

# Assisted suicide laws are creating a 'duty-to-die' medical culture

BY HELENA BERGER, OPINION CONTRIBUTOR —



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Despite not hearing about it often, assisted suicide is a major issue in the U.S. right now. In more than 20 states this year alone lawmakers have introduced bills to legalize assisted suicide, and almost every single one of them has been struck down — with bi-partisan support. A recent bi-partisan Sense of Congress bill introduced in Washington, D.C., has opened up the discussion at a national level, and paved the way for upcoming bills and debates in 2018. If 2017 was a busy year for assisted suicide legislation, 2018 will be even more so.

Though assisted suicide is promoted as freedom of choice, the economic forces that drive insurance companies, and subsequently patients' coverage options, greatly restrict self-determination for already vulnerable populations, including people with disabilities. There is evidence that economic considerations limit choice when it comes to health insurance coverage. And the deadly combination of assisted suicide and our profit-driven health care system does in fact steer some patients toward lethal drugs, the cheapest form of "treatment."

Dr. Brian Callister, a physician from Reno, Nev., was told by two separate insurance medical directors that assisted suicide would be covered for his California patients, but the curative therapies Dr. Callister had prescribed to save their lives would not.

Callister confirms the concerns of health care advocates, saying that "since assisted suicide became legal in California and Oregon, the practice of medicine across the West has been irreparably harmed for patients who still want their diseases treated but are now simply offered the cheaper option of a quick death." Patients Barbara Wagner and Randy Stroup in Oregon had similar experiences.

Multiple studies show that people with disabilities, senior citizens, poor people, and people of color are more likely to be mistreated by medical professionals, and the likelihood of being mistreated increases if family members view them as an emotional or financial burden.

When it comes to assisted suicide, we see in states like Oregon, where assisted suicide has been legal for two decades, the percentage of Oregon deaths attributed to a patient's reluctance to "burden" their families rose from 13 percent in 1998 to 40 percent in 2014.

This reveals that the right to die "option" for some vulnerable populations has quickly become more like a duty to die.

The legalization of assisted suicide also devalues the lives of people with disabilities because it creates a double standard — insurance companies and state agencies readily offer to pay for life-ending drugs for individuals with disabilities and serious health conditions when they ask for death, but provide suicide prevention services to non-disabled individuals who make the same request.

But there is more cause for alarm. In states where assisted suicide is legal, nothing prevents a relative who stands to benefit from the patient's death from steering that person towards suicide, witnessing the request, picking up the lethal dose, or even administering the drug. The same goes for abusive caregivers. No witnesses are required when the lethal drugs are administered, and despite assurances by assisted suicide proponents, there are no checks or balances that would prevent abuses.

On top of that, oversight and data reporting are difficult or impossible to enforce. At present, states that have legalized assisted suicide do not even require doctors to record the lethal medication they prescribed as the direct cause of death on the death certificate. Instead, they list the cause of death as, for example, the patient's terminal illness thereby leaving behind a trail of misleading documentation.

When it comes to assisted suicide, mistakes by health care professionals, widespread misinformation, coercion, and abuse all limit the ability of people with disabilities to make informed and independent decisions. And in this profit-driven economic climate, is it realistic to expect that insurers are going to do the right thing, or the cheap thing? If insurers deny, or even delay, approval of costlier life-saving alternatives, then money saving but fatal measures become the deadly default.

The truth is that assisted suicide as public policy is rife with dangerous loopholes and consequences, especially for the vulnerable in our society. We should reject laws that legalize the practice.

*Helena Berger is president and CEO of the American Association of People with Disabilities.*

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