Physician-Assisted Suicide Laws Are Actually Seldom Used

*The Right to Die, 2014*

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Washington State enacted a *Death with Dignity* law in March 2009. Since that time, a relatively small number of people have taken advantage of life-ending prescriptions, suggesting that critics’ fears about the program are misplaced. In three years, just 255 people have received prescriptions to hasten their deaths, although far fewer actually used them to do so. Every year, more than fifty thousand people die in Washington, so the number of people using the Death with Dignity program is actually “miniscule.” Supporters of the law say that these statistics should alleviate concerns that the program would cause a spike in suicide among terminally ill people.

Physician-assisted suicide laws can raise controversy and concern with their passage, but a new study from Washington State suggests many of those fears may be unfounded.

Washington’s Death With Dignity Act hasn’t lead to scores of terminally ill people seeking lethal prescriptions, the researchers report: Almost three years after the law was enacted, just 255 people had obtained a lethal prescription from a physician.

Of those 255 prescriptions, 40 were written for terminal cancer patients at the Seattle Cancer Care Alliance. And, in the new study, doctors there found that only 60 percent (24 people) of their patients chose to use their prescription to hasten their death.

"Most Americans say that they want to die at home with family members around, not in pain and with their mental faculties as in tact as possible. But, not everyone is achieving that kind of good death. For the rare number of people using the Death With Dignity program, we are reassured by the high numbers of people who use palliative or hospice care and who talk with their families about this decision," said study author Dr. Elizabeth Trice Loggers, medical director of palliative care at the Seattle Cancer Care Alliance.

Results of the study appear in the April 11 [2013] issue of the *New England Journal of Medicine*.

Physician-assisted death, also known as physician-assisted suicide, is currently legal in Oregon, Washington and Montana. Other states, among them Hawaii, Pennsylvania and Vermont, are considering legislation to allow physician-assisted deaths for people with terminal illnesses.

**Putting Safeguards in Place**

Washington’s law was passed in November 2008, and enacted in March 2009. The Death With
Dignity Act contains a number of safeguards. The illness must be terminal, and the patient must be competent. The request must be voluntary, the person making the request can't have a mental illness that might impair their judgment and they must understand what treatment and palliative care options are available.

Additional safeguards have been put in place at the Seattle Cancer Care Alliance that include no advertising of the program, no new patients whose sole purpose is to access the Death With Dignity program and voluntary participation by physicians and other staff members.

From March 2009 through December 2011, 114 patients at Seattle Cancer Care Alliance asked about the Death With Dignity program. Of these, 44 chose not to pursue the program at all.

The most common reasons people cited for participating in the program were loss of autonomy, an inability to engage in enjoyable activities and a loss of dignity.

Another 30 people initiated the process, but either chose not to continue to the next step, or died in the interim.

**Participation Numbers**

Forty patients received a prescription for a lethal dose of secobarbital, a powerful sedative. Twenty-four patients died after ingesting the medication. On average, the time from ingestion to death was 35 minutes. The remaining 16 patients chose not to use their prescription and eventually died from their cancer.

Those who participated were mostly married white males with more than a high school education. Their ages ranged from 42 to 91, according to the study authors. All had been diagnosed with terminal cancer.

The most common reasons people cited for participating in the program were loss of autonomy, an inability to engage in enjoyable activities and a loss of dignity.

"Each year, there are over 50,000 deaths in Washington State, and cancer is the second leading cause of death. The number who chose to participate in the Death With Dignity program is miniscule. This study shows that people are not making these decisions lightly," Trice Loggers said. She added that patients and their families have expressed gratitude for the program.

Dr. Gary Kennedy, director of geriatric psychiatry at Montefiore Medical Center in New York City, said he thought the Seattle Cancer Care Alliance took great care to be as neutral as they could, so that it was up to the patients to pursue physician-assisted death.

"Before these laws were enacted, one of the concerns in the suicide prevention community was that these laws would be promoted," Kennedy said. And, while he was pleased to see that there was no such promotion, he still has concerns about physician-assisted death programs.
A Look at Demographics

He noted that most of the people who participated in the program were older, white males. As a group, older, white males tend to have higher than normal suicide rates, even without a terminal diagnosis, according to Kennedy.

While one of the requirements of the law is that someone must be competent and free of mental illness that could impair their judgment, Kennedy said it can be difficult to diagnose depression in terminally ill patients. It wasn't clear from the study if people only met with social workers, or if they were referred to psychologists or psychiatrists, according to Kennedy.

The good news, he said, is that "this law has not led to a whole rush to suicide in the terminally ill."

Trice Loggers reiterated: "Our job is to cure cancer. But, there are situations where we just can't do that. Among those who opted for Death With Dignity, the number using hospice was 80 percent or greater. They were able to include their family and to die at home, which is consistent with how most people say they want to die."

"It's important to remember that in Washington, this law was passed by referendum. Approximately 60 percent of voters said this was an appropriate end-of-life decision," she noted.

Further Readings

Books
- Neal Nicol, Harry Wylie, and Jack Kevorkian Between the Dying and the Dead: Dr. Jack


**Periodicals and Internet Sources**


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