

Selling suicide

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Compassion and Choices, the never-say-die advocates for state-sanctioned assisted suicide, seem to have mastered the art of putting lipstick on a pig. Whether or not Americans learn to see through their euphemisms and illogic may well determine the fate of many vulnerable patients, including those in California and 20 other [states](#) where the organization now is leading a well-funded lobbying campaign to legalize assisted suicide.

Reincarnated from a previous life when known as The Hemlock Society, the more politically correctly named Compassion and Choices nonprofit organization claims on its [website](#), "For over 30 years we have reduced people's suffering and given them some control in their final days."

That claim would come as news to the medical and pharmaceutical professions, which, unlike nonprofit advocacy groups, actually are trained and authorized to prescribe and provide medications that reduce suffering. Pain medication reduces suffering; lethal pills end lives. Suicide does not control death; it merely accelerates it.

The group also claims to "increase patient control and reduce unwanted interventions at the end of life." Yet the law has long recognized patients' right to decline "unwanted interventions at the end of life." Given the pressure by insurers, unscrupulous heirs and uncompassionate caretakers on

vulnerable, depressed and disabled patients to end their lives early, assisted suicide represents the real threat of an "unwanted intervention at the end of life."

What is the real purpose of Compassion and Choices?

Compassion and Choices remains a Hemlock Society, focused on securing lethal chemicals for people to kill themselves. Lacking the ability to legally obtain lethal pills, Compassion and Choices advocates would transform physicians from healers into killers. Their pro-suicide policies parallel the treatment of Socrates, who died a self-inflicted death by hemlock, while opposing the teachings of his contemporary, Hippocrates, which for millennia have protected patients from deadly physicians.

Suicide activists employ verbal engineering

Suicide, however, remains a hard sell in the United States, where just [16 percent](#) of the population views suicide as morally permissible. So suicide activists have learned to obfuscate reality with doublespeak.

Professional polling provides ample rhetorical ammunition. Gallup Polling [found](#), for example, that "70 percent of Americans favor allowing doctors to hasten a terminally ill patient's death when the matter is described as allowing doctors to 'end the patient's life by some painless means.'"

Gallup also [found](#) that 60 percent of Democrats (compared to just 41 percent of

Republicans) resonated with slanted language such as, "When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?"

Critical thinkers pull back the curtain of rhetoric

Apparently government-leery conservatives tend to critically analyze the smooth rhetoric designed to advance state-sanctioned assisted suicide, no doubt wondering:

- Would state governments that sanction suicide block the media, watchdog groups and the public from investigating suspected abuses? (Yes; Oregon's assisted suicide [law](#) actually stipulates that "information collected shall not be a public record and may not be made available for inspection by the public.")
- Might activist judges liberally construe and expand the phrase "pain" to mean not only physical but also psychological pain? (Yes; [European courts](#) already have slid down that slippery slope.)
- Could courts determine that disabled persons' inability to ingest lethal pills means that they must be allowed to request euthanasia--thus empowering doctors to actively kill their patients? (Almost certainly, under equal access principles.)

Critical thinkers who have studied history and health may also ask probing questions such as:

- Can physicians help kill their patients and still follow the Hippocratic ethic, which protects

patients by forbidding physicians to "give poison to anyone though asked to do so" and insists on, "first, do no harm"? (No.)

- Can physicians accurately predict a patient's life expectancy? ([No.](#))
- Can physicians treat most patients' pain? (Yes, and updating [legislation](#) could ensure even more aggressive pain treatment.)

Anyone with a loved one facing a difficult illness, depression or financial hardship should ask:

- Might family members not learn of their loved one's suicide until after she's dead? (Yes--as under [Oregon's law.](#))
- Could legalizing suicide send suicide-vulnerable young people a deadly message? (How could it not?)
- Would vulnerable patients be pressured into requesting assisted suicide? (Only when heirs, insurance companies and governments could save money with a quick death rather than expensive healthcare ... or when caregivers became tired or uncaring ... or when a depressed patient felt like a burden on others.)

State officials calculate the cost

Assisted suicide activists depend on carefully crafted emotional stories to convince legislators, judges and voters to sanction suicide. No wonder assisted suicide advocates recently have focused on Oregon resident Brittany Maynard, the 29-year-old woman diagnosed with brain cancer who publicly profiled her determination, which she ultimately and tragically fulfilled, to

take lethal drugs to end her life. A now-iconic photograph of a smiling Brittany lounging with her adorable puppy has helped paint a new face on a suicide movement marred by polarizing personalities such as macabre death doctor Jack Kevorkian and the recklessly [blunt](#) Hemlock Society founder, [Derek Humphry](#).

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You won't find assisted suicide advocates profiling another Oregon resident, Barbara Wagner, who also found her cancer impacted by Oregon's legalization of assisted suicide. ABC News [reported](#) this revealing example of the pressure imposed on patients by state-sanctioned suicide:

"The news from Barbara Wagner's doctor was bad, but the rejection letter from her insurance company was crushing. The 64-year-old Oregon woman, whose lung cancer had been in remission, learned the disease had returned and would likely kill her. Her last hope was a \$4,000-a-month drug that her doctor prescribed for her, but the insurance company refused to pay. What the Oregon Health Plan did agree to cover, however, were drugs for a physician-assisted death. Those drugs would cost about \$50."

Barbara Wagner [appealed](#) the drug denial twice but lost both times. The drug maker eventually responded to pleas from her doctors and provided the medication at no charge, but it was too late; Barbara died three weeks after starting the treatment.

What remains to be seen is whether or not Americans will wake up before it's too late and recognize the financial and psychological pressures, the deceptive rhetoric and the threat to the vulnerable posed by state-sanctioned assisted suicide.