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Assisted Suicide

Assisted suicide – a dangerous illusion of control

By Will Johnston, MD

The daughters are beside themselves. One sat in my office recently, telling me about her father's trips to the bank which are draining his savings. He gets angry when his daughters challenge him. The money – thousands of dollars, slowly saved from a meagre pension, and, needed for his care – seems to be going to a recently acquired girlfriend some years younger than himself. He speaks almost no English. The situation was detected by chance when a daughter gave him a ride to the bank and saw his bank book.

Some time ago I performed a competency assessment on a socially isolated old person who had been placed in a nursing home. An unrelated neighbor had listed the person's home for sale and was receiving inquiries before a relative became aware.

On another occasion an older woman had adequate resources to stay in her attractive home and employ a live-in caregiver. A family member, an heir and beneficiary, arranged to have her met at her door by an ambulance crew with a gurney. She was told that if she did not cooperate, the police would be called. She submitted and was transported to a dingy nursing home which she described as "a prison." Her home was sold.

A colleague recalls being on duty in an emergency room several years ago when an older bachelor came in desperately ill and confused, accompanied by his niece and nephew. "He's had a good life. He wouldn't want any treatment," his only relatives (and presumably heirs) attested. With ordinary care and rehydration the older man walked out of the hospital a week later.

Each of these scenarios is different, and none of them grace a research paper, but all of them are the real face of elder abuse. I could list 10 more from my own experience. Government of Canada policy recognizes the epidemic of elder abuse and the unusual difficulty in detecting it, often because the victim resists the revelation of abuse. I routinely see people induced to do things and accept arrangements which are contrary to their own interests. People can be surprisingly naïve.

High profile assisted suicide cases might at first seem to be about another kind of person, a sophisticated and clear-minded sort, immune to undue influence. I suggest that this presumption is also naïve.

We all take our cues from those around us. It only takes a few words to promote suicide. If the law is changed, an obligation to mention the legal fact of assisted suicide will be created. Some patients will experience even the most perfunctory acknowledgment of assisted suicide as an inducement to it.

If state sanctioned suicide becomes part of the atmosphere in our hospitals, a presumption in that direction will be created. I predict the same erosion of medical diligence which many of us

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on the front lines have already watched happen when caregivers choose to see a patient is having finished all useful life. How much more will this be the case when the patient's present fear and loss of hope feed smoothly into an official assisted suicide regime?

Some people would throw away months or years of life, and some would miss good medical care or medical advances they would have wanted to enjoy. Consider the case of Jeanette Hall, who wanted to use Oregon's assisted suicide law and is grateful, 12 years later, that her doctor directed her toward treatment rather than suicide. One of Dr. Ken Stevens' Oregonian patients was not so lucky – part way into his cancer treatment he became despondent and was given suicide pills by another doctor. I know someone, happy to be alive, who had alarming symptoms and a clear diagnosis of ALS (Lou Gehrig's disease) more than a decade ago. The symptoms inexplicably resolved. Huntington's disease, a factor in recent high-profile suicide in Toronto, moved closer to a treatment recently in a stem cell experiment.

If a legal assisted suicide offer is always dangling, variations in the competence and diligence of doctors create arbitrary forces which move choice and controls to others, not the patient.

When you or your loved one goes to the hospital you need to be able to trust that an assisted-suicide-minded doctor or nurse will not be steering you or them toward death. People can be offered the illusion of control and a autonomy when the choices are really being shaped by others.

When empowered medical personnel - and right-to-die activists - choose their own opinions about your quality of life, and have been given constitutional protection to counsel, facilitate and steer you towards suicide, you and your loved ones will not be safe. The choices created by legal assisted suicide may end up being someone else's, not yours. The speculative legal changes being offered are dangerous and irresponsible. Parliament rejected them firmly two years ago. We will all be safer if our courts do the same.

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