

Mass. assisted suicide ballot question backers hone message, prepare for fight Say terminal patients have right to choose death

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BOSTON (State House News Service) - Sharpening their messages for what is poised to be a fierce campaign season fight over physician-assisted suicide, proponents of the policy contended Tuesday at a State House hearing that terminally ill patients with months to live should be empowered to take their own lives.

"Everyone must be allowed to make their own choice with their own beliefs," said Rep. Louis Kafka (D-Stoughton), sponsor of legislation that would allow patients to self-administer life-ending drugs if they are deemed by doctors to have no hope of recovery and fewer than six months to live.

Kafka spoke at a standing-room-only hearing of the Committee on the Judiciary, which took testimony on the legislation two weeks ahead of a deadline to act on the bill.

"We are used to being in charge of our lives, and so it's not unusual that we would want to be in charge of also the circumstances of our death," added Rep. Cory Atkins (D-Concord), who joined Kafka in support of the bill.

Proponents of the measure are casting their lot not with the Legislature but with voters. A ballot measure similar to Kafka's bill cleared most major hurdles last year and, barring unexpected support by lawmakers, is likely to come before voters in November as a binding ballot question.

Opponents of the measure, including Massachusetts Citizens For Life, the Massachusetts Family Institute, the Catholic church and some advocates for the elderly and disabled, plan to mount a vigorous campaign to defeat it, contending that it is fraught with the potential for error and could be used to compel older, ill adults to end their lives.

"I think we as a society, the commonwealth of Massachusetts, using our intellect and our ingenuity and combined energies, we define ourselves not by allowing our citizens to die with dignity but by empowering our citizens to live with dignity while they're dying," said Rep. John Rogers (D-Norwood). "And in that distinction, we define ourselves as a great, humane society."

"The only thing worth killing," he said to committee members, "is this bill. And I hope you do so."

Rogers, a former chairman of the judiciary committee, said the committee had previously rejected the bill in favor of revamping the state's end-of-life care programs.

Legalizing physician-assisted suicide would open a "Pandora's box" of problems leading to unnecessary deaths, mainly among the elderly and disabled, opponents argued. They said doctor-assisted deaths are not the answer to help the terminally-ill when hospice care is so widely available around the state.

Laura Tuttle, a registered nurse from Raynham who was diagnosed with ALS disease several years ago, broke down in tears talking about her eventual death.

"I will most likely die from respiratory failure within the next few years," she said. "But I am not afraid of dying because I know all of my needs will be taken care of by hospice professionals."

John Kelly, who suffers from a spinal cord injury and is a member of the organization Second Thoughts, said the law is unnecessary because patients already have control over their destiny with the ability to refuse any life-saving treatments or through advanced directives detailing their care wishes. Many people toward the end of their life choose full-pain relief medication "which effectively lets you die in your sleep," Kelly said.

Other opponents pointed out a misdiagnosis would prove fatal for those who choose suicide.

John Norton told committee members he had a "cautionary tale" about assisted suicide. In 1956, shortly before his 19th birthday he was diagnosed with ALS, which turned out to be wrong.

"The caution I have is I was almost 19 at that time, and it affected me greatly as it would anybody," he said. "If I had access to physician-assisted suicide I would have probably taken it at that time. As you can see I am not 19 years old, or 25. I am 74," he said.

Kafka spent much of his testimony emphasizing the safeguards in his proposal: patients seeking life-ending drugs must be warned of the effects of the medication, must receive at least two medical opinions that they aren't suffering from a psychiatric or psychological disorder, receive verification from two witnesses that the request for the medication is genuine, must wait 15 days to obtain the drugs after receiving a prescription and must be informed about the availability of hospice care and pain management services.

Currently, Oregon and Washington are the only states that allow physician-assisted suicide. According to advocates, 65 people in Oregon ended their lives this way in 2010.

Health Clish, an advocate for the bill from Reading, said her father used Oregon's law to end his life at age 66 last year, when his bout with brain cancer left him and his loved ones suffering.

"His choice was not a choice between living and dying. His was a choice between dying one way or dying another way," she said. "He didn't come by his ultimate decision lightly.

But when he made the choice, he was calm, certain, at peace and surrounded by his family, able to tell us he loved us, and able to understand how much we loved him."

In written testimony to the committee, the Massachusetts Medical Society offered a window into the challenges proponents will face in winning support for the measure.

"At the Medical Society's most recent House of Delegates meeting, which is the Society's policy making body, there was overwhelming support to reaffirm the Medical Society's long standing policy of opposition to physician-assisted suicide," said Lynda Young, president of the organization, which represents 23,000 physicians and medical students.

"As the American Medical Association's Code of Medical Ethics states, 'It is understandable although tragic, that some patients in extreme duress...may come to decide that death is preferable to life,' Young's letter continues. "However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician's role as healer."

Advocates for palliative and hospice care also testified against the proposal. According to the Hospice and Palliative Care Federation of Massachusetts, the state's 59 licensed hospices served more than 21,000 terminally ill patients in 2011, and eight hospices served about 235 children.

Hospice and palliative care, they argued, presents an alternative to longtime suffering or immediate death that the bill's proponents and opponents have debated.

A pharmacist testified that the bill lacked a "conscience clause" that would allow her to opt out of dispensing a life-ending drug, and several nurses testified against the bill as well.