

HEALTH & SCIENCE

Assisted Suicide



On September 11, 2015, the California legislature passed ABX2-15, the “End of Life Option Act,” which legalizes physician-assisted suicide. On October 5, 2015, California Governor Jerry Brown signed the bill saying he wouldn’t want to be in pain in his final days. Carol Tobias of National Right to Life said the law “shows a blatant disregard for the lives of California’s medically vulnerable citizens and sends a message to these citizens that their lives are less worthy to be lived. The so-called ‘right to die’ movement promotes these laws as simply ‘another medical option at the end of life,’ but their real goal is euthanasia on demand for any reason. There are no real safeguards... It is a well-established fact that nearly every terminally ill patient who desires death is suffering from treatable depression... Rather than treat clinically depressed patients... the system that would be established by the California bill... indicates that you instead help the patients kill themselves.” An article about the bill’s passage written by Ian Lovett in the New York Times referred to an observation by Dr. Aaron Kheriaty, director of the medical ethics program at the University of California, Irvine, School of Medicine, “...[Kheriaty] said that low-income and underinsured patients would inevitably feel pressure to end their own lives in some cases, when the cost of continued treatment would be astronomical compared with the cost of a few lethal pills.” (www.lifenews.com, 10/5/15)

Jacqueline Harvey, Ph.D., and bioethicist with the Charlotte Lozier Institute, wrote an open letter to Governor Brown regarding this bill. Her letter noted that “grossly inappropriate tactics [were] employed to pass this hasty legislation without the vetting that killed virtually identical legislation just months ago... The evidence on the dangers of assisted suicide has killed over 175 bills in 35 states since the early ‘90’s. Assisted suicide bills fail 99.95% of the time when treated like every other piece of legislation and subjected to expert testimony, debate and possible amendment... When legislators hear about the dangers of assisted suicide in hearings, they reject it virtually every time... This is what you will ensure for California, not merely the death and destruction that legal assisted suicide will wreak, but a bogged-down Assembly condemned to deal with the issue for years to come.” Harvey continued, “Consider that ABX2-15 was only passed by hijacking sessions you convened to focus on finding budgetary solutions in health care and transportation ... the healthcare finance topic in particular places you in a position of suggesting suicide is a cost-containment measure in healthcare, like in Oregon where requests for real treatment will not be paid for, but suicide is completely covered. To affirm this behavior by signing this bill would foremost result in bad policy... As we end suicide prevention week, let your legacy be talking the suicidal down from the ledge – not giving them a push.” (www.lifenews.com 9/16/15)

The American College of Physicians (ACP) sent a letter to Governor Brown on 9/16/15 urging him to veto this legislation. The letter stated, “This is a physician-assisted

suicide (PAS) bill. ACP does not support PAS as an appropriate action... Terms such as ‘end of life option’ and ‘aid-in-dying’ used in the bill are confusing and obscure what is at stake when physicians are asked to facilitate suicide. We are deeply sympathetic to the concerns and fears patients and their families have at the end of life. However, PAS is not the answer and in fact, ACP sees it as abandonment of the dying patient. It is not the role of the physician to give individuals control over the cause and timing of death—the medicalization of suicide. The physician must always act in the best interests of the patient as healer, comforter and trusted advisor. PAS undermines trust in patient-physician relationships and trust in the profession of medicine. Proponents of PAS claim it is an act of compassion in keeping with the physician’s role as comforter. However, this argument incorrectly assumes that physicians can only provide comfort for certain patients through facilitating suicide. In fact, physicians can and do provide comfort to dying patients. It is a lack of awareness of these services and a perceived concern that patients will not have access to this care that helps drive interest in PAS as an option. We need to ensure that all patients have access to palliative care and hospice services at the end of life rather than promote suicide. Surveys show that many individuals do not know what palliative care is but when told its definition, they overwhelmingly respond that they would want it for themselves or their family members if they were severely ill... The highest priorities for care of dying patients should be excellent palliative care, including alleviation of pain and other symptoms.”

The ACP letter concluded, “Patients often fear pain at the end of life, but physicians have an ethical obligation to treat pain with competence and compassion. Aggressive management of pain at the end of life is ethically acceptable, even when the risk of hastening death is foreseeable, if the intent is to relieve pain... Procedurally, we were also very troubled by the last-minute inclusion of the PAS bill in the special legislative session on health care financing, bypassing usual procedures. We also note the paradox of access to PAS where there is no general right to health care. In Oregon, the irony of difficulties getting coverage for palliative services and pain drugs under the state’s Medicaid program-but no problem receiving PAS paid for as a covered service-has been noted... PAS is especially troubling in an environment of cost control in health care and continuing disparities in care. We hope you will join ACP in advocating that society should encourage those who seek suicide with a physician’s help to instead be provided with full access to the care and compassion that can alleviate their suffering. No Californian, or any American, should have to fear an undignified or pain-filled life or death. Providing greater access to palliative and hospice care needs our full attention. In this way, physicians can fulfill their mission and give dying patients and their families the care, compassion, and comfort they need and deserve.” (www.lifenews.com 9/17/15)

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Keep posted regarding the possibility of similar legislation in the upcoming session in NYS.