Assisted suicide is not legal, not the answer

By BRADLEY WILLIAMS

I take exception to the opinion by two members of the former Hemlock Society, now known as “Compassion & Choices.” The opinion of July 25 implies that assisted suicide is legal in Montana, which is not true.

I am the president of Montanans Against Assisted Suicide. We are in litigation against the Montana Medical Examiners Board. As part of that litigation, we got the board to remove a position paper from its website implying that assisted suicide is legal. Assisted suicide is not legal.

The “treatment” of suicide

As part of our litigation with the board, we also obtained an affidavit from Dr. Ken Stevens, of Oregon, which is one of the few states in which assisted suicide is legal. His affidavit describes how, in Oregon, that state’s Medicaid program uses legal assisted suicide to steer patients to suicide. This is through coverage incentives. The program will not necessarily cover a treatment to cure a disease or to extend a patient’s life. The program will cover the patient’s suicide. In other words, with legal assisted suicide, desired treatments are displaced with the “treatment” of suicide.

Back the establishment

The former Hemlock Society, Compassion & Choices, touts itself as the great promoter of individual choice. But if you take a closer look, its actual mission is to back the medical-government establishment.

Consider the well-publicized case of Oregon cancer patient Barbara Wagner. In 2008, Oregon’s Medicaid program declined to cover “Tarceva,” a cancer drug recommended by her doctor, and offered to cover her suicide instead, terming it “aid in dying.” Wagner was devastated. “It was horrible,” Wagner told ABCNews.com. The drug’s manufacturer subsequently gave Tarceva to Wagner without charge. She, nonetheless, died a short time later.

I recently asked Stevens about Tarceva. He told me that some of his patients had taken it and that for some of them it was beneficial. This was in terms of survival and better quality of life. He also told me that it can be difficult to know how a particular cancer patient will do on a particular cancer drug. He said that there are always some patients who live longer than expected, sometimes 10 or even 20 years longer, depending on the type of cancer. He said, “This is because there are always some people who beat the odds.” Barbara Wagner had wanted to be one of those people.

After Wagner’s death, Compassion & Choices stepped forward to show its true colors. Specifically, its president, Barbara Coombs Lee, published an opinion in Oregon’s largest paper taking issue with Wagner’s choice to try and live. Coombs Lee argued that Wagner should have instead given up hope and accepted her pending death. But, this was not Wagner’s choice.

In a KATU TV interview (katu.com/news/special reports/26119539.html), Wagner had said: “I’m not ready, I’m not ready to die … I’ve got things I’d still like to do.”

A public policy to discourage cures

Coombs Lee’s piece also argued for a public policy change to discourage people from seeking cures. This would presumably be through coverage incentives. For example, she said: “The burning public policy question is whether we inadvertently encourage patients to act against their own self-interest, chase an unattainable dream of cure, and foreclose the path of acceptance that curative care has been exhausted.”

Coombs Lee is a former “managed care executive.”

Your choice is not assured by their legislation. Don’t be fooled by their double-speak.

Bradley Williams is president of Montanans Against Assisted Suicide (montanansagainstassistedsuicide.org), a grassroots group and a Montana nonprofit public benefit association. MAAS welcomes everyone opposed to assisted suicide regardless of their views on other issues.

I got a letter in the mail that basically said if you want to take the pills, we will help you get that from the doctor and we will stand there and watch you die. But we won’t give you the medication to live.

– Oregon cancer patient Barbara Wagner who was denied Tarceva cancer drug by Oregon’s Medicaid program, but was offered coverage for “aid in dying” suicide instead