suicide Prevention, at <http://www.psychiatrictimes.com/p040201b.html>

Testimony by Dr. Gregg Hamilton, Physicians for Compassionate Care, at <http://www.pccef.org/articles/art32HouseOfLords.htm>

Analysis of the first six years of Oregon's assisted suicide law by the International Task Force on Euthanasia and Assisted Suicide at <http://internationaltaskforce.org/orrpt6.htm>