

I am a doctor in Oregon, where assisted suicide is legal. A few years ago, I was caring for a 76-year-old man who presented to my office a sore on his arm, eventually diagnosed as melanoma. I referred him to specialists for evaluation and therapy.

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I had known this patient and his wife for more than a decade. He was an avid hiker, a popular hobby here in Oregon. As his disease progressed, he was less able to do this activity, becoming depressed, which was documented in his chart.

During this time, my patient expressed a wish for assisted suicide to one of the specialists. Rather than take the time to address his depression, or ask me as his primary care physician to talk with him, she called me and asked me to be the "second opinion" for his suicide. She told me that barbiturate overdoses "work very well" for patients like this, and that she had done this many times before.

I told her that assisted suicide was not appropriate for this patient and that I did not concur. I was very concerned about my patient's mental state, and told her that addressing his underlying issues would be better than simply giving him a lethal prescription. Unfortunately, my concerns were ignored, and two weeks later my depressed patient was dead from an overdose prescribed by this doctor.

Under Oregon's law, I was not able to protect my depressed patient. If assisted suicide becomes legal in Montana, you may not be able to protect your friends or family members.

I urge you to contact your legislators to tell them to keep assisted suicide out of Montana. Don't make Oregon's mistake.

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