

## Unintended And Dangerous Consequences of Assisted Suicide

### Assisted Suicide Laws Invite Abuse and Misuse

There is significant potential for abuse and misuse in proposed assisted suicide laws:

- An inheritor of the patient's estate can witness a request for lethal drugs.
- Once the prescription is written, there is no supervision of the drugs. The inheritor or abusive caregiver can pick up the drugs and place them in the patient's food without the patient's knowledge or consent. Proposed laws make investigations of deaths very difficult.
- [Elder abuse is a major health problem](#) in the United States with federal estimates that one in ten elder persons are abused. Placing lethal drugs into the hands of abusers generates an additional major risk to elder persons.
- With no supervision of drugs in the home, they are accessible and put at risk family, friends and children or can be taken for sale on the black market.

### Instances of Abuse and Misuse Have Been Documented

Proponents of assisted suicide claim there has been not one instance of abuse of an assisted suicide law. Here are some documented examples of abuse and misuse of the Oregon law:

- **Thomas Middleton** was diagnosed with Lou Gehrig's disease, moved into the home of Tami Sawyer in July 2008, and died by assisted suicide later that very month. Middleton had named Sawyer his estate trustee and put his home in her trust. Two days after Thomas Middleton died, Sawyer listed the property for sale and deposited \$90,000 into her own account. It took a federal investigation into real estate fraud to expose this abuse.
- **Kate Cheney**, 85, died by assisted suicide under Oregon's law even though she had early dementia. Her physician declined to provide the lethal prescription. Her managed care provider then found another physician to prescribe the lethal dose. The second physician ordered a psychiatric evaluation, which found that Cheney lacked "the very high level of capacity required to weigh options about assisted suicide." Cheney's request was denied, and her daughter "became angry." Another evaluation took place, and, disturbingly, the psychologist deemed Cheney competent while still noting that her "choices may be influenced by her family's wishes and her daughter, Erika, may be somewhat coercive." Cheney soon took the drugs and died.

The Disability Defense and Education Fund has [documented numbers of incidences of abuses](#) in states which have legalized assisted suicide including doctor mistakes, lack of mental health evaluations and suicide contagion.

### Profit-Driven Insurance Companies Deny Treatment, Pay for Cheaper Lethal Drugs

Once assisted suicide is legalized, economic incentives will deprive patients of lifesaving treatment because provision of lethal drugs is much cheaper.

- [Barbara Wagner](#): Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon.
- [Randy Stroup](#): Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon.
- [Stephanie Packer](#): Denied payment for lifesaving treatment and, when asked, was told by her California insurance company that they would pay for less expensive lethal drugs.
- [Patients of Dr. Brian Callister](#): Denied payment for lifesaving treatment and offered payment for lethal drugs by insurance companies in Oregon and California.

## Doctors Make Mistakes in Determining When Death Will Occur

Determining that a patient will die within six months is [fraught with error](#). A major study of physician prognoses in Chicago revealed that of 468 predictions, only 20% were accurate in predicting when death would occur. In another study, “No group accurately predicted the length of patient survival more than 50% of the time.”

- [JJ Hanson](#): Told by three different doctors he had less than six months to live when he was diagnosed with an aggressive terminal brain cancer, Hanson survived for 3 ½ years.
- [Jeannette Hall](#): An Oregon resident diagnosed with cancer in 2000, she was told she had six months to live. She asked her doctor for assisted suicide medication, but her doctor convinced her to fight her disease. Eleven years later, she wrote, “I am so happy to be alive! If my doctor had believed in assisted suicide, I’d be dead.” Jeannette Hall is still alive today!

## Assisted Suicide Deaths Not Peaceful as Patients Take High Doses of Experimental Drugs Which Generate Complications

Assisted suicide is promoted as a patient taking a pill and dying a peaceful death. In reality, dosage has evolved from taking 100 capsules of Seconal to use of experimental drug cocktails.

- Experimenting with combinations of drugs is “research” which has not been approved by any ethics review committee like an “Institutional Review Board” (IRB), which appears to violate research ethics standards.
- [According to The Atlantic](#): “No medical association oversees aid in dying, and no government committee helps fund the research...The doctors’ work {to experiment with drugs which kill patients} has taken place on the margins of traditional science. Despite their principled intentions, it’s a part of medicine that’s still practiced in the shadows.”
- According to Kaiser Health News: “The first Seconal alternative turned out to be too harsh, [burning patients’ mouths and throats](#), causing some to scream in pain.” “The second drug mix, used 67 times, has led to deaths that [stretched out hours in some patients](#) – and up to 31 hours in one case...the next longest 29 hours, the third longest 16 hours and some 8 hours in length.”
- According to Anaesthesia: “However, for all these forms of assisted dying, there appears to be a relatively high incidence of vomiting (up to 10%), prolongation of death (up to 7 days), and re-awakening from coma (up to 4%), constituting failure of unconsciousness. This raises a concern that some [deaths may be inhumane](#)...”
- According to the British Medical Journal: “Complications related to assisted dying methods were found to include difficulty in swallowing the prescribed dose ( $\leq 9\%$ ), a relatively high incidence of vomiting ( $\leq 10\%$ ), prolongation of death (by as much as seven days in  $\leq 4\%$ ), and failure to induce coma, where patients re-awoke and even sat up ( $\leq 1.3\%$ ). “This raises a concern that [some deaths may be inhumane](#),” the researchers said. They had expected to find a single technique being used but said that ‘the considerable heterogeneity in methods suggests that an optimum method of achieving unconsciousness remains undefined.’”

## Patients Who Are Not Dying Meet Criteria for Lethal Drugs

The definition of “terminal illness” in proposed legislation is arbitrary and includes patients who are not dying, as has happened in Oregon. For example, if a patient who has diabetes does not take medication, that patient is terminal and eligible for lethal drugs. The 2017 Oregon assisted suicide reports details the following conditions for which lethal drugs were prescribed and taken:

*“Includes deaths due to benign and uncertain neoplasms, other respiratory diseases, diseases of the nervous system (including multiple sclerosis, Parkinson’s disease and Huntington’s disease), musculoskeletal and connective tissue diseases, viral hepatitis, [diabetes mellitus](#), cerebrovascular disease, and alcoholic liver disease.”*

## Safeguards Against Depression are Inadequate

Although many terminally ill patients are clinically depressed, there is no requirement for the patient to have a psychiatric analysis.

- A 2006 study conducted in Oregon found that 25% of patients requesting assisted suicide [were clinically depressed](#), and several of those patients received the lethal drugs anyway.
- In 2019, only 1 of 188 (0.5%) patients who ingested lethal drugs in Oregon [underwent psychiatric evaluation](#); since the passage of the law only 4.8% have had such evaluations.

## Pain Not the Main Reason for Requesting Lethal Drugs

Legalization of assisted suicide is promoted as a means to protect individuals from pain and suffering. Yet, a summary of the Oregon annual reports from 1998-2019 lists the following as the [leading reasons why patients requested lethal drugs](#):

- Losing autonomy: 90.2%
- Less able to engage in activities making life enjoyable: 89.3%
- Loss of dignity: 74%
- Losing control of bodily functions: 43.9%
- Burden on family, friends/caregivers: 46.7%

These are problems associated with disability which can be addressed by proper services being rendered.

## Suicide Contagion

Suicide is a major problem in the US and is alarmingly high in the vulnerable veteran and teen populations. Promotion of suicide for the terminally ill in states that have legalized assisted suicide has led to increased suicides in the general population.

- A CDC report reveals that from 1999-2010, suicide among those aged [35-64 increased 49% in Oregon](#) as compared to a 28% increase nationally.
- According to data collected by the U.S. Department of Veterans Affairs, “After accounting for age differences, the Veteran suicide rate in Oregon was significantly higher than the national Veteran suicide rate.” In the 35-54 age range, [Veteran suicide rates in Oregon were 44.8% as compared to 33.1%](#) in the national Veteran average rates. Similar increases occurred in other age ranges. VA document:” 2016 Oregon Veteran Suicide Data Sheet and contents courtesy U.S. Department of Veterans Affairs”.
- A major study of how assisted suicide increases total suicide rates concluded that after “controlling for various socioeconomic factors, unobservable state and year effects, and state-specific linear trends” legalizing assisted suicide was associated with a [6.3% increase in total suicides](#) (including assisted suicides) and no decrease in suicides that were not assisted.
- In Oregon by 2012, suicides in the general public were [42% higher than the national average](#).

### Endnotes

- 1 <http://www.nejm.org/doi/full/10.1056/NEJMra1404688>
- 2 <https://dredf.org/wp-content/uploads/2012/08/revise-OR-WA-abuses.pdf>
- 3 <https://www.youtube.com/watch?v=7b2h041gSs&feature=youtu.be>
- 4 <https://www.youtube.com/watch?v=fKOT3oujUll>
- 5 [https://www.youtube.com/watch?v=02mSDU\\_ouo&feature=youtu.be](https://www.youtube.com/watch?v=02mSDU_ouo&feature=youtu.be)
- 6 [https://www.youtube.com/watch?v=CWpr\\_5e4RY](https://www.youtube.com/watch?v=CWpr_5e4RY)
- 7 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070876/> ; <https://www.ncbi.nlm.nih.gov/pubmed/18445863>; <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/610800>
- 8 <https://www.youtube.com/watch?v=8Fo2uNqKMR8>
- 9 [http://archive.boston.com/bostonglobe/editorial\\_opinion/letters/articles/2011/10/04/she\\_pushed\\_for\\_legal\\_right\\_to\\_die\\_and\\_thankfully\\_was\\_rebuffed/](http://archive.boston.com/bostonglobe/editorial_opinion/letters/articles/2011/10/04/she_pushed_for_legal_right_to_die_and_thankfully_was_rebuffed/)
- 10 <https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/>
- 11 Kaiser Health News, “Docs in Northwest Tweak Aid-In-Dying Drugs to Prevent Prolonged Deaths”, February 21, 2017
- 12 Kaiser Health News, “Docs in Northwest Tweak Aid-In-Dying Drugs to Prevent Prolonged Deaths”, February 21, 2017
- 13 Sinmyee, S., Pandit, V.J., Pascual, J.M., Dahan, A., Heidegger, T., et al. (2019). Legal and ethical implications of defining an optimum means of achieving unconsciousness in assisted dying. *Anaesthesia*, 74, 557-559.
- 14 Torjesen, Ingrid. (2019) Assisted dying methods can lead to “inhumane” deaths. *British Medical Journal*. 364:1797 doi: 10.1136/bmj.1797
- 15 <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf>
- 16 Prevalence of depression and anxiety in patients requesting physicians’ aid in dying: cross sectional survey, *BMJ* 2008;337:a1682 <https://www.bmj.com/content/337/bmj.a1682>
- 17 Oregon Death with Dignity Act, 2019 Data Summary <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>
- 18 <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>
- 19 Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report: Suicide Among Adults Aged 35-64 Years — United States, 1999-2010. [https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm?s\\_cid=mm6217a1\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm?s_cid=mm6217a1_w) Reported May 3, 2018 / 62(17):321-325
- 20 [www.mentalhealth.va.gov/suicide\\_prevention/suicide-prevention-data.asp](http://www.mentalhealth.va.gov/suicide_prevention/suicide-prevention-data.asp)
- 21 Jones DA, Paton D. 2015. “How does legalization of physician-assisted suicide affect rates of suicide?” *Southern Medical Journal* 108: 599-604. <https://www.semanticscholar.org/paper/How-Does-Legalization-of-Physician-Assisted-Suicide-Jones-Paton/eb01351ce6f3038cbc042e82ce82a8af777e5a52>
- 22 *Suicides in Oregon: Trends and Risk Factors—2012 Report*. Oregon Health Authority, Public Health Division, November 2012, p. 3. <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/INJURYFATALITYDATA/Documents/NVDRS/Suicide%20in%20Oregon%202015%20report.pdf>