

# COMMENTARY

## Assisted suicide a threat to health-care system



by  
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For social and pro-life religious conservatives, it's relatively easy to oppose legislation like AB 651 (Berg-Levine), which would make it legal for physicians to prescribe lethal medication to patients that are expected to die within six months. For Democrats, especially those who consider themselves liberal or progressive, however, the idea can seem very attractive.

Democrats generally support autonomy, and we definitely need to improve end-of-life care. But AB 651 isn't the answer. A close look at the facts in a real-world context should convince Democrats to oppose legalization of physician-assisted suicide.

For one thing, we don't need this bill. Current law already allows individuals to refuse unwanted treatment and to obtain aggressive management for intractable pain. It also allows individuals who want to die to end their own lives. (For many of us in the disability community, the concern isn't that doctors or hospitals won't let patients reject treatment. It's that futile care committees increasingly refuse to authorize the medically appropriate care the patient wants.)

Suicide isn't pretty or pleasant, but since when do Democrats believe in making it easier for desperate people to die than to live? We certainly don't apply that standard to the poor or to ethnic- or racial-minority groups or to disaster victims. We support intervention when younger, non-disabled people become suicidal. But when someone has a terminal illness or a severe

disability or a debilitating chronic illness, far too many simply assume that suicide is a rational response.

Research indicates that views on this subject vary by ethnic group, gender and race, with the greatest support coming from white males.

A recent study of Latino views by the League of United Latin American Citizens (LULAC) showed that 64 percent oppose assisted suicide.

Experts say that depression and hopelessness are the most consistent risk factors for suicide, and the inability to get needed health care and social support services certainly can result in such feelings. Democrats may fight to increase access to these services, but that's no guarantee of success.

Publicly funded health- and human-services programs that are critically important to the most vulnerable Californians are under attack at both the federal and state levels. In the private sector, employers are cutting back on health coverage and shifting more costs to employees.

Meanwhile, the Bush administration is pushing for health-savings accounts and other private-market approaches to health care that

will exclude people with serious health problems and disabilities, either directly or indirectly.

Supporters of assisted suicide say that AB 651, like Oregon's "Death with Dignity Act," applies only to patients with less than six months to live. But legalized assisted suicide would reinforce

the worst financial incentives in our health-care system, including barriers to necessary care. Inadequate health and support services can easily transform a manageable chronic condition into a terminal one.

And according to the New York State Task Force on Life and the Law, a non-partisan government-advisory group: No matter how carefully any guidelines are framed, assisted suicide and euthanasia will be practiced through the prism of social

inequality and bias that characterizes the delivery of services in all segments of our society, including health care."

Given all these inequities, biases and risks, it's hard for me to understand why so many of my fellow Democrats fail to see the danger that legalizing assisted suicide poses to the health-care system, to all who use it and to virtually every constituency that the party has cared about for more than half a century.

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