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Don't be fooled by proponents' claims on Question 2

"Choice. Control. Dignity." Those appealing words headline the main information page for the proponents of Question 2, which would legalize assisted suicide in the Commonwealth of Massachusetts if passed on Nov. 6. The names of the two national organizations who have targeted Massachusetts for this legislation are also appealing — "Compassion and Choices" and "Death with Dignity."



Scot Landry

Who generally wouldn't want to support choice, control, compassion, and death with dignity? Of course, that is why they have chosen to use these words and names ("Compassion and Choices" used to be known as the "Hemlock Society"). Please avoid being misled. With your help, other Massachusetts voters can hear how Question 2 would bring fewer choices, less control and compassion, and more undignified deaths.

Let us examine some proponents' claims and respond.

(1) Proponents state on their website that *"a Yes vote on Question 2 will allow terminally ill adults with six months or less to live to request a prescription for life-ending medication from their doctor. The law has 16 different safeguards, including approvals from two doctors and waiting periods. Doctor participation is voluntary and no doctor would ever be forced to prescribe against their will."*

Responding to these claims: Doctors, including the Massachusetts Medical Society, state that terminal diagnoses of six months or less are often wrong and that people shouldn't make life-and-death decisions based on someone's best guess. In Oregon, most of the doctors who write assisted suicide prescriptions are not the patient's family physician; rather it is often a doctor affiliated with "Compassion and Choices," who might not know the patient well. Despite some safeguards, there are certainly not enough in Question 2 to protect the terminally ill person. There is no safeguard that requires doctors to refer patients to a psychiatrist or palliative care specialist before issuing the prescription. In fact, Question 2 allows any doctor — even specialists like podiatrists or dermatologists with little experience in end of life care — to determine if the patient is of sound mind. There is no safeguard that requires family members to be notified. There is no safeguard prohibiting all the witnesses to the request for lethal drugs to not be heirs to the patient's estate. There is no safeguard that prevents falsification of the death certificate and requires that it list that the patient died from assisted suicide. There is no safeguard to require the dispensing of the medication to take place in a hospital instead of a local pharmacy. There is no safeguard that tracks the lethal medication once it leaves the pharmacy. Question 2 also fails to give Massachusetts any resources or even the authority to investigate violations or provide oversight. Additionally, there is now an effort in Oregon to require doctors to make mandatory referrals if they choose not to participate in assisted suicide. There is also no explicit conscience protection for pharmacists in Question 2 who do not want to dispense medication that allows someone to end his or her life.

(2) Proponents claim on their website that *"Patients dying of late stage cancer, and other terminal illnesses, can face weeks or months of extreme pain and suffering before death. Question 2 allows these patients to face death on their own*

terms." *"This is a decision for terminally ill patients alone, not politicians, government, religious leaders, or anyone else. We all deserve the right to make this decision for ourselves if we are faced with the final stages of a terminal illness. This is the most personal of decisions and it should not be denied to a terminally ill patient who might find comfort in it."*

Responding to these claims: While fear of suffering is often advanced as a reason to favor assisted suicide, statistics from Oregon show that few patients state that "unbearable physical suffering" is the reason for their request for an assisted suicide prescription. Rather, the request is more often motivated by a desire to control the timing and manner of death and by a fear of future circumstances. Palliative care and hospice experts indicate that advances in pain management can effectively control the physical pain of terminal illnesses. Proponents' arguments also are based on a radical autonomy that does not weigh the impact that a person's death, especially a death by suicide, has on family, friends and community. Each of our own experiences of dealing with the loss of loved ones clearly shows the interconnectedness of our lives. When proponents list all the groups they don't want involved in a terminally ill patient's decision, they specifically omit a person's family physician, family members or even one's spouse; yet, there is no requirement that any of those individuals are notified. Imagine the impact on a family member or a spouse who learns that a loved one was able to get this prescription without their knowledge or without an opportunity to express their love or to intervene.

(3) Proponents claim on their website that *"Question 2 expands end-of-life care options for terminally ill patients."* *"Question 2 respects and upholds the integrity of the doctor-patient relationship."* *"Providing terminally ill patients the option to end one's life in a humane and dignified manner encourages honest conversations between patients and doctors about end-of-life care."*

Responding to these claims: These arguments mislead voters to think that the "doctor" in the "doctor-patient relationship" is the patient's longstanding family physician. In Oregon, the evidence is that most often a doctor affiliated with "Compassion and Choices," who barely knows the patient or his history, is involved in assisted suicide — not the family physician. The Massachusetts Medical Society has taken a clear position that doctors should not participate in assisted suicide. "Assisted suicide is not necessary to improve the quality of life at the end of life. Current law gives every patient the right to refuse lifesaving treatment, and to have adequate pain relief, including hospice and palliative sedation." Quoting Dr. Lynda Young, past president of the MMS, it says, "Allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician's role as healer. Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication."

(4) Proponents claim this is about "Choice" and "Control."

Response: Question 2 wants the state to sanction a choice that would have negative consequences for society and for individuals. Our society would never support an individual's choice to take racist actions or to drive at whatever speed he or she desires. Rather, we would collectively respond that "as a society, we do not approve of that behav-

ior" or "that law would harm those that speed and the rest of us who share the roads." Our society has always worked to prevent suicides and acknowledged the interconnectedness of people, particularly connections among family members.

"Choice" in Question 2 is an illusion. Medical professionals recognize that people who take their own lives are often not "free" because they commonly suffer from a mental illness, such as clinical depression. Disability-rights advocates fear that Question 2 would lead to societal and personal pressure for someone at the end of life (or someone with diminished utility) to consider assisted suicide. They are suspicious that this "freedom" and "choice" for assisted suicide may be unduly influenced by the biases and wishes of others, as it has been in the Netherlands. They are concerned that the "control" over this decision will not always be the patient's, and because of the lack of safeguards, will lead to situations where assisted suicide will be "out of control."

(5) Proponents claim this is about "Compassion."

Response: Compassion means to "suffer with" and to accompany someone through a difficult period of life. Compassion does not put a lethal weapon, in this case a prescription of 100 capsules of Seconal, into the hands of a person to help take his or her life. Compassionate physicians want to end the patient's suffering (through palliative care), not the patient's life. There is also the fear that taking life in the name of compassion invites a slippery slope toward ending the lives of people with non-terminal conditions, as it has in the Netherlands.

(6) Proponents claim this is about "Death with Dignity."

Response: Dignity is much more than the "right" to receive an assisted suicide prescription at the end of life. Is it a "death with dignity" to ingest 100 capsules of Seconal all at once, without your doctor present and with the help of anti-nausea and mouth-numbing medication to overcome the bitter taste of the lethal drugs? Is it a "death with dignity" when the family, who might provide loving support at the end of life, isn't required to be notified? Is suicide, whether assisted or not, ever a "death with dignity?" As Cardinal Seán and others have said, "We deserve to grow old in a society that views our cares and needs with a compassion grounded in respect, offering genuine support in our final days. The choices we make together now will decide whether this is the kind of caring society we will leave to future generations."

Please don't be fooled by proponents' claims on Question 2. Their claims are misleading and rely on euphemisms. If assisted suicide becomes legal in our Commonwealth, it could lead to a society with fewer choices, less compassion, less control and more undignified deaths. Please join me to stop assisted suicide by voting "No on Question 2" this Election Day.

The Archdiocese of Boston has developed an educational website on the Church's teachings on end of life issues, www.SuicideIsAlwaysATragedy.org. The archdiocese is also part of a large coalition of groups from other faiths, from the medical community, and from disabilities rights groups that are advocating a no vote on Question 2. The coalition's website is www.StopAssistedSuicide.org.

SCOT LANDRY IS SECRETARY FOR CATHOLIC MEDIA AT THE ARCHDIOCESE AND THE HOST OF "THE GOOD CATHOLIC LIFE" RADIO PROGRAM WHICH AIRS EACH WEEKDAY AT 4PM ON 1060AM, BOSTON'S CATHOLIC RADIO STATION.