

American Medical News on the rise of assisted suicide numbers in Oregon, includes comments by Wesley Smith and PCC

## PROFESSIONAL ISSUES

Assisted-suicide numbers continue to rise in Oregon

The law legalizing the action marks its fifth year, yet its attendant controversy has not abated.

By Andis Robeznieks, AMNews staff. March 24/31, 2003.

The typical person who committed physician-assisted suicide under Oregon's Death With Dignity Act last year was most likely a married, white male cancer patient around 69 years old, according to a report the state released earlier this month.

In the five years assisted suicide has been legal in Oregon, 198 lethal drug doses have been prescribed, and 129 were taken. The 38 assisted suicides last year represent an 81% increase from the 21 that occurred in 2001, and the number is more than double the 16 that occurred in 1998, the first year the law was in place.

Last year, 58 lethal prescriptions were written in Oregon by 33 different physicians. Two patients died after taking drugs prescribed in 2001.

The top reasons patients gave for wanting to end their lives included losing autonomy (84%), decreasing ability to participate in activities they enjoyed (84%) and losing control of bodily functions (47%). "They don't want that loss of independence," said George Eighmey, executive director of the assisted-suicide advocacy group Compassion in Dying of Oregon. "The No. 1 reason given to me is: 'I don't want to have anyone wipe my rear end.' That is the most humiliating aspect of terminal illness."

Attorney, author and hospice volunteer Wesley J. Smith said loss of control of bodily functions is no reason to commit suicide.

"We have to deal with that with great sympathy and empathy," Smith said. "It doesn't make them any less human or less worthy. It's a natural part of life -- dying isn't dead -- and it's something that can be overcome."

Smith, based in Oakland, Calif., has written and spoken extensively about Oregon's law, and a revised paperback edition of his 1997 book, *Forced Exit: The Slippery Slope from Assisted Suicide to Legalized Killing*, is expected to be released this year.

Although assisted-suicide numbers are up in Oregon, Smith said it's a victory of sorts that no other state has adopted the practice. Oregon is the

only state that permits physician-assisted suicide, but bills patterned after its law have been introduced this year in Arizona, Hawaii and Vermont. A bill has been introduced in North Carolina specifically outlawing the practice. Smith credits a broad coalition of opponents that includes religious interests, disability rights groups and medical professionals with keeping it contained to Oregon.

"Now, more than ever, it's up to doctors to stand up and say: 'We will never abandon a patient,' " Smith said, adding that he would like Oregon physicians to put up plaques in their offices that read: "This is a euthanasia-free zone."

Debate continues to rage

Ken Stevens, MD, a Portland oncologist and president of Physicians for Compassionate Care, a group that opposes Oregon's Death With Dignity Act, takes issue with the term "physician-assisted suicide."

"I call it 'physician-directed suicide' because when they're writing a prescription for a lethal drug, they're basically directing their patients to take it and die," he said.

Dr. Stevens said he agrees with the AMA position that assisted suicide is not compatible with the physician's traditional role as a healer. But retired oncologist Nancy Crumpacker, MD, disagrees.

Dr. Crumpacker, who said she has written "a few" lethal prescriptions and served as a medical adviser for Compassion in Dying, said only a few terminally ill patients ever ask about assisted suicide and of those about one-tenth specifically request a lethal prescription. Even then, not all take it.

"In my practice, I found that patients ... needed to talk about what they see as important and what their lives were all about," she said. "It comes down to 'I don't have any control anymore,' or 'I can't do the things I enjoy anymore, the things that make me who I am. And if I can't do that, it's time to go.' I've heard that a lot." In these instances, Dr. Crumpacker said physician-assisted suicide can be a form of healing because it addresses the issue of patients feeling they have no other options.

"To me, it is [healing]," she said. "That person is saying, 'I don't want to be here, there's nothing more I can do.' I can't heal a body that's dying or a mind that doesn't want to be there. We're not going to heal somebody who's dying of cancer. We're letting someone hasten an inevitable death."

For terminally ill patients who have exhausted all treatment options and lost control over what happens in their lives, Dr. Crumpacker explained, choosing assisted suicide gives them a feeling of power to make one final decision before dying.

Not only has Dr. Crumpacker written lethal prescriptions, she's been present when patients took them. She described the moment as more of a ceremony than a medical procedure. "Mostly, family members, friends are there, Dr.

Crumpacker said. "The air is heavy, yet -- depending on the makeup of people present -- there might be some lightness and good memories. It's a very solemn moment. As a physician and nonfamily member, I feel honored to be there because these people asked me to be there." According to the Oregon law, doctors may prescribe but not administer the lethal prescription.

U.S. Attorney General John Ashcroft sought to overturn the law by declaring that prescribing controlled substances to assist in a suicide is not a "legitimate medical practice." A hearing will be held May 7 before the 9th U.S. Circuit Court of Appeals. A decision is expected in late summer.

#### ADDITIONAL INFORMATION:

Who chose physician assistance

38 people committed suicide under Oregon's Death With Dignity law in 2002.  
Of this group:

Gender

Male: 27 (71%)  
Female: 11 (29%)

Marital status

Married: 20 (53%)  
Widowed: 7 (18%)  
Divorced: 9 (24%)  
Single: 2 (5%)

Education (highest level)

Some high school: 4 (10%)  
High school, some college: 24 (64%)  
College or postgraduate: 10 (26%)

Underlying disease

Cancer: 32 (84%)  
Other: 6 (16%)

Source: Oregon Dept. of Human Services

Just in case

Since the law was enacted, more people have requested lethal prescriptions than have used them. The median age over the five-year period ranged from 68 to 71.

1998 '99 '00 '01 '02 98-02

	1998	'99	'00	'01	'02	98-02
Prescriptions						
written	24	33	39	44	58	198
Assisted-suicide						
deaths	16	27	27	21	38*	129
Median	70	71	69	68	69	69

Note: Two deaths in 2002 were attributed to prescriptions written in 2001.

Source: Oregon Dept. of Human Services

Weblink

Oregon Death With Dignity Act annual report, 2002  
(<http://www.dhs.state.or.us/publichealth/chs/pas/ar-index.cfm>)

CEJA policy on physician-assisted suicide (E-2.211)  
(<http://www.ama-assn.org/ama/pub/category/8459.html>)

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