

British think tank: Oregon residents doctor-shop for help with suicide

MANCHESTER, England - A British think tank said a U.S. assisted-suicide law might have created a phenomenon of "doctor-shopping" for physicians willing to ignore safeguards to help healthy people kill themselves.

A report claims that the 1997 Oregon Death With Dignity Act is being abused - with the help of some physicians - by people who do not fulfill the criteria of being terminally ill, mentally competent and able to make a free choice.

Called "What is Happening in Oregon?" the report by Living and Dying Well, a group of prominent British medical and legal experts, was sent to British members of Parliament Oct. 25 to counter claims by assisted-suicide campaigners that the Oregon law is a model of effective regulation that should be adopted in the United Kingdom.

The report's author, Dr. David Jeffrey, a senior lecturer in palliative medicine at Scotland's Edinburgh University, and researcher Madeleine Teahan, examined 12 annual reports from the Oregon Public Health Division on the working of the act since 1998.

The report said that when the Oregon law was enacted, about a third of all people who requested help in committing suicide were referred to psychiatrists, but by 2009 no one was being sent for counseling.

"Could this be a consequence of 'doctor shopping'-- namely that a physician who is prepared to process an application for physician-assisted suicide might perhaps be less inclined than others to regard such a request as a pointer to possible psychological disorder or depression?" asked the report.

"If that is so it would not be surprising that as the number of physician-assisted suicide cases has increased, referrals for psychiatric counseling have fallen," the

report said.

It said that the health division reports show the average time an applicant has spent with a doctor who assists in their deaths is just 10 weeks, and that a small number of doctors were writing prescriptions for numerous suicides.

The report also cites a 2008 British Medical Journal study as evidence that “some (Oregon) applicants with clinical depression are being given lethal drugs to end their lives without prior psychiatric assessment.”

It criticizes the act for failing to monitor the deaths of patients once a license for suicide has been granted, saying there was no way of knowing if a person was ultimately coerced or poisoned.

Baroness Finlay of Llandaff, professor of palliative medicine at Cardiff University, Wales, and a co-chair of Living and Dying Well, said in an Oct. 25 statement that “with the expert knowledge British doctors now have to relieve suffering, there is no need for anyone in this country to die in pain or distress.”

“The majority of doctors want nothing to do with ‘assisted dying’ and, if it were ever to be made legal here, we would see the ‘doctor shopping’ that is such an unhappy feature of the Oregon scene,” she said.

The report showed that the number of assisted suicide deaths in Oregon has nearly quadrupled, from 24 in 1998 to 95 in 2009, a figure that currently represents 19.3 per 10,000 deaths in the state.

“If this experience were to be replicated in England and Wales, we might expect to see a total of 948 deaths annually as a result of physician-assisted suicide,” said the report.

If Scotland were included, “that would add a further 104 deaths to the total from physician-assisted suicide alone, giving a total of 1,052 deaths from this source annually in Great Britain,” the report said.

A bill before the Scottish Parliament would legalize physician-assisted suicide and physician-assisted euthanasia.

But James Harris, spokesman for Dignity in Dying, a British assisted-suicide lobby group, said in an Oct. 25 e-mail to Catholic News Service that independent research has found the Oregon law to be working safely and that popular support for assisted dying has grown in the state.

“The campaign to change the law on assisted dying is about choice; people should not have to suffer against their wishes in the final weeks or days of life, but it is also about better protecting people,” he said.

“We are encouraged by the efforts our opponents are going to, to undermine a change in the law with decision makers, which confirms our view that assisted dying legislation is on the horizon,” he added.