

## **Five Important Reasons to Oppose Physician-Assisted Suicide**

**By T. Brian Callister, MD, FACP, SFHM**

**First**, contrary to what proponents say, legalizing assisted suicide actually **limits your choices and access to healthcare**. Physician Assisted Suicide (PAS) is not legal in Nevada, but I had two patients, one from California and one from Oregon, that needed life saving treatments, and the insurance medical directors in both cases denied the life saving treatments but readily offered assisted suicide. My patients would NOT have been terminal with treatment but were offered assisted suicide instead – **this does not expand choice – it reduces it**. Once assisted suicide becomes a medical option, **it is the cheapest option and provides an incentive for insurers to save money by denying treatment**. My two patients from Oregon and California, states that have legalized assisted suicide, were denied treatment and offered the lethal pills. Neither they, nor I, had requested the lethal drugs. **Assisted suicide is not about freedom, autonomy, or choice – it limits choice and reduces your healthcare options.** Compassion and Choices, which advocates for assisted suicide, has testified around the country that there is no verification of my story nor any “cause and effect”, which is factually incorrect. Bill McMorris of the Washington Free Beacon reported an independent verification of this story on June 5<sup>th</sup>, 2017 (see “*Vegas Doctor Vouches for Former Colleagues Account in Assisted Suicide*”).

It is important to remember that this same “Compassion and Choices”, the group that continues to push assisted suicide all across the country, was originally known as “The Hemlock Society” (they changed their name – probably because “hemlock” is a poison). The founder of the “Hemlock Society”, Derek Humphrey, said in his book, “*In the final analysis, economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice.*” (Derek Humphrey and Mary Clement, *Freedom to Die*, St. Martin’s Press (New York, 1998), page 313).

**Second**, the underlying premise that **everyone will suffer horrible pain at the end of life is simply not true in 2018**. *No one* has to die in pain in this day and age. If someone is suffering needlessly, frankly they need to change doctors. In fact, “**pain**” is **not even in the top five reasons for requesting assisted suicide, according to data in Oregon**. Only about twenty percent of all patients who utilized the assisted suicide law in Oregon ever mentioned “pain” or even a “concern about pain” as their reason for killing themselves. **The top three reasons listed in 20 years of Oregon data for assisted suicide are “loss of enjoyment in usual activities,” “burden to family,” and “loss of autonomy.”** These are important social issues indeed, but are they adequate rational to kill yourself?

**Third**, a physician’s ability to predict life expectancy in terminal illness is **often not accurate – the medical literature shows the average margin of error is 50-70 percent**.

Assisted suicide, like hospice, requires a physician to “certify” six months or less to live. Physicians are frequently wrong – I put people on hospice all the time, and I take them off all the time - after they have outlived their prognosis! Patients often live months and even years longer than we thought with a good quality of life. In Oregon, only 40% of the people that requested the assisted suicide pills and did not take them died within a year (40% died of natural causes within a year – not even six months – which means 60% were still living after a year!).

**Fourth**, assisted suicide puts too much power in a doctor's hands and corrupts the medical profession. **Having two doctors certify that the patient is terminal with six months or less to live is NOT a safeguard! We all know that doctors refer to like-minded doctors**, and they do the same with assisted suicide. The Compassion and Choices group will refer you to a doctor who routinely prescribes the deadly concoction. In Oregon, a majority of the cases of doctor assisted suicides were “helped” in

finding a doctor who would prescribe lethal drugs by the pro-assisted suicide group Compassion and Choices.

Doctors exercise a lot of influence with their patients when important health decisions are being made. Jeanette Hall was considering doctor prescribed suicide in Oregon, but her doctor said no and encouraged treatment. Some **17 years later** she is an oft-cited opponent of assisted suicide. "If my doctor had believed in assisted suicide, I would be dead," she said.

**Finally, doctor shopping is a real danger if assisted suicide becomes law.** The Oregon experience has proven that it is easy to find a doctor who is happy to comply with an assisted suicide request with a like-minded colleague available to "certify" the request. Elder abuse is rampant in America. Nothing in the proposed assisted suicide law will prevent an interested party from looking for a doctor who will prescribe death if another doctor says "no," and no healthcare professional or witness is required to be present at the death. Such a situation is ripe for abuse.

I believe that the real story here is the confirmation of that "slippery slope" of the risks surrounding legalization of doctor-assisted suicide. The loss of dignity and worth these patients and families suffer is not just limited to the residents of the states where assisted suicide is legal but is crossing state borders and permeating the attitude of the decision makers that determine the allocation of our health care resources. I hope this story raises concern for millions of patients and their families across the country that will have to fight their health care insurers for coverage of life saving treatments. State legislators considering the issue of assisted suicide as public policy should take notice of these real world experiences and pay attention to the very real and negative impact it can have on patients and their families. Assisted suicide is an affront to human dignity on every level and should be vigorously opposed by all.

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