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A Polarizing Figure in End-of-Life Debates

By JOHN SCHWARTZ

In reports of Dr. Jack Kevorkian's death on Friday at the age of 83, the general rule of obituaries held: Do not speak ill of the dead.

Dr. Kevorkian was generally described as a difficult man who helped advance the cause of assisted suicide for those with terminal illness.

Within the movement known generally as death with dignity, however, the evaluation of his contribution might seem surprisingly qualified, and the praise decidedly muted.

"He raised the profile of the issue, but he put the wrong face on it," said Eli D. Stutsman, a lawyer in Portland, Ore., who helped draft his state's trailblazing Death With Dignity Act, which allows terminal patients to end their own lives with the help of a doctor.

The 1997 Oregon law was built with compromise and careful consideration of policy, Mr. Stutsman said. It includes requirements that the patient be at the end stage of terminal disease and not have psychiatric disorders like [depression](#), and that the patient take the drugs used in the procedure without help, to ensure that the act is voluntary from start to finish.

It is a very different system from that of Dr. Kevorkian, who seemed to make up his methods as he went along. He did not appear to screen patients to determine whether they were actually close to death, and he seemed to make no efforts to get counseling for those who might have wanted to live longer.

He devised "suicide machines" that could deliver drugs or [carbon monoxide](#) gas and could be set off by the patients. He carted the equipment to patients in his battered Volkswagen van and left many of the resulting 130 or more bodies at emergency rooms or even in hotel rooms.

Death, certainly — but death with dignity, no.

"Under the Oregon Death with Dignity Act, we would have put him in jail," Mr. "We ended up using him as an example of how not to do it."

Since the act was passed, 525 people have ended their lives under its auspices, according to the state's [2010 annual report](#). In 2010, 96 [prescriptions](#) were written for the barbiturates used, and 65 people ended their lives.

Mr. Stutsman went on to be a founding board member of the Death With Dignity National Center, which promotes similar legislative efforts around the country. They face serious opposition by groups that reject physician-assisted suicide for reasons that include religious belief and concern that such laws would open the door to forced [euthanasia](#).

Mr. Stutsman said successful campaigns in Oregon and Washington State showed the value of a strategy of compromise and coalition building.

“He was advocating from the margins of the political debate,” Mr. Stutsman said of Dr. Kevorkian. “I was working from the middle of the political continuum — it’s very hard to change public policy from the margins of the debate.”

The movement won a major victory in 2006 when the [United States Supreme Court](#) ruled that the federal government could not prosecute Oregon doctors who participated in the [assisted-suicide](#) law.

Peg Sandeen, the executive director of the Death With Dignity National Center, said the ruling helped convince states that their own efforts would be respected — and was, she said, a major factor in the 2008 passage of the Washington State bill.

[The Montana Supreme Court](#) held in 2009 that no state law restricts the right of its citizens to end their lives with the help of physicians, though the court did not go so far as to say that physician-assisted suicide is a right under the State Constitution.

Efforts so far in California, Hawaii, Maine and Vermont have not been successful, though a new bill is before the Vermont Legislature. Barbara Coombs Lee, the president of Compassion and Choices, a group that promotes what it refers to as “end-of-life choice” in legislatures and the courts and was a co-plaintiff in the Montana case, said Dr. Kevorkian “was quite scornful of any effort to change the law.”

She called his death “the end of an era.”

Noting that he was a polarizing figure — “people either thought he was a saint and martyred or the devil incarnate” — she explained, “To us, he was neither, but certainly pivotal to our movement.”

Even at the extremes, she said, he “raised everyone’s consciousness about the problem of end-

of-life suffering” and spurred others to look for ways for those with terminal illness to end their lives on their own terms.

An “ignominious” death at the hands of Dr. Kevorkian “was a dramatic display of just how desperate people were who are seeking a peaceful end of their terminal disease,” she said.

The policy-oriented groups worked to distinguish themselves from the Kevorkian spectacle. One Washington briefing in 1999 was titled “Jack Kevorkian and Physician-Assisted Dying: Not One and the Same.”

Still, disagreement has its uses, said Scott Blaine Swenson, who was the executive director of the Death With Dignity National Center from 2001 to 2005. “He was the perfect foil” for the centrist movement that was promoting policy change, Mr. Swenson said. “You need somebody to play against,” he said.

Dr. Kevorkian — erratic, loud and playing by his own rules — helped the movement establish rules that voters could live with, Mr. Swenson said.

“The truth, I think, is that had a Kevorkian not existed, that folks in Oregon and other proponents of assisted dying would have needed to invent him,” he said.