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# Unintended And Dangerous Consequences of Assisted Suicide

## Assisted Suicide Laws Invite Abuse and Misuse

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

- An inheritor of a patient's estate can witness a request for lethal drugs.
- With all enacted laws, there is no requirement that the request be made in-person, allowing an inheritor or abusive caregiver to make the request over the phone or by fax/email. There is no proper means to evaluate the patient using telehealth to request 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. The enacted laws make investigations of deaths very difficult. Coercion happens behind closed doors and assisted suicide laws enable concealment. Who would know it occurred?
- Elder abuse is a major health problem in the United States with federal estimates that one in ten elder persons are abused. [1] Placing lethal drugs into the hands of abusers generates additional major risk to elder persons.
- With no supervision of drugs in the home, they are accessible and put family, friends and children at risk.

## 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. However, examples of abuse and misuse exist:

- In Colorado, at least two patients in their early 30s with anorexia nervosa received lethal assisted suicide drugs.[2] In Oregon, at least one patient with anorexia nervosa received the drugs.[3] This is a broad expansion into mental illness, even though neither state through their elected officials or by public vote anticipated that the assisted suicide laws they enacted would allow such expansion.
- **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 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 documented numbers of incidents of abuses in states which have legalized assisted suicide including, but not limited to, doctor mistakes, lack of mental health evaluations and suicide contagion.[4]

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

One of the biggest threats to patients once assisted suicide is legalized is that 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.[5]

- Randy Stroup: Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon.[6]
- Stephanie Packer: Denied payment for lifesaving treatment and, when asked, was told by her California insurance company that they would pay for lethal drugs for only a $1.20 co-pay.[7]
- Patients of Dr. Brian Callister: Denied payment for lifesaving treatment and offered payment for lethal drugs by insurance companies in Oregon and California, even though the patients had not requested them.[8]
- Canadian officials estimated that assisted suicide and euthanasia could reduce annual spending by between $34.7 and $138.38 million compared to $1.5 million spent on lethal drugs.[9]
- The State of California fiscal note attached to its assisted suicide bill stated the following: "Potential minor costs and savings in MediCal based on the MediCal program choosing to cover this endoflife option. (General Fund (GF)."

## 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." [10]
- From 12-15% of patients outlive hospice which is based on a six-month prognosis. [11]
- 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 three and a half years. [12]
- 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! [13]

## Assisted Suicide Deaths Are 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.
- Experimentation with combinations of drugs is explained as "research" that, in fact, 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." [14]
- 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." [15]
- In states where assisted suicide is legal, drug cocktails used consisted of DDMP (diazepam, digoxin, morphine sulfate and propranolol). The next iteration was DDMA (diazepam, digoxin, morphine sulfate and amitriptyline). The latest report indicates that DDMA-Ph is being used (addition of phenobarbital to the previous four drugs). According to the 2021 Oregon report: "All drug combinations have shown longer median times until death than the barbiturates, secobarbital and pentobarbital, which are no longer readily available." [16] There is indication that amitriptyline causes esophageal burning with instructions that the clinician "Immediately administer sorbet to cool down the burning." [17]
- 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…" [18]

## 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. For example, if a patient declines treatment, that patient is terminal and eligible for lethal drugs.

- The 2021 Oregon assisted suicide annual report (as did previous annual reports) includes Endocrine/metabolic disease [e.g., diabetes] and other diseases that are not terminal if treated as a reason for receiving lethal drugs. [19]
- In Colorado [20] and Oregon [21], lethal drugs were obtained for patients suffering from anorexia nervosa – a mental, not a terminal, illness. This expands the range of assisted suicide substantially to include mental illness without approval of the bodies who enacted the laws.

## "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 before accessing lethal prescriptions.

- 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 (2008 BMJ Research Article). [22]
- Only 71 (3.3%) of the 2,159 patients wo died by assisted suicide in Oregon since its legalization in 1998 were referred for psychiatric evaluation. [23]

## 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, the 2021 Oregon annual report, similar to all previous years, lists the following reasons -- all related to disability -- why patients requested lethal drugs:

- Losing autonomy: 93.3%
- Less able to engage in activities making life enjoyable: 92.0%
- Loss of dignity: 68.1%
- Losing control of bodily functions: 47.1%
- Burden on family, friends/caregivers: 54.2%
- Inadequate pain control, or concern about it, registered only 26.9%. [24]

## Suicide Contagion is Real

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, as defined in state laws where assisted suicide is legal, 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. [25] This suicide increase was also found in an Oregon report. [26]
- 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. [27]
- 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. [28]
- A new comprehensive study in the *New England Journal of Medicine* states: "The very similar pattern has been shown in a more recent study of comparative rates of assisted and non-assisted suicide rates in men and women in Oregon. It found that: In jurisdictions where assisted suicide/MAID [Medical Assistance in Dying] is legal and where assisted suicide/MAID and unassisted-suicide comparative studies have been conducted (i.e., Switzerland and Oregon), older adult women's likelihood of self-initiated death [i.e., suicide incl. AS] has grown substantially since MAID legalization (Canetto & McIntosh, 2021, p. 8)." [29]

## "Safeguards" Touted by Proponents of Assisted Suicide are Now "Barriers"

Efforts are underway in states where assisted suicide is legal to expand its reach. California and Oregon reduced waiting periods. Oregon is eliminating its residency requirement. A legal challenge in California would eliminate the requirement that the patient self-administer the drugs, a huge expansion to include euthanasia if successful. New Mexico allows nurse practitioners and physician assistants to prescribe lethal drugs, and many other states are proposing to do so also. Without amending their laws, Oregon and Colorado have allowed patients with anorexia nervosa, a mental illness, to be eligible for lethal drugs.

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