

Testimony opposing legalization of assisted suicide

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I am a professor of family medicine at Oregon Health & Science University in Portland, Oregon. I teach residents and medical students and have an active practice ranging from OB to end-of-life care.

When I came to Oregon over 35 years ago, assisted suicide was both unethical and illegal. While now legal, it will always be unethical—unethical as it is an inherent conflict of interest for physicians.

Since actual implementation in early '98, about 900 people in Oregon have taken their lives by ingesting massive overdoses of barbiturates.ⁱ Proponents claim that law is working well and there have been no problems. This is not true.

There is a shroud of secrecy enveloping the practice. Doctors engaging in this practice are required by state law to fabricate the cause of death stating that the cause is “natural” rather than suicide. (In fact, as assisted suicide was about to be implemented, the legislature implemented a system of two different death certificates (one that is public with no medical information and a separate one that is never made public).ⁱⁱ Thus, review and tracking by anyone outside of the Oregon Health Division is impossible.)

Data that is reported to Oregon Health Division is all self-reported hearsay predominantly from doctors who prescribed but weren't actually present when the overdose occurred. Data is never independently verified. An article published by the Health Division acknowledges this reality noting that the entire account by prescribing doctors “could be a cock-and-bull story.”ⁱⁱⁱ Thus, many “reassuring” reports rely on data from doctors who are active promoters of assisted suicide.

In one peer-reviewed study of assisted suicide in Oregon, many individuals labeled “terminal” were given overdoses and were actually found to be depressed.^{iv} In fact, fully 25% of all requestors

met the criteria for major depressive disorder and 23% met the criteria for anxiety disorder. None were recognized as such by the overdose doctor.

The practice has spread beyond doctors and has corrupted hospice care. The Portland Tribune uncovered a botched case of two nurses in the Providence Health System's hospice program trying to implement a "suicide plan" for a cancer patient—Wendy Melcher.^v Yet the incident went unreported to legal authorities. The revelations left the Melcher's family feeling "broadsided" and "bleeding from emotional pain."

Since doctor-assisted suicide has become an option, I have dozens of patients discuss this option with me in my practice.

How I respond to a patient's request has a profound effect, not only on a patient's choices, but also on their view of themselves and their inherent worth. The truth is that we are not islands.

When a patient says, "I want to die"; it may simply mean, "I feel useless."

When a patient says, "I don't want to be a burden"; it may really be a question, "Am I a burden?"

When a patient says, "I've lived a long life already"; they may really be saying, "I'm tired. I'm afraid I can't keep going."

And, finally, when a patient says, "I might as well be dead"; they may really be saying, "No one cares about me."

Such patients deserve our support and love, not a veritable "vending machine" response from their doctor.

Most problematic for me has been the change in attitude within the healthcare system itself. People with serious illnesses are now sometimes fearful of the motives of doctors. Some time ago, a

patient with bladder cancer contacted me. She was concerned that one of her oncologists might be one of the “death doctors.” She questioned his motives—particularly when she obtained a second opinion from another oncologist who was more positive about her prognosis and treatment options. Whether one or the other consultant was correct or not, such fears were never an issue before physician-assisted suicide was legalized.

In Oregon, I regularly receive notices that many important services and drugs for my patients—even some pain medications—won’t be paid for by the State health plan. At the same time, doctor-assisted suicide is fully covered (100%) and sanctioned by the State of Oregon and funded by our collective tax dollars.

My earnest hope is that each of you, as the leaders of our nation’s capital, will stand firmly with the leaders and voters of the 47 states who have not embraced assisted suicide. As a society we should continue to reject legalization of assisted suicide as the solution to suffering. Don’t make Oregon’s mistake—the sick and aging of Washington DC deserve better.

ⁱ<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/index.aspx>

ⁱⁱ Physician assisted suicide. CD Summary, Oregon Health Division 1997;46(23):1-2

ⁱⁱⁱ A year of Dignified Death. CD Summary, Oregon Health Division 1999; 48(6):1-2

^{iv} Ganzini L, Goy ER. Prevalence of depression and anxiety in patients requesting aid-in-dying: cross sectional survey. *BMJ* 2008;337:a1682

^v <http://www.pamplinmedia.com/component/content/article?id=89072>