

The dangerous 'help' of assisted suicide: Opinion

Assisted suicide advocates paint themselves as "compassionate progressives," fighting for freedom against the religious right.



Assemblyman John Burzichelli (D-Gloucester) has introduced a bill that would legalize physician-assisted suicide for terminally ill patients.

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Proponents of legal assisted suicide for the terminally ill frequently claim that the opposing views of disability organizations aren't relevant.

Nevertheless, although people with disabilities aren't usually terminally ill, the terminally ill are almost always disabled. This is one of many reasons our perspective may offer some insights on this complex issue.

People with disabilities and chronic conditions live on the front lines of the health care system that serves (and, sadly, often underserves) dying people. One might view us as the "canaries in the coal mine," alerting others to dangers we see first.

Assisted suicide advocates paint themselves as "compassionate progressives," fighting for freedom against the religious right. That simplistic script ignores inconvenient truths that are all too familiar to disability advocates, such as:

- Predictions that someone will die in six months are often wrong;
- People who want to die usually have treatable depression and/or need better palliative care;
- Pressures to cut health care costs in the current political climate make this the wrong time to add doctor-prescribed suicide to the "treatment" options;
- Abuse of elders and people with disabilities is a growing but often undetected problem, making coercion virtually impossible to identify or prevent.

It's not the proponents' good intentions but the language of assisted suicide laws that legislators need to consider.

As one of countless disabled people who's survived a terminal prediction, I can't help but become concerned when the accuracy of a terminal prognosis determines whether someone gets suicide assistance rather than prevention.

The Oregon reports themselves show that non-terminal people are getting lethal prescriptions. One of the many things the reports hide is how many lived longer than six months. But we do know that those people were disabled and not terminal when they sought their lethal prescription.

Proponents also claim that safeguards to ensure it's voluntary are working. How would they know? The Oregon reports only tell us what the prescribing doctors indicated were the patients' reasons for wanting assisted suicide by checking off one or more of seven reasons on a multiple choice state government form. One of the reasons is feelings of being a burden on others, checked in 39 percent of the cases. But there's no requirement that home care options that could relieve the burden on family caregivers must be disclosed, much less offered or funded.

Elder abuse is notoriously undetected and underreported. Sure, some people are safe, but with more than 175,000 estimated reported and unreported elder abuse cases in New Jersey annually, many are not.

The two witnesses who attest to the absence of coercion don't actually have to know the person, although one can be an heir. Nothing in the law would stop a family member from urging someone to "choose" assisted suicide. Once the lethal drugs are in the home, with no witness required, the drugs could be administered with or without consent. Who would know?

When we're talking about changing public policy that impacts the health care system we all depend on, and the real world of families that are not necessarily all loving and supportive, legislators have an obligation to think of everyone, not just those who are safe from the very real risks posed by assisted suicide legislation.

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