
Californians
Against
Assisted
Suicide

2015
Assisted Suicide
Advocacy Kit

FACTS on ASSISTED SUICIDE

- Assisted suicide legalization has failed more times than it has succeeded. There have been well over 100 legalization attempts in the past 20 years, yet only 3 states have actually legalized it through legislative or voter action.
- If assisted suicide is made legal, it quickly becomes just another form of treatment and as such, will always be the cheapest option. This is troublesome in a cost-conscious healthcare environment.
- Assisted suicide poses a threat to those living with disabilities or who are in vulnerable circumstances. When assisted suicide becomes an option, explicit and implicit pressure is placed on these individuals to take that option.
- The safeguards in Oregon and Washington have proven to be hollow as they are easily circumvented. Patients are not required to receive a lethal prescription from their attending physician and can “doctor-shop”.
- Six-month diagnoses are arbitrary standards; nothing prevents these laws from being expanded to include individuals with longer prognoses or people “suffering” from other illnesses or disability. The longest and most studied examples of assisted suicide laws in Europe provide evidence for the expansion argument.
- Nothing in the Oregon or Washington style laws can protect from explicit or implicit family pressures to commit suicide or personal fears of “being a burden”.
- Oregon’s data on assisted suicide is flawed, incomplete and disorganized. The state does not investigate cases abuse, and has admitted, “We cannot determine whether physician assisted suicide is being practiced outside the framework of the Death with Dignity Act.” The state has also acknowledged actually destroying the underlying data after each annual report.¹ ([Regarding abuses that have come to light in Oregon, see this handout on Oregon abuses.](#))
- Suicide requests from people with terminal illness are usually based on fear and depression. Most cases of depression among terminally ill people can be successfully treated. Yet primary care physicians are generally not experts in diagnosing depression. Neither Oregon nor Washington assisted suicide laws require evaluation by a psychologist or psychiatrist to screen for depression or mental illness.
- Under Oregon or Washington law, there is no requirement that family be notified when an assisted suicide prescription request is made.

¹ Dr. Katrina Hedberg, 9 December 2004, House of Lords, Select Committee on the Assisted Dying for the Terminally Ill Bill, Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence, (London: The Stationery Office Ltd., 2005), 262.)

Abuses in States with Assisted Suicide Laws

- Oregonian Barbara Wagner was denied coverage of her cancer treatment but received a letter from the Oregon Health Plan that stated the plan would cover assisted suicide. The drugs for her cancer treatment were around \$4,000 a month and the assisted suicide pills were less than \$100. (Source: [ABC News, Death Drugs Cause Uproar in Oregon, 8/6/08](#)) <http://abcnews.go.com/Health/story?id=5517492>
- Another Oregon resident, Randy Stroup, received an identical letter, tell him that the Oregon Health Plan would cover the cost of his assisted suicide, but would not pay for medical treatment for his prostate cancer (Source: Fox News, [Oregon Offers Terminal Patients Doctor-Assisted Suicide Instead of Medical Care, 7/28/08](#) <http://www.foxnews.com/story/2008/07/28/oregon-offers-terminal-patients-doctor-assisted-suicide-instead-medical-care/>)
- Kate Cheney,^[2] 85, died of assisted suicide under Oregon’s law even though she had early dementia. Her personal physician declined to provide the lethal prescription. Her managed-care provider found another physician to prescribe a lethal dose of drugs. When counseling to determine her capacity was sought, a psychiatrist concluded that she was not eligible for assisted suicide since she was not explicitly seeking it, and her daughter seemed to be coaching her to do so. Nevertheless, Kate Cheney soon received and used the lethal drugs.
- Michael Freeland,^[3] age 64, had a 43-year history of acute depression and suicide attempts. Yet, when Freeland and his daughter went to see a doctor about arranging a legal assisted suicide, the physician said he didn’t think that a psychiatric consultation was “necessary.” Oregon’s statistics for the last four years show that only 2% of patients were referred for a psychological evaluation or counseling before receiving their prescriptions for lethal drugs.^[4]
- Patrick Matheny^[5] received his assisted suicide prescription by Federal Express. He couldn’t take the drugs by himself so his brother-in-law helped. Commenting on the Matheny case, Dr. Hedberg of Oregon DHS said that “we do not know exactly how he helped this person swallow, whether it was putting a feed tube down or whatever, but he was not prosecuted...” The state’s official annual report on assisted suicide deaths did not take note of this violation of the Oregon law.
- Contrary to proponents’ claims, legalizing assisted suicide does not guarantee patients a quick and peaceful death. Speaking at Portland Community College, pro-assisted-suicide attorney Cynthia Barrett^[6] described one botched assisted suicide. “The man was at home. There was no doctor there,” she said. “After he took it [the lethal dose], he began to have some physical symptoms. The symptoms were hard for his wife to handle. Well, she called 911.” He was taken to a local Portland hospital and revived.
- David Prueitt^[7] took his prescribed lethal overdose in the presence of his family and members of the assisted-suicide advocacy group Compassion & Choices (formerly the Hemlock Society). After being

unconscious for 65 hours, he awoke. His family leaked the failed assisted suicide to the media. Oregon DHS issued a release saying it “has no authority to investigate individual Death with Dignity cases.”^[8]

- The first known assisted-suicide death^[9] under the Oregon law was that of a woman in her mid- eighties who had been battling breast cancer for twenty-two years. Initially, two doctors, including her own physician who believed that her request was due to depression, had refused to prescribe the lethal drugs. Compassion & Choices—then operating under the name Compassion in Dying—became involved in the case and referred the woman to a doctor willing to write the prescription.
- The following cases indicate legal erosion associated with legalized assisted suicide. Wendy Melcher^[10] died in August 2005 after two Oregon nurses, Rebecca Cain and Diana Corson, gave her overdoses of morphine and phenobarbital. They claimed Melcher had requested an assisted suicide, but they administered the drugs without her doctor’s knowledge in clear violation of Oregon’s law. No criminal charges have been filed against the two nurses. The case prompted one newspaper to write, “If nurses—or anyone else—are willing to go outside the law, then all the protections built into [Oregon’s] Death with Dignity Act are for naught.”^[11] Annie O. Jones, John Avery and three other patients were killed from an illegal overdose of medication given to them by a nurse, and none of these cases have been prosecuted in Oregon.^[12]

Endnotes

^[1] DHS news release, “No authority to investigate Death with Dignity case, DHS says,” March 4, 2005.

^[2] Erin Barnett, *A family struggle: Is Mom capable of choosing to die?* *Oregonian*, Oct. 17, 1999.

^[3] N. Gregory Hamilton, M.D. and Catherine Hamilton, M.A., *Competing Paradigms of Responding to Assisted-Suicide Requests in Oregon: Case Report*, presented at the American Psychiatric Association Annual Meeting, New York, New York, May 6, 2004. (<http://dredf.org/?s=oregon+assisted+suicide+abuses&submit=Search>)

^[4] Oregon Death with Dignity Act Year 9 Report, Oregon Department of Human Services, March, 2007.

^[5] Erin Hoover, *Dilemma of assisted suicide: When?* *Oregonian*, Jan. 17,1999 and Erin Hoover, *Man with ALS makes up his mind to die*, *Oregonian*, March 11, 1999.

^[6] Barrett made her remarks during a *Physician-Assisted Suicide: Counseling Patients/Clients* presentation at Portland Community College in December 1999. Audiotape on file with author. Also David Reinhard, *The pills don’t kill: The case, First of two parts*, *Oregonian*, March 23, 2000 and David Reinhard, *The pills don’t kill: The cover-up, Second of two parts*,*Oregonian*, March 26, 2000.

^[7] Associated Press, *Assisted suicide attempt fails*, March 4, 2005.

^[8] Oregon Dept. of Human Services, Press Release, March 4, 2005.

^[9] Erin Hoover and Gail Hill, *Two die using suicide law; Woman on tape says she looks forward to relief*, *Oregonian*, March 26, 1998; Kim Murphy, *Death Called 1st under Oregon’s New Suicide Law*, *Los Angeles Times*, March 26, 1998; and Diane Gianelli,*Praise, criticism follow Oregon’s first reported assisted suicides*, *American Medical News*, Apr. 13, 1998.

^[10] *Pressure Increases on Suspected Nurses – Alleged Players in Assisted Suicide May Be Prosecuted; Others, too*, *Portland Tribune*, September 7, 2007.

^[11] Editorial, *Another case for nursing reform*, *Portland Tribune*, July 10, 2007.

^[12] *Nursing Chaos – Is Oregon State Board of Nursing Protecting Nurses at the Expense of Public Safety*, *Portland Tribune*, May 7, 2006.

THE SACRAMENTO BEE

Disabled Have Their Own Beliefs on ‘Death with Dignity’

By Catherine Campisi

November 14, 2014

The death of Brittany Maynard has generated attention on “death with dignity” and a push to enact laws on physician-assisted suicide in California (“How we die is no one’s business but our own,” Viewpoints, Nov. 11). As a person with a significant disability, I believe we need to think through this concept and its ramifications, especially for seniors and people with disabilities.

What does “death with dignity” mean? To many, it means dying without losing the ability to dress yourself and get in and out of bed, or having to experience the loss of certain physical or cognitive abilities, such as walking or seeing the way you once did.

For many with significant disabilities, needing assistance with such activities has become routine. We live good and full lives, work, get married, have children and make a positive difference.

We have come to identify “dignity” as meaning we can be interdependent with other people, show and receive respect, and express our personal values in our lives. We believe we have “dignity” whether or not we can see, walk or think like others.

Many of us find the concept of “death with dignity” demeaning and devaluing since it implies that our state of being is “undignified.” We cannot disagree with this more strongly.

We also fear expanding the role of physicians to include assisted suicide. Many people with significant disabilities were given terminal diagnoses, only to go on to live full, productive lives. What if, in the first throes of depression, which is a natural part of the adjustment process, they had taken the lethal dose of prescribed drugs?

Too many assume people would prefer death over disability. This societal stereotype makes it too easy for some to encourage the use of assisted suicide.

What do we – people with significant disabilities – say to a person like Brittany Maynard? We would strongly urge that they be given full information about treatment options such as hospice and palliative care. In her case, she could have used these options when her symptoms were too severe.

We would say, no matter how compelling one person’s story is, we must look deeply into what “dignity” means for all human beings and provide support for everyone to have dignity each and every day of their lives.

Catherine Campisi is former director of the California Department of Rehabilitation and was chairperson of the state Inter-agency Americans with Disabilities Act Task Force.

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Assisted suicide: Is it simply death over disability?

By Ken Barnes
November 22, 2014

The public policy debate surrounding assisted suicide, and whether or not it should become a normalized component of our health care system, has once again intensified in California. While proponents have waged an aggressive public relations campaign to re-brand assisted suicide as “death with dignity” and “aid in dying,” we must ask ourselves if this is really just death over disability. The debate concerning end of life care has historically been rooted in left versus right, progressive versus conservative, and religious versus secular views, but in reality it is a fight between those with means and the unfortunate masses without.

During my life I’ve had an opportunity to view end of life, disability, and general health care from multiple angles. I’ve engaged it from a public policy perspective as the former health committee chairman of the California State Conference of the NAACP, as a young adult when a family member was given a terminal diagnosis, and from the painful yet inspiring viewpoint of having a severely disabled twin brother who suffered with cerebral palsy.

In recent months an organization formerly known as the Hemlock Society, now called Compassion & Choices, has led the charge for the right to assisted suicide. To raise the profile of their advocacy, they have highlighted the sad and unfortunate death by (legally assisted) suicide of a young lady named Brittany Maynard. Earlier this year Ms. Maynard was diagnosed with terminal brain cancer at just 29 years of age, and faced with this devastating news, she terminated her life. However, suicide was not the only option for her to avoid a painful death. Palliative and hospice care, which address physical pain as well as the emotional and spiritual needs of the terminally ill, is readily available to comfort persons at the end of life.

While Ms. Maynard’s death in Oregon has been heralded as an example of why assisted suicide should be legalized in California, there’s also a darker side to end of life care. It’s no secret that America’s health care system is profit-oriented, and introducing the low-cost alternative of assisted suicide could have devastating effects.

Proponents uphold Oregon’s assisted suicide law as a model to be followed, but they ignore evidence from cancer patients such as Barbara Wagner who had her request for chemotherapy medication denied. Although Oregon Health Plan was unwilling to approve the \$4,000-a-month drug, they offered to cover the one-time \$100 expense for life-ending medication. Unfortunately, she is not the exception, as there are many other noncelebrated cases facing these challenges on a daily basis.

While hospitalized on life support, my low-income uncle was given a terminal diagnosis. There was extreme pressure applied to my mother to end her brother’s life, as they emphasized his inability to care for himself, the cost to maintain care, and the unlikelihood of living a dignified life should he survive. He did survive, for another 12 years in a wheelchair and I’m sure he would say despite needing occasional assistance, he lived a very dignified life.

Numerous polls and studies have shown the overriding concern and fear of people who support

assisted suicide is the thought of living with a disability, and experiencing an undignified life. This is a troubling outlook, as it diminishes the value of those who live full, robust lives with many of the disabilities cited as reasons to enact assisted suicide laws.

My twin's life was one featuring a constant movement of life expectancy. Although Kevin required assistance and care, he enriched the lives of the persons he touched despite his disability. While caring for him and others with similar ailments is not always convenient, discarding lives which become inconvenient is not a display of compassion, but one of selfish cruelty.

It is important we separate the acts of removing life support from nonresponsive patients and that of actively terminating lives, as they are not the same thing. As a society we have long rallied together to provide support and encouragement for those seeking to kill themselves. Just as we would with any person wishing to commit suicide, we must embrace those facing end of life challenges with that same love and compassion, and help them live life fully until the end.

Barnes, a resident of Rancho Bernardo, is a former executive committee member of the California State Conference of the NAACP. He is an operations and management consultant and active in organizations supporting those living with disabilities.

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Please add my name/organization to the list of individuals and organizations publicly opposing legalization of assisted suicide in California.

Add my/our name to the public list of endorsements

Please select a category:

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Or, scan and email to info@noassistedsuicideca.org
