

## Acceptable Losses?

Diane Coleman

Some assisted suicide proponents claim Not Dead Yet “hijacked” the assisted suicide debate. This ignores history. In the 1980s, the disability community was awakened when the Hemlock Society won a landmark “right to die” case by exploiting the situational despair of Elizabeth Bouvia, 26, a CP quad. Bouvia, after experiencing a miscarriage, the breakup of her marriage and the death of her brother, checked into a California hospital and requested painkillers with the intent of starving herself to death. She later changed her mind and is alive today.

This was followed by several “give me liberty or give me death” cases involving men on ventilators who were institutionalized or feared imminent institutionalization. The media, courts and medical experts also pushed for their “right to die.” The disability community argued discrimination, but lost every case. Then, in the 1990s, Dr. Jack Kevorkian began assisting suicides.

Not Dead Yet formed in 1996 when grassroots activists recognized that a more focused effort was needed to stop a well-funded and media-savvy political movement that had been building its successes over the dead bodies of people with disabilities for over a decade. The majority of the first protesters in Kevorkian’s back yard were ADAPT activists. One year later, after months of study and debate, the National Council on Disability adopted its position opposing legalization of assisted suicide. In time, other national groups joined, including Justice for All, the National Council on Independent Living, the National Spinal Cord Injury Association, and the Disability Rights Education and Defense Fund.

Are all these disability rights organizations simply paranoid?

Now the “right to die” movement has passed a physician-assisted suicide law in Oregon, a law which has survived several legal battles. But the government-sponsored Oregon Reports, which compile unverified information provided by physicians who have assisted suicides, reveal troubling data. In the law’s first four years, up to 466 days passed between a patient’s request for assisted suicide and the date of death. This indicates that some people received lethal prescriptions even though they were not terminally ill as defined by the law – a patient must have a medical prognosis of 180 days or less to live. Even more troubling are the increasing numbers of physicians who reported their patients sought assisted suicide due not to pain and suffering, but to fears about their condition representing a “steady loss of autonomy” (85 percent) and being a “burden” (34 percent).

The case of Kate Cheney (in the *Oregonian*, Oct. 17, 1999 – “Is Mom Capable of Choosing To Die?”) provides a chilling example. Cheney’s physician was concerned she had early dementia and her daughter might be pressuring her toward assisted suicide, so he referred her for a psychological consultation. The consultant found Cheney’s assisted suicide would not be voluntary because of pressure from her daughter; however, a second referral concluded her suicide would be voluntary in spite of pressure from her daughter. The assisted suicide process went forward. She didn’t take the lethal prescription until after her family, seeking respite from

care giving, put her in a nursing home. Cheney's "choices" were in the following: be a burden on family, go to a nursing home, or commit suicide.

Proponents of legalized assisted suicide assert laws and regulations will help prevent abuses. But the law's only ironclad safeguard has little to do with patients. Instead it protects physicians from civil and criminal immunity.

Pro-assisted suicide advocates also assert there is no evidence of abuse in the withholding and withdrawal of treatment. Yet just last year, two cases gained notoriety. In California, Robert Wendland, a brain-injured man, died from the withholding of routine antibiotics just before the California Supreme Court issued a ruling requiring such antibiotics. The ruling also prohibited his wife from starving him to death. And in Mecklenburg County, N.C., 29-year-old Tina Cartrette, who had cerebral palsy, was starved to death by her mother after she wrested guardianship away from The Arc.

Those who favor legalized suicide call it "choice," but the "autonomy" of assisted suicide is not being offered to everyone who wants to commit suicide. According to the U.S. Surgeon General, 16 of every 17 people attempting suicide fail, and most don't try again. Assisted suicide is not about parity in opportunity for suicide. It's about a government and a health care system enforcing a fail-safe method of suicide for certain people.

The wish for an easy and certain method of suicide under extreme circumstances is understandable. But that wish must be weighed against the increasingly routine, socially and medically acceptable killing of older and disabled people. Whether or not we worry about personal abuse, the lives of our brothers and sisters are not an acceptable price for securing this brand of "autonomy."

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