

I am a hospice nurse of 25 years, a mother of a child disabled with a traumatic brain injury, and a caregiver of three elderly parents and in-laws. It is from these perspectives, and from the perspective of someone who helped lead the campaigns in opposition to assisted suicide in Washington State in both 1991 and 2008 that I exhort Montana legislators to defeat Senate Bill Number 167, legalizing assisted suicide.

Though suicide proponents will likely paint a picture of Washington and Oregon as places where assisted suicide laws work well, nothing could be further from the truth. Both as a hospice RN and as the President of *True Compassion Advocates*, (www.truecompassionadvocates.org) a nonprofit organization which advocates on behalf of those at risk for assisted suicide, I can testify to how Washington and Oregon's so-called Death with Dignity Laws negatively impact people with disabilities, the elderly and the poor.

In 2008, when Washington State voters approved the so-called Death with Dignity Act, (DWDA) most thought it was just another end of life "choice" for dying people. Instead, unbeknownst to most Washingtonians, this lethal law, combined with draconian state budget cuts, has negatively affected both seniors and people with disabilities. The DWDA has resulted in seniors and those without adequate health care feeling forced into considering doctor prescribed death simply because they no longer have access to the safe and effective care or worry about being a burden to family or friends.

Even family members and loved ones are unaware of the extent to which such a "choice" can feel compulsory rather than voluntary to a person who is ill. Chillingly, as more and more stories come to light, it's clear that voters in Washington and Oregon are not getting the choice they were promised when they voted for what they thought was Death with Dignity. Nor are legislators in Vermont, Montana, or elsewhere who are considering legalization fully aware of what is happening "behind the scenes" in Washington and Oregon. Should they know about the deleterious effects of such laws on the ill, elderly, and disabled, they could not, in good conscience, advocate or vote for doctor prescribed death.

A quick summary of those adversely affected by doctor prescribed suicide under Washington and Oregon's so-called Death with Dignity Acts (DWDA) include:

- A Spokane man whose niece, Katie Densely, in a letter to a Spokane paper, describes his horrifying "execution style" death from assisted suicide under Washington's DWDA,
- A woman with a cognitive disability and moderate (not terminal) diabetes who told a Seattle area nurse her husband wanted her to stop taking her insulin so she would qualify for the DWDA then "choose" doctor prescribed suicide,
- Several frail, elderly women confided to their Seattle-area pastors they considered assisted suicide because they felt "like a burden" to their adult children who had expressed concern about the costs of Mom's assisted living facilities and nursing homes "eating into their inheritances",

- An elderly gentleman whose young wife (and financial heir) hosted a suicide party after encouraging him to die via doctor prescribed suicide, despite the objections of other family members who wanted to care for him,
- An elderly woman in an assisted living facility requested doctor prescribed death because she “couldn’t stand to live in pain any longer.” An investigating nurse discovered the unfortunate woman’s pain had been egregiously mismanaged for years: She only needed basic pain control to have her symptoms relieved—but under Washington’s law, she might have died prematurely of assisted suicide rather than receive the care she needed.
- A concerned nephew worried that his uncle’s untreated depression and lack of adequate care funding led to his request for doctor prescribed suicide,
- A woman with financial assets whose cancer returned decided not to seek any treatment, instead requested doctor prescribed death in order to spare her family financial or emotional “burden” of caring for her. The timing of her request coincides with the federal implementation of the estate tax changing from zero in 2010 to 35% in 2011. One wonders if this was a factor in her “choice.”
- A seriously ill paralyzed woman was discharged prematurely from a Seattle-area hospital. Worried about being a burden to her family and not having financial resources for adequate care, she requested doctor prescribed death via the DWDA.
- Family members, friends, and health care professionals caring for those dying by doctor prescribed suicide have reported experiencing severe emotional trauma and long term complicated grief related to the assisted suicides of patients or loved ones,
- Legal, health care, and hospice professionals have expressed concern that the elder abuse chronicled by the Seattle Times in Washington’s adult family homes may be the tip of the iceberg and vulnerable adults may be pressured into assisted suicide by unscrupulous caregivers, those seeking financial gain, or those seeking to hide abuse.

Note: Each of the above mentioned circumstances has been reported to *True Compassion Advocates* by concerned family members, friends, and health care professionals.

These are just a few ways in which the so-called Death with Dignity Act has affected Washington and Oregon residents negatively.

Washington and Oregon, like Montana, are experiencing severe budgetary shortages related to the current economic downturn. These states, like many others, have been making tough budgetary and financial choices, including the slashing of funds supporting the poor, the ill, and those with disabilities. The difference? In Washington and Oregon where doctor prescribed death is legal, such cuts not only harm at risk individuals and populations, but may even incentivize assisted suicide.

Washington's 2011 budget for instance, radically cuts funding for the state's Basic Health Plan for the poor and guts necessary funding for the Disability Lifeline. The elderly in both states have been negatively affected by cuts in basic services and housing. Such funding cuts would be ethically problematic anywhere. But in the only two states in the country where doctor prescribed suicide is legal, the ethical problems of slashing care while providing state-sponsored assisted suicide are especially egregious. Some of the patients and families detailed above sought state sponsored suicide because they felt their care options were limited. Add to that their expressed concerns about inadequate health care funding and worries about being a burden to their families, and the ethical problems of such laws increase exponentially.

The best advice we in Washington and Oregon have to offer Montana considering assisted suicide legislation comes from words of Barbara Wagner, a poor Oregon resident who was refused chemotherapy by the Oregon State Health Plan and offered the cheaper option of doctor prescribed death instead:

"Don't go there."

Don't enact assisted suicide laws such as SB 167—don't even consider enacting such laws. Washington and Oregon's Death with Dignity Acts are unjust and may well be discriminatory. The choice they purport to offer is illusory at best, unintentionally coercive at worst. Instead, legislators should implement safe and effective care for the poor, disabled, elderly, and ill. Heed the advice of Barbara Wagner, who literally died trying to convince Washingtonians not to follow Oregon's lethal example.

Don't go there. Instead, enact protective laws, prevent elder abuse, and provide safe and effective care so that Montanans can live with dignity.

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