



Written by [Dave Bohon](#) on March 15, 2011

Legalized Suicide: What the Numbers Don't Tells Us

What the [Washington State Department of Health](#) (DOH) was able to report in its 2010 summary of the law's impact is that only 51 of the 87 actually succumbed to the deadly drugs they supposedly asked for, while 15 others died without having taken the drugs. For the six others confirmed dead, the state isn't quite sure whether the drugs killed them or something else.



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While that lack of certainty is troubling enough, there are still 15 other individuals who were prescribed lethal medication for which the state Department of Health (DOH) has not accounted at all, and that has one Washington state life group raising some sobering issues.

Eileen Geller of [True Compassion Advocates](#), a life ethics organization that monitors the issue of assisted suicide in Washington — as well as Oregon, the only other state that has legalized the practice — said that the group is deeply disturbed that Washington health officials can't locate the documentation or facts on what happened to the individuals who were prescribed lethal doses of medication so they could kill themselves — but apparently have since disappeared off the state's radar.

In fact, said Geller, the published data from the DOH's 2010 report is so limited and unreliable that even some proponents of assisted suicide are troubled by the state's inability to fully guarantee that the law is being administered "with the full safety and voluntariness its proponents promised."

In other words, no one really knows the actual outcome of all the "assisted" suicides that were approved in Washington in 2010, or whether or not those that were carried out were all voluntary in nature on the part of those who died. "Washington voters thought they were getting a law to assure choice," said Geller, meaning a "choice" on the part of terminally ill patients to end their lives. Instead, she argued, the law may well have served in some instances as "a recipe for elder abuse and a vehicle for financial coercion," in which, for instance, family members might have suggested, encouraged, or even pressured an elderly parent or relative to end his or her life for the sake of a sizeable inheritance that would come to them.

Geller recalled that over the years her office has received reports from health care professionals, family members, and friends concerned over a loved one they fear might be considering — or might be coerced into — assisted suicide. "Calls from worried and overwhelmed family members have increased in the aftermath of state and federal budget cuts for elder, caregiver, and disability support," she said.

One particularly galling example Geller cited was that of an elderly gentleman whose young wife — and financial heir — actually hosted a suicide party for her ailing husband after encouraging him to request lethal drugs from his doctor — despite strong objections from other family members who wanted to care



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for him.

She also related the story of a seriously ill paralyzed woman who was discharged prematurely from a Seattle-area hospital and worried about being a burden to her family. With no financial resources and feeling she had no other choice, the woman “requested doctor prescribed death via the DWDA,” said Geller.

Or how about the nephew who worried that his uncle’s untreated depression and lack of financial resources led him to choose doctor-prescribed suicide, or another depressed gentleman with no insurance who — with the not-so-gentle nudging of family members — requested the “death with dignity” option?

These are just a few of many potential cases in which individuals may have been pressured by circumstances into suicide, or coerced into it by calloused family members with dollar signs in their eyes and a “loved one” the only obstacle to a waiting jackpot. And what about the 15 subjects who requested assisted suicide and then disappeared from the state’s oversight? If a family member could pressure an ailing relative to commit suicide, what self-enriching plan might such an individual resort to if that relative refused to acquiesce?

Geller pointed out that the Department of Health report does not address the very real potential for abuse and coercion in the law. “The report, for instance, relies on a very few forms to collect the data — and these forms are supposed to include information about the circumstances when the lethal dose was ingested, and how long it took for the person to die,” Geller noted. “The data for that section of the report comes from an ‘After Death Reporting Form,’ which is completed by the prescribing physician.” The catch here, said Geller, is that the prescribing physician is almost never present when the patient takes the lethal dose. “One wonders how he or she might give an accurate account of a death via lethal ingestion if he or she wasn’t in fact present at the time of death,” Geller commented.

While the Health Department’s report lists some of the “concerns” that led individuals to turn to the state’s legalized suicide option — such as the loss of autonomy, loss of dignity, loss of control of bodily functions, financial concerns, or a fear that they were becoming a burden to family members — Geller noted that the report does not include any options “that might express ambivalence about assisted suicide or might indicate pressure from relatives” — even though Health Department officials know that both elder abuse and coercion are issues that can have an impact on the choice of assisted suicide.

Perhaps most importantly, Geller said, the report does not address “whether the administration of the lethal dose was voluntary,” but focuses instead on the “ingestion” of the lethal dose by the victim — an act that, as described in the report, “does not require a patient’s consent, competency, or even awareness,” she said.

Geller concluded that what the numbers in the report don’t show “is what really needs reporting: Assisted suicide in Washington is neither safe nor voluntary for those who feel coerced, can’t afford proper health care, or are victims of unreported elder abuse.”

The sobering reality of suicide — and the casual way in which many Americans respond to the tragedy of it — was made starkly clear in early March when an Oregon man who claimed to be suffering with terminal cancer and had decided to take his own life via Oregon’s assisted suicide law shared his plans and, supposedly, his last few days on the social network Reddit.com.

Some news sources reported that thousands of people had left comments on the site in support of the anonymous individual, who said he was 51 years old and suffering from lymphoma that had spread to



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his brain. Another 75,000 tuned into a [YouTube video](#) bidding the man a fond farewell.

One of the most troubling aspects of the whole episode, observed philosophy professor David Fletcher of Wheaton College, was the outpouring of public support given to the man as he announced his decision to kill himself, as if his choice was the most appropriate response to his illness. "I think there is a widespread notion in our world, certainly in Western culture, that you should die if you are sick, that there is no point in living on and suffering, that we are better off in a sense without you," Fletcher commented to the [Christian Post](#). "I think that is what assisted suicide does. It helps accelerate this tendency to think that certain people in society should be gotten rid of."

Fletcher said that people's online comments to the man seemed to have been motivated by a sense that because he was terminally ill he had less of a right to live. "That to me is the most disturbing thing about it," Fletcher told the *Christian Post*. "And that is also why there is so much opposition to these laws, because we are afraid of what we will turn into if it is easier to euthanize the dying. It's really a euthanasia move. It's an attempt to eliminate people who are terminally ill even though they have more time."

According to a report by Oregon's Department of Public Health, a total of 96 prescriptions for lethal medications were given in 2010 under the state's Death With Dignity Act, passed in 1997. In the past 13 years a total of 525 individuals have killed themselves under the law.

In February Montana lawmakers defeated a similar bill in committee that would have legalized assisted suicide in that state. On a 7-5 vote, the Senate Judiciary Committee struck down the measure, with state Senator Jeff Essman, who opposed the bill, explaining that "it's our obligation to protect the powerless."



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