

Robin Bernhoft, M.D.: Death law would turn family doctors into hit men

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As a retired liver and pancreatic cancer surgeon, I am appalled that California Senate Bill 128 is advancing. There are so many reasons we voted this idea down (as Proposition 161) back in 1992.

I call SB 128 "Personal Choice Meets Malpractice at the End of Life." Here are some problems, starting with choice.

Many studies show that patients follow their doctor's advice. Their quality of choice is only as good as their doctor's knowledge, and most doctors are simply not competent at treating pain or depression, which are the two big reasons terminally ill people want to die.

Sloan Kettering's Palliative Care Unit, for example, has had 100 percent success at giving back to terminal people their desire to live, by effectively managing their issues. In my experience, and in many studies, most well-intentioned family docs simply don't know how to do that. Follow their advice and you die because they don't know how to help. Garbage in, garbage out, as they say in computers.

So let's imagine two terminally ill people.

Patient No. 1 goes to Sloan Kettering or a palliative care specialist, regains the desire to live by having pain, depression and other problems managed effectively, and enjoys another six months, year or two years with his or her family. (The "six months left to live" bit is fiction, by the way; we have no idea how long a patient will live.)

Patient No. 2 sees a couple of family docs who are nice people but untrained in end-of-life care, and takes their recommended overdose. No time with family.

I have a big problem with disparities of that sort. Patient happiness is a huge value for me. If we can provide quality life we should do so, not deprive people of that option due to well-intentioned physician ignorance.

There's also the money issue. What is the cheapest form of end-of-life care? Death. Did you know the chief author and spokeswoman for the Oregon measure was vice president of a health insurance company? Why do you suppose an insurance company would be interested in this issue? Because they love humanity?

Does the potential for using death to ration care bother you? It does me. Many forms of managed care offer financial incentives to doctors to cut costs. You don't have to postulate monsters here, just doctors ignorant of effective options for supporting dying people's quality of life having financial incentives to give out death pills.

Regarding Oregon, since reporting of death cases is entirely voluntary, we have no idea how well the system is working up there. Nor will we in Washington, for the same reason. If there is abuse, it's not going to be reported without mandatory requirements, which, given medical secrecy, would not be enforceable.

We do know that in the Netherlands, from the attorney general's report, that over 20 percent of total deaths in that country are involuntary, caused by doctors without patient consent, despite very tight safeguards promising patient autonomy. Give docs the power to kill and some of us get a bit too enthusiastic.

There's also the family issue. Most people need to forgive, or be forgiven, by family members. It's part of the dying process. But in the Netherlands, it often doesn't happen and leaves the survivors with a burden the Dutch call the Post Euthanasia Syndrome.

Finally, back in the 1960s Margaret Mead, the anthropologist, did a study of doctor-assisted death. In every country where it was tried over the past centuries, it destroyed doctor-patient trust.

Let's not implement a bad idea here, a bad idea that will deprive a lot of people of quality life, and turn doctors into low-key hit men.

Californians voted down doctor-assisted death in 1992. We got it right back then.

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