

Gentle into the Night - Baltimore Sun

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Boston -- In a year when all politics is personal, it's almost a relief to come upon the ballot questions.

The mixed assortment of initiatives, propositions, questions and referendums that dot the ballots offers far too many hot levers to pull on crime, taxes, immigration and term limits. But at least they are about something.

Oregon's Measure 16 has gone straight to the biggest question of all: death. It's brought "death with dignity" or aid-in-dying for terminally ill patients before West Coast voters for the third time in four years.

On two previous occasions, voters in Washington and California started out supporting physician-assisted suicide in polls and ended up defeating it in polling booths. They began by searching for mercy in dying and ended up worried about doctors delivering death.

This time, the supporters have learned some lessons. Measure 16 is both more nuanced and more conservative than its predecessors. For people who worry that we'll be heading down a slippery slope from assisted suicide to euthanasia, it has put up enough safeguards to make the footing more secure.

Measure 16 would allow doctors to write a prescription for an aware, adult, terminally ill patient who asks -- both orally and in writing. It requires a 15-day waiting period from the first oral request, two witnesses for the written request, and the agreement of a second doctor.

The doctors themselves are required to confirm the disease. They must inform the patients about options -- including pain control -- and make sure the request is really voluntary.

At the end of this elaborate process, only the patients can decide whether and when to take the fatal drugs. They have to do it themselves. This proposal won't help those who are demented or unconscious or those who can't swallow. But it does seem to resolve many of the fears of abuse.

In real life, Measure 16 mirrors the ethical balancing act that many doctors and patients already perform -- covertly.

Assisting suicide is considered second-degree manslaughter in Oregon, punishable by a maximum of 10 years in jail. As Timothy Quill, one of the few doctors who has written publicly about assisting suicide, says, "It happens in secret. Whether you get help depends on your doctor's values and willingness to take risk."

Eli Stutsman, a civil-rights lawyer, says that in the nine months he has devoted to organizing this campaign, "I've learned that it goes on much more than I knew. We haven't tried to change the way people die or the way people ask for help. We have attempted to bring something out of the dark and into the light and at the same time provide safeguards."

Over the past decade, public opinion on this intensely personal and troubling issue has moved a great distance. There is now widespread agreement that we should have the right to refuse

artificial life-support treatment. Living wills have become commonplace. So have do-it-yourself suicide books. So has the belief that it's moral to provide high doses of pain-killers even if they hasten death.

What then about writing a prescription for the terminally ill patient who can only kill the pain through death? What if this patient wants to decide the day of death? Or the method?

We have remained properly wary of helping people to die when they may be depressed or vulnerable to subtle pressures to remove their family's burden. We are wary of asking doctors to be double agents of life and death. But there is a difference between caution and the cruelty that abandons people to their pain.

Measure 16 is by no means headed for a sure victory. Just a month ago, support hovered around 60 percent in the polls. But in a replay of the Washington and California experience, the supporters are being outspent ten to one. The most organized opponent, the Roman Catholic Church, has raised money against the measure from the pulpit and raised doubts about it in television ads.

If this cautious proposal fails, it's unlikely that the question of assisted suicide will go on another ballot soon. Three strikes and you switch tactics. Many who want to overturn the laws against aid-in-dying have already turned to the courts.

But for the moment, Oregon has a chance to write a careful model of legislation for the rest of the country. In this misbegotten year of gridlock and nonsense campaigns, it's still possible that voters can move carefully and humanely across some new and complex moral terrain.

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