Why Are They Trying to Make Us Kill Our Patients?

I am an oncologist/hematologist who has been practicing in California, primarily at Eisenhower Medical Center in Rancho Mirage, for 39 years. It has been my privilege to have treated and cared for more than 16,000 patients with cancer or blood diseases and to have provided pain relief and comfort for the dying.

I am also one of six concerned physicians who, along with the American Academy of Medical Ethics, have
sued in a California Superior Court to try to block as unconstitutional the state’s Physician Assisted Suicide law, which went into effect on June 9. More recently, a group of doctors and health-care professionals in Vermont joined a lawsuit filed July 19 to try to block the way that state’s 2013 assisted suicide law is being interpreted and misapplied.

Signed by Gov. Jerry Brown and voted against by every elected Republican member of the state legislature, California’s radical measure is part of an organized, nationwide, social-engineering campaign, heavily funded by big donors such as the leftist George Soros.

Our state’s physician-assisted suicide law instantly removes penal-code protections from a vulnerable segment of the population deemed “terminally ill.” The law allows anyone labeled as terminally ill to request assisted suicide—but it also accepts heirs and the owners of caregiving facilities to formally witness such requests, even though the probate code does not even accept “interested” parties as witnesses to a will.

The law does not require an attending physician to refer the patient for psychological assessment. It thus does not allow for screening for possible coercion, or for underlying mental conditions that could be behind the suicide request—unless the patient has signs of mental problems, which may not be visible to a suicide-specialist doctor they may not even know. In these and other ways, the law devastates elder-abuse law and mental-health legal protections, and it deprives those labeled as terminally ill of equal-protection rights that all other Americans enjoy.

All of us in the practice of cancer care have seen patients, diagnosed with so-called terminal illness, who have experienced a marvelous remission of disease. Very little is absolute—except death itself.

On the day that physician-assisted suicide was legalized, my hospital and the other local hospitals announced that they were opting out and would not facilitate the killing of any patients. Some local hospices informed me that they would continue to give palliative care, instead of helping patients kill themselves.

Killing is never medical care. There is no circumstance when any compassionate, competent physician would prescribe a deadly drug to any patient. If “medical practice” has any meaning, it definitely does not include using drugs to willfully kill a patient or for a physician and pharmacist to supply a lethal drug so that a patient can kill himself.

The American Medical Association has spoken for all physicians by stating: “Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control,
and would pose serious societal risks.”

The irony here is that the medical community has strongly objected to facilitating the death of felons on death row, but that same medical community is now expected to help kill the innocent.

One must ignore the false rhetoric, the clawing propaganda, used by the death-by-drugs advocates. Terms like “death with dignity” and “compassion in dying” are meant to obscure the fact that these death-march ideologues are targeting the doctor to become an instrument of death.

And why must it be the physician who facilitates self-murder? Why not make the agent of death a non-physician who is given special permission to order and administer a regimen of lethal drugs? No, the advocates want to exploit the respect and trust accorded to the “good doctor” so that drug-induced deaths are viewed as “compassionate.” It is part of the marketing scheme for a small but influential necro-political movement.

California and other states contemplating making this devastating change to their laws should heed the troubling example of what has happened in Oregon since its adoption of the “Death with Dignity Act” in 1997. Dr. William Toffler, a distinguished professor of family medicine at Oregon Health & Science University in Portland, Ore., testified before Congress in 2015 about abuses of the law and about the state health department’s negligence. “There is a shroud of secrecy enveloping the practice,” he said. “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.”

As the law took effect, Dr. Toffler noted, “the Oregon 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. Thus, review and tracking of physician-assisted suicide deaths by anyone outside of the Oregon Health Division is impossible.”

Equal protection is not a mindless bumper-sticker slogan. It is a pillar of state and federal constitutions and must not be corrupted. Under the law, equal protection must apply not only to the healthy and able but to the most vulnerable—the unhealthy, the disabled, the elderly—and all who might fall victim to those peddling physician-assisted killing.

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