

OPINION | COMMENTARY

The Assisted-Suicide Movement Goes on Life Support

A George Soros-backed effort in California has stalled, the latest sign of weak backing for the deadly practice.

By **AARON KHERIATY**

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In the past 20 years, more than 100 campaigns to legalize assisted suicide have been introduced in various states. All but three have failed.

In 2012 the same Massachusetts voters who elected Elizabeth Warren and re-elected Barack Obama gave the thumbs down to doctor-assisted suicide. Compassion & Choices—the “death with dignity” organization formerly called the Hemlock Society—saw a 40-point lead in Massachusetts polls evaporate on election day, despite millions of dollars in campaign spending. Bills this year in Connecticut, Maryland and Colorado also failed after legislators took a closer look at assisted suicide.

Opponents representing many notable progressive organizations argue that if assisted suicide is legalized, for-profit health-care and insurance companies will see it as an inexpensive alternative to providing services to those whose treatment is most expensive. This is more than hypothetical: Cases in Oregon have surfaced showing that the Oregon Health Plan refused to pay for more expensive potentially life-extending cancer treatments, but offered to pay instead for the \$50 assisted-suicide pills.

California is the latest place where the wheels appear to be coming off the assisted-suicide bandwagon. Senate Bill 128, the End of Life Option Act, was introduced in January after the widely-publicized death of Brittany Maynard, the 29-year-old patient who moved from California to Oregon to avail herself of that state’s assisted-suicide law last November. Advocates for “end of life options” declared her case, which ended in her death, a game changer.

The bill was expected to fly through the California Senate, but now SB 128 is stalled. It was placed in the Senate Appropriations Committee “suspense file” last week, where bills go when they are short on votes. Most bills on the suspense file simply die, while others get watered down to appease opponents.

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The campaign hasn't stalled in California for lack of resources. Compassion &

Choices has established a richly funded operation, with organizers reaching from San Francisco to Los Angeles, a fundraising coordinator and a major gifts officer. As of December they had a George Soros-infused war chest of approximately \$22 million. They've mounted the best campaign for SB 128 that their well-insured (and thus protected from cost-cutting care givers) supporters can buy.

The bill's opposition is a truly grass-roots effort that includes groups like the Disability Rights Education & Defense Fund, California Foundation for Independent Living Centers and the Autism Self Advocacy Network.

Californians are realizing that assisted suicide represents the slipperiest of slopes. This can be especially true for those who rely on emergency rooms for primary care, lack health-care access, or who predominantly come from minority or immigrant communities with documented health-care disparities where many remain uninsured. They would have every reason to mistrust a health-care system under considerable pressure to drive down costs.

Furthermore, what message are we sending to teens and young adults if California legislators promote suicide as an appropriate response to difficult life circumstances? Suicide in the U.S. is a public-health crisis. Studies have repeatedly demonstrated a “social contagion” aspect to suicide, which leads to copycat suicides.

Assisted-suicide advocates insist that it is an exercise in personal autonomy. But given evidence that legalizing assisted suicide eventually reduces, rather than expands, end-of-life medical options, we can anticipate that legalization will have social effects that adversely influence vulnerable individuals.

The suicide rates in Oregon rose dramatically in the years following the legalization of assisted suicide there in 1997. After declining in the 1990s, rates rose between 2000 and 2010, surpassing the rate of increase nationally. As of 2010, suicide rates were 35% higher in Oregon than the national average.

As a psychiatrist, I have evaluated thousands of individuals who tell me they want to die. If they are helped through these crises—given the medical, psychological and social support they need—they are later grateful for that intervention.

A large body of psychiatric research has demonstrated that 80% to 90% of suicides are associated with depression or other treatable mental disorders. Yet only 5% of the individuals who have died by assisted suicide under Oregon's permissive law were referred for psychiatric consultation before their death. This lack of basic psychological evaluation and treatment constitutes medical negligence.

According to the Centers for Disease Control and Prevention, suicide is currently the third-leading cause of death among adolescents and young adults, and the 10th-leading cause of death overall in the U.S. To Oregon's experience we can add the long experiences of Belgium and Switzerland, where assisted suicide is practiced and which now have the highest and second-highest suicide rates in Western Europe.

These social laboratories provide strong evidence that California's Senate Bill 128 will worsen this public-health crisis. As the evidence mounts, proponents who favor placing society's stamp of approval on suicide find themselves increasingly on the losing end of the public debate.

Dr. Kheriaty is an associate clinical professor of psychiatry and director of the Program in Medical Ethics at the University of California Irvine School of Medicine.

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