

Why We Shouldn't Legalize Assisting Suicide, Part III: **What About the Terminally Ill?**

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Proponents of physician-assisted suicide frequently begin by advocating its legalization for those who are terminally ill, although they have moved far beyond that category. But, as this article will demonstrate, 1) treatable depression, rather than the terminal illness itself, usually accounts for such a patient's expression of a wish to die; 2) after a diagnosis of terminal illness, a person normally goes through a series of stages of coming to terms with impending death and resolving unfinished business in his or her life, a valuable process that is cut short by acceding to a depression-induced request for assistance in suicide; and 3) given growing pressures to contain medical costs and prevailing social attitudes, if assisting suicide is legalized, many terminally ill patients will be led to feel they are burdens and have a duty to die.

Most terminal patients seek suicide not because they are ill, but because they are depressed.

A study of terminally ill patients published in *The American Journal of Psychiatry* in 1986 concluded:

The striking feature of [our] results is that all of the patients who had either desired premature death or contemplated suicide were judged to be suffering from clinical depressive illness; that is, none of those patients who did not have clinical depression had thoughts of suicide or wished that death would come early.²

USA Today has reported that among older people suffering from terminal illnesses who attempt suicide, the number suffering from depression reaches almost 90%.³

This fact is not really in dispute. Even Jack Kevorkian, the notorious "suicide doctor," said at a court appearance that he considers anyone with a disabling disease who is not depressed

"abnormal."⁴ But what Kevorkian and others who argue in favor of physician-assisted suicide ignore is that even though the disease itself may be untreatable, the depression is treatable, and it is the depression, not the disease, which makes such persons suicidal.

Suicidologist Dr. David C. Clark notes that depressive episodes in the seriously ill "are not less responsive to medication" than depression in others.⁵ And psychologist Joseph Richman, former President of the American Association of Suicidology, says, "[E]ffective psychotherapeutic treatment is possible with the terminally ill, and only irrational prejudices prevent the greater resort to such measures."⁶

Indeed, the suicide rate in persons with terminal illness is only between 2% and 4%.⁷ Competent and compassionate counseling, together with appropriate medical and psychological care, are the caring

and appropriate response to people with terminal illness who express a wish to die.

Especially for those who are terminally ill, it is not good to circumvent the dying process.

In 1969, psychiatrist Elisabeth Kubler-Ross outlined the 5 stages of the dying process -- denial, anger, bargaining, depression, and acceptance. Since that time, Dr. Kubler-Ross has worked with thousands of dying patients and their families to help them deal with the dying process. In a recent interview, she indicated that her experience over the past 20 years tells her that suicide is wrong for patients with terminal illness.

Lots of my dying patients say they grow in bounds and leaps, and finish all the unfinished business. [But assisting a suicide is] cheating them of these lessons, like taking a student out of school before final exams. That's not

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love, it's projecting your own unfinished business.⁸

This "unfinished business" of considering the ultimate meaning of one's life, of resolving old disputes and mending relationships, of coming to a final recognition and appreciation of all the good things that have been a part of one's life, are all short-circuited by those who, overcome by depression, give up too soon in the process and kill themselves. And despite their compassionate motives, those healthy bystanders who encourage or even assist in these suicides are in fact helping to steal the last precious moments of these patients' lives.

Many consider suicide primarily because they are pressured into seeing themselves as burdens on their families or society.

The principal reason people in a 1991 *Boston Globe* survey said they would consider some option to end their lives if they had "an incurable illness with a great deal of physical pain" was not the pain, not the "restricted lifestyle," and not the fear of being "dependent of machines," but rather that they "don't want to be a burden" to their families.⁹ Family members who support the suicide of a terminally ill patient often unwittingly reinforce the notion that the ill family member's life has lost all meaning and value and is nothing but a "burden."

In an era of concern over escalating medical costs, "unproductive" consumers of medical services are increasingly made to see themselves as drains on society and the economy. When suicide is promoted as a socially acceptable "option," the pressure to avail oneself of it is immense.

Thus, if assisting suicide for those with terminal illness is legalized, the so-called "right to die" is very likely in practice to become a "duty to die."

NOTES

1. Burke J. Balch is Director of the National Right to Life Committee's Department of Medical Ethics. Randall K. O'Bannon is Director for the Department of Education.

2. James H. Brown, Paul Henteleff, Samia Barakat, and Cheryl J. Rowe, "Is It Normal for Terminally Ill Patients to Desire Death?" *American Journal of Psychiatry*, Vol. 143, No. 2 (February 1986), p. 210.

3. *USA Today*, August 9, 1993, 2nd Editorial page.

4. *People v. Kevorkian* Transcript p. 93-94, 90-390963-AZ, Motion for Preliminary Injunction (Oakland Co. Cir. Ct., June 8, 1990).

5. Flora Johnson Skelly, "Don't dismiss depression, physicians say," *American Medical News*, September 7, 1992, p. 28.

6. Joseph Richman, Letter to the Editor, "The Case against Rational Suicide," *Suicide and Life-Threatening Behavior*, Vol. 18, No. 3 (Fall 1988), p. 288.

7. Skelly, *supra note 4*.

8. Leslie Miller, "Kubler-Ross, Loving Life, Easing Death," *USA Today*, Monday, November 30, 1992, p. 6D.

9. Richard A. Knox, "Poll: Americans favor mercy killing," *Boston Sunday Globe*, November 3, 1991, p. 22, as well as Robert J. Blendon, Ulrike S. Szalay, and Richard A. Knox, "Should Physician Aid Their Patients in Dying?" *Journal of the American Medical Association*, Vol. 267, No. 19 (May 20, 1992), p. 2660.

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