

The public relations of death

By Richard Doerflinger

A campaign to legalize assisted suicide is moving forward in New Jersey, with similar proposals to be introduced in California, Maryland and other states. The former Hemlock Society (now under the more appealing name “Compassion & Choices”) hopes to pass such bills in a dozen states this year, although its efforts produced new laws in only three states (Oregon, Washington and Vermont) in the past 25 years.

What makes C&C so optimistic? After all, its agenda is the same as always: Protecting doctors who want to prescribe a barbiturate overdose so their patients can kill themselves.

The change is in the public relations of the issue, due to an attractive 29-year-old cancer patient named Brittany Maynard. Maynard, a California resident, announced last fall that she was unwilling to face the expected suffering of her illness, and would move to Oregon so she could take her life on Nov. 1, using the state’s assisted suicide law. She appeared on the cover of “People” magazine and became a spokesperson for C&C, her interviews and video appearances carefully vetted by its media relations staff. Just before the announced date she said she didn’t feel too bad and may live longer – then went through with her suicide anyway. What encouragement she received from C&C to “get with the program” we may never know.

Maynard’s “reality TV” show provided an appealing human face for C&C’s agenda. The voices of others – including patients with similar conditions, who urged her to see meaning in her life and promote hope rather than despair – were drowned out. Now C&C wants to save others the inconvenience of traveling to another state to obtain a lethal overdose from a doctor.

This raises basic questions. Is it the government’s job to make suicide “convenient” for some people? Shouldn’t it value everyone’s life and prevent suicide without discrimination, not select which people receive a helping hand to jump off the ledge?

Moreover, the grim reality of legalized assisted suicide has little to do with self-assured young women facing intractable pain who demand control over their last days.

In Oregon, the state health department tells a different story. Of the 752 people taking their lives under its law from 1998 through 2013, only six were under 35 years old; the median age is 71. In 2013, less than 3 percent had any evaluation to check for treatable depression. Most had no health insurance, or had it only from the government – which has told cancer patients it will fund assisted suicide but not some treatments the patients want so they can live longer.

Most took their lives not because of untreated pain or even fear of pain, but because they felt they were losing their autonomy or dignity and becoming a “burden” – a feeling no doubt encouraged by others, including the government itself. Many had chronic conditions, not imminently fatal diseases such as late-stage cancer. All reporting on the circumstances of their deaths was done by the doctor prescribing the lethal dose; state officials have said the doctor’s account could be “a cock-and-bull story” for all they know.

In short, this campaign uses a ploy known to marketers as the “bait and switch.” People are moved by unscrupulous ads to visit a store promising a bargain on a popular item, only to find something far less attractive when they arrive. Rip the mask off this campaign, and we find grandma and grandpa being nudged toward death by individuals and governments who don’t want to be bothered with “burdensome” people. Will lawmakers see through the mask?

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