

Personal Stories – Assisted Suicide in Oregon

Proponents of legalized assisted suicide always point to Oregon as a shining example of how assisted suicide should be practiced. They point to “safeguards” enacted in the law designed to protect patients. Here are some real life examples of abuse and exploitation of Oregon patients:

Kate Cheney

Kate Cheney, 85, had terminal cancer and told her doctor she wanted assisted suicide. However, he was concerned that she didn't meet the required criteria for mental competence because of dementia. So he declined to write the requested prescription and instead referred her to a psychiatrist as required by law. She was accompanied to the psychiatric consultation by her daughter. The psychiatrist found that Kate had a loss of short-term memory. It also appeared that her daughter had more interest in Cheney's assisted suicide than did the patient herself. The psychiatrist wrote in his report that while the assisted suicide seemed consistent with Kate's values, “she does not seem to be explicitly pushing for this.” He also determined that Kate did not have the “very high capacity required to weigh options about assisted suicide,” and he declined to authorize the lethal prescription.

Kate seemed to accept the psychiatrist's verdict, but her daughter did not. Her daughter viewed the guidelines protecting her mother's life as obstacles, and in a press interview called the guidelines a “roadblock” to Kate's right to die and demanded that Kate's HMO, Kaiser Permanente, provide a second opinion. This was provided by a clinical psychologist (rather than an MD-psychiatrist) who also found Kate had memory problems. The psychologist also worried about familial pressure, writing that Kate's decision to die “may be influenced by her family's wishes.” Still, despite these reservations, the psychologist determined that Kate was competent to choose death.

Sometime later, Kate went into a nursing home for a week so that her family could have some respite from care giving. After she returned home, she declared her desire to take the pills herself and approved the writing of the lethal prescription.

How safeguards failed Kate Cheney:

- It is possible to circumvent safeguards by “shopping” for an agreeable professional if the patient or family disagrees with professional opinions.
- By giving the interview, the patient’s daughter unintentionally revealed that the law does not adequately protect patients with diminished capacity from family coercion.
- Financial considerations may have influenced the HMO director to write the prescription.

Patrick Matheny

Patrick Matheny, 43, had Lou Gehrig’s disease (ALS). For several months, he struggled with a decision to end his life using a lethal prescription. He would set arbitrary deadlines, then, when the time came, would set new deadlines. At first, it was to be after his 15-year-old son came to visit at Thanksgiving. Then it was to be when he could no longer dress and wash himself. As an article in the *Oregonian* put it, “Pat felt he would rather be dead than accept help to bathe and dress.” But when the time came, he was able to handle having his mother and hospice nurses help him – so he set new deadlines.

On March 10, 1999, Matheny tried to swallow the barbiturates mixed into a chocolate nutrition drink, sweetened with a boxful of sugar substitute. Reportedly, he experienced difficulty swallowing the concoction. The only person Matheny had asked to be with him in his trailer was his brother-in-law, Joe Hayes. Hayes told the *Oregonian* that he had to “help” Matheny to die, but would not say how. According to Hayes, it was too personal. “It doesn’t go smoothly for everyone,” Hayes explained. “For Pat it was a huge problem. It would have not worked without help,” he added.

How safeguards failed Patrick Matheny:

- Patients are required by law to self-administer the lethal drug to protect them from coercion and foul play.
- Even though this violation of the law was reported in the newspapers, no investigation was done, sending the signal that the Oregon law can be violated with impunity.

Oregonian, 10/27/99, 1/17/99, 3/17/99
Register-Guard, 3/16/99

Michael Freeland

Michael Freeland requested and received a lethal prescription from Dr. Peter Reagan, a suicide advocate, a few months after being diagnosed with lung cancer. Dr. Reagan offered to refill it when he outlived his six-month limit.

Over a year after receiving the first prescription, Freeland was admitted to a psychiatric treatment facility with depression and suicidal intent. He was treated and improved. His professional caregivers ensured that his 32 guns and all his ammunition were removed from his home before he was allowed to return, but they knowingly allowed him to keep his lethal prescription. His treating psychiatrist wrote a letter to the court the day after his discharge saying he was not competent and needed a guardian.

Freeland called Physicians for Compassionate Care. (He called them accidentally; he was actually trying to contact the suicide advocacy organization Compassion in Dying). Physicians for Compassionate Care volunteers helped him through his last several months of life, saw that his depression and his symptoms were treated aggressively, and assisted him in reconciling with his estranged daughter.

He died naturally and comfortably nearly two years after receiving his first lethal prescription. Before he died, he signed an authorization releasing his medical records for public review.

How safeguards failed Michael Freeland:

- Freeland was given an incorrect prognosis – he was not within six months of dying.
- The prescribing doctor offered a lethal prescription to a depressed patient.
- Even after courts determined that Freeland was not competent and in need of a guardian, he was allowed to keep his lethal prescription.

Mrs. S.

Mrs. S. from Oregon had been struggling with a malignant lymphoma for three years. In spite of the best efforts of her several physicians, it had spread from her lymph nodes to her bones, brain and spinal cord. She had vigorous chemotherapy and radiation therapy. She had considerable pain, but this was kept under adequate control with medication. She was repeatedly discouraged, and this was helped somewhat by use of an antidepressant.

In a final visit with her primary physician, he gently confronted the fact that there was nothing more that could be done for the disease, though comfort measures could be continued. At the end of the visit, he said, “Well, I could write a prescription for an extra large amount of pain medication for you.” She declined the offer and left the office. Mrs. S. and her husband were devastated. She kept saying, “He wants me to kill myself!” They interpreted his offer as saying “Your life is no longer worth living. You would be better off dead.” Their longstanding good relationship with this seemingly caring physician was shattered by this new understanding of his values. Mrs. S. died comfortably at home several days later.

How safeguards failed Mrs. S.:

- Such an offer by a physician is illegal under the Oregon law.

Clarietta Day

After passage of the Oregon law allowing physician-assisted suicide, but before it went into effect, Clarietta Day, age 78, had a severe stroke. She had told her longstanding physician, Dr. James Gallant (Corvallis, Ore.), that she did not want heroic measures and did not want to be kept alive on machines. Based on this understanding of the patient’s wishes, Dr. Gallant (1) took her off life support, (2) gave her frequent large doses of painkillers, and (3) attempted to stop her cardiac pacemaker by placing a magnet over it. She continued to breathe. He then ordered an intravenous injection of a paralyzing drug and Mrs. Day died in 15 minutes. Dr. Gallant wrote on her death certificate that the cause of death was “stroke due to subarachnoid hemorrhage.”

The Oregon Board of Medical Examiners investigated and called this active euthanasia, an action they felt was both unethical and illegal. They suspended his license to practice for 60 days. The district attorney decided not to file criminal charges.

How the unenforceable law failed Clarietta Day:

- Dr. Gallant’s lethal injection was clearly illegal. Was he motivated by pending new legislation that would allow doctors to hasten death?
- Would this incident have been reported in the official physician-assisted suicide statistics had it happened after the law went into effect?

David Pruitt

David Pruitt, a man from Oregon with lung cancer, obtained from a physician the standard lethal prescription, and when he felt it was time, he took the entire amount. He went to sleep for 65 hours and woke up saying “What the hell happened? Why am I not dead?” He was so unnerved by the experience that he didn’t want to go through it again. He died naturally about two weeks later.

Facts learned from David Pruitt:

- While Mr. Pruitt’s case is the first to come to public attention, repeated **data from the Netherlands shows that 18-25% of Dutch people who take the same dose of the same drug as is used in Oregon do *not* die.** They are then given a lethal injection by their doctor which is legal in the Netherlands.
- The Oregon law does not allow lethal injection, and it is not known what happens to those who do not die. Deaths from physician-assisted suicide are not investigated in Oregon, and the state government says they have no way of knowing how often assisted suicide happens outside the framework of the law.

Helen X

Soon after the Oregon law allowing a physician to write a lethal prescription for a patient went into effect, Helen asked her physician for one. She had a history of breast cancer and was enrolled in hospice. She had been using a wheelchair for two weeks and had some shortness of breath for which she used oxygen. However, she had no pain and she was still doing aerobic exercises regularly. Her physician declined. Helen saw a second physician, and he too declined because he felt she was depressed. Her husband called Compassion in Dying (a group that supports assisted suicide) and they found a willing physician who wrote the prescription, though he admitted he was shaken by Helen’s eagerness to die.

How safeguards failed Helen X:

- Physician refusal to write a lethal prescription because the requesting patient does not meet the legal criteria need not deter a patient who is eager to die. All Helen had to do was keep asking until she found someone willing.

Barbara Houck

In January of 1999, Barbara Houck, age 71, was diagnosed with Amyotrophic Lateral Sclerosis, a progressive neurological disease. Almost immediately, she called Peter Rasmussen (not a neurologist, but an oncologist and a supporter of physician-assisted suicide) requesting a lethal prescription. He declined because he felt she had more than six months to live. She saw him again in March and he wrote the prescription. He was present April 10, the day she chose to die. He emptied the 90 capsules into a bowl of chocolate pudding and her two sons spooned it into her mouth. Dr. Rasmussen stayed for two hours. She died 12 hours after ingestion of the lethal drug.

How safeguards failed Barbara Houck:

- It is very unusual for an oncologist to evaluate and make a prognosis for a patient with an uncommon neurological disease.
- The legally required prognosis of “less than six months to live,” required by the law, is in doubt.
- The law requires the patient to self-administer the lethal drug. Houck received significant help from her physician and her sons.

Patient of Dr. Charles Bentz

Dr. Charles Bentz, an internist in Portland, Oregon, diagnosed a malignant melanoma in a 76-year-old man who had been under his care for over ten years. Unfortunately, the cancer had already spread to his shoulder at the time of diagnosis, so it was not curable. Dr. Bentz referred this active man to both radiation oncology and medical oncology, using two methods to slow the cancer and prolong the man’s life.

When the patient finished the radiation therapy, the radiation oncologist informed Dr. Bentz that the patient was depressed due to his diminished physical stamina. At almost the same time, he finished his chemotherapy and asked his medical oncologist for a prescription so he could take his own life by suicide. The medical oncologist called Dr. Bentz, asking him to act as the required second physician to confirm the diagnosis and prognosis before he wrote the prescription, saying secobarbital “works very well” and indicating he had used it many times. Dr. Bentz responded that he could not do this; the man had a documented depression and needed therapy for this. The oncologist then found another physician to render the required “second opinion” and did not refer the man back to his primary physician. Two weeks later the patient was dead from a lethal prescription.

Dr. Bentz obtained permission from the man's family and obtained a copy of the death certificate which falsely said death was from malignant melanoma.

How safeguards failed the patient of Dr. Bentz:

- The patient's well-documented depression was not evaluated by a mental health specialist, nor was it treated.
- The patient's primary physician was excluded from helping him with his end-of-life concerns.
- The patient's oncologist falsified a public document by lying about the cause of death.

Summary of patient stories courtesy of the Vermont Alliance for Ethical Health Care, www.vaeh.org.