

Senate Judicial Proceedings Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Dear Honorable Senate Judicial Proceedings Committee Member,

I am writing today in opposition of House Bill 643 and Senate Bill 701, both of which are titled, An Act concerning the End of Life Options Act. Here are Six Important Reasons to Oppose Physician-Assisted Suicide.

First, contrary to what proponents say, legalizing assisted suicide actually **limits your choices and access to healthcare**. Physician Assisted Suicide (PAS) is not legal in Nevada, but I had two patients, one from California and one from Oregon, that needed life saving treatments, and the insurance medical directors in both cases denied the life saving treatments but readily offered assisted suicide. My patients would NOT have been terminal with treatment but were offered assisted suicide instead – **this does not expand choice – it reduces it**. Once assisted suicide becomes a medical option, **it is the cheapest option and provides an incentive for insurers to save money by denying treatment**. My two patients from Oregon and California, states that have legalized assisted suicide, were denied treatment and offered the lethal pills. Neither they, nor I, had requested the lethal drugs. **Assisted suicide is not about freedom, autonomy, or choice – it limits choice and reduces your healthcare options**. Compassion and Choices, which advocates for assisted suicide, has testified around the country that there is no verification of my story nor any “cause and effect”, which is factually incorrect. Bill McMorris of the Washington Free Beacon reported an independent verification of this story on June 5th, 2017 (see “*Vegas Doctor Vouches for Former Colleagues Account in Assisted Suicide*”). Trying to legislate away this insurance company behavior is not a safeguard either as the insurance companies claim that there is no cause and effect. Just as they did in my cases, they will claim that their denial of a life-saving treatment while approving assisted suicide pills are unrelated.

It is important to remember that this same “Compassion and Choices”, the group that continues to push assisted suicide all across the country, was originally known as “The Hemlock Society” (they changed their name – probably because “hemlock” is a poison). The founder of the “Hemlock Society”, Derek Humphrey, said in his book, “*In the final analysis, economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice.*” (Derek Humphrey and Mary Clement, *Freedom to Die*, St. Martin’s Press (New York, 1998), page 313).

Second, the underlying premise that everyone will suffer horrible pain at the end of life is simply not true in 2018. No one has to die in pain in this day and age. If someone is suffering needlessly, frankly they need to change doctors. In fact, “pain” is not even in the top five reasons for requesting assisted suicide, according to data in Oregon. Only about twenty percent of all patients who utilized the assisted suicide law in Oregon ever mentioned “pain” or even a “concern about pain” as their reason for killing themselves. **The top three reasons listed in 20 years of Oregon data for assisted suicide are “loss of**

enjoyment in usual activities,” “burden to family,” and “loss of autonomy.” These are important social issues indeed, but are they adequate rationale to kill yourself?

Third, a physician’s ability to predict life expectancy in terminal illness is often not accurate – the medical literature shows the average margin of error is 50-70 percent. Assisted suicide, like hospice, requires a physician to “certify” six months or less to live. Physicians are frequently wrong – I put people on hospice all the time, and I take them off all the time - after they have outlived their prognosis! Patients often live months and even years longer than we thought with a good quality of life. In Oregon, only 40% of the people that requested the assisted suicide pills and did not take them died within a year (40% died of natural causes within a year – not even six months – which means 60% were still living after a year!).

Fourth, assisted suicide puts too much power in a doctor's hands and corrupts the medical profession. **Having two doctors certify that the patient is terminal with six months or less to live is NOT a safeguard! We all know that doctors refer to likeminded doctors,** and they do the same with assisted suicide. The Compassion and Choices group will refer you to a doctor who routinely prescribes the deadly concoction. In Oregon, a majority of the cases of doctor assisted suicides were “helped” in finding a doctor who would prescribe lethal drugs by the pro-assisted suicide group Compassion and Choices.

Doctors exercise a lot of influence with their patients when important health decisions are being made. Jeanette Hall was considering doctor prescribed suicide in Oregon, but her doctor said no and encouraged treatment. Some **17 years later** she is an oft-cited opponent of assisted suicide. "If my doctor had believed in assisted suicide, I would be dead," she said.

Fifth, the “suicide contagion” that comes with legalizing assisted suicide is real: the CDC reported that after the Oregon assisted suicide law passed, general suicide rates in adults age 35-64 increased 49% in Oregon as compared to a 28% increase nationally. In addition, the U.S. Department of Veterans’ Affairs reported that “the veteran suicide rate in Oregon was significantly higher than the national average” after Oregon legalized assisted suicide (31% higher than the national suicide rate for veterans).

Finally, doctor shopping and elder coercion will happen if assisted suicide becomes law. The Oregon experience has proven that it is easy to find a doctor who is happy to comply with an assisted suicide request with a like-minded colleague available to “certify” the request. Elder abuse is rampant in America. Nothing in the proposed assisted suicide law will prevent an interested party from looking for a doctor who will prescribe death if another doctor says “no,” and no healthcare professional or witness is required to be present at the death. Such a situation is ripe for abuse.

I believe that the real story here is the confirmation of the risks surrounding legalization of doctor-assisted suicide – they are real and they are happening now. The loss of dignity and worth these patients and families suffer is not just limited to the residents of the states where assisted suicide is legal but is crossing state borders and permeating the attitude of the decision makers that determine the allocation of our health care resources. I hope this story raises concern for millions of patients and their families across the country that will have to fight their health care insurers for coverage of life saving treatments.

State legislators considering the issue of assisted suicide as public policy should take notice of these real world experiences and pay attention to the very real and negative impact it can have on patients and their families. Assisted suicide is an affront to human dignity on every level and should be vigorously opposed by all.

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