

Assisted suicide bills falter in 4 states

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PROFESSIONAL ISSUES

Assisted suicide bills falter in 4 states

Concerns about pain control lead to a hospice lobbying effort that stalls a physician-assisted suicide ban in North Carolina. Three other states consider legalizing it.

By Andis Robeznieks, AMNews staff. May 19, 2003.

Physician-assisted suicide bills were introduced in four states this year, galvanizing doctors on both sides of the issue to get involved in the law-making process.

Three of the bills (in Arizona, Hawaii and Vermont) called for legalizing the practice, while a North Carolina bill (introduced by two physician legislators) called for banning it.

"Nothing moved past the chamber of introduction," said National Conference of State Legislatures policy associate Rachel Tanner. "There were a lot of bills introduced; none of them moved anywhere."

In North Carolina, family practitioner and Republican state Sen. James Forrester, MD, said he had "worked his buns off" trying to get his anti-assisted suicide bill passed.

Dr. Forrester, who co-sponsored the bill with Democrat and retired pediatrician William Purcell, MD, said he thought there was wide support for the bill, but opposition is coming from an unexpected source: the local hospice in Raleigh, the state's capital city.

"It may be that I could get the bill passed without hospice support, but I don't want to do that," he said, adding that his wife serves on the board of the local hospice in their hometown. "I'd like to get them involved and get something everyone can agree to."

Ned Yellig, MD, medical director of the Hospice of Wake County in Raleigh, was heartened to hear his opposition has had an impact.

The bill "puts physicians who work with patients at the end of life at risk," he said. "We are afraid that the physicians entrusted with

making sure people die in comfort may be less aggressive with pain control or palliative sedation."

The bill was modified to cover concerns brought up at a legislative hearing. It now includes calls for pain management and palliative care training at state medical schools, and calls on the North Carolina Institute of Medicine to study ways to prevent suicide.

"It's in its sixth version, and there will probably be a lot more before it's passed," said Dr. Forrester, who introduced a similar bill in 2001. "This will probably be my last attempt."

Retired family practitioner Carmer Van Buren, MD, however, is vowing to continue his push to make Vermont the second state in the nation to allow assisted suicide. "It will come up again next year, definitely, no doubt about it," he said, adding that an education effort designed to increase public understanding of the bill is in the works.

Now 75, Dr. Van Buren said the time and issue are right for him to get politically active after having a clinical practice for 32 years and then serving in a medical administrative capacity for another 10. "This is my first foray into major political activity."

Although it's referred to as "physician-assisted suicide," Dr. Van Buren said the bill isn't about physicians.

"It's a patient's bill," he said. "It's not mandating a physician to do anything. Society is no longer saying 'Yes, doctor.' They're asking 'Why, doctor?' People have to be able to decide for themselves what they want and what's good for them."

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ADDITIONAL INFORMATION:

Weblink

Text of North Carolina Senate Bill 145 prohibiting assisted suicide (www.ncga.state.nc.us/html2003/bills/AllVersions/Senate/S145v1.html)

Text of Vermont Senate Bill 112 legalizing physician-assisted suicide (www.leg.state.vt.us/docs/legdoc.cfm?URL=/docs/2004/bills/intro/S-112.HTM)

AMA policy on physician-assisted suicide (www.ama-assn.org/ama/pub/category/8459.html)

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