The Scholl Institute is a nonprofit, Judeo-Christian organization that addresses bioethical issues including euthanasia, (physician-assisted-suicide) the withholding or withdrawing of food and water from non-dying patients, brain death, organ transplantation, genetic engineering, and rights of disabled or mentally ill persons.

Assisted Suicide: Victimizes the Vulnerable

HMOs make lots of dough
When medical care is denied the poor.
To make their profits really high,
They’ll offer assisted suicide!

This and many other chants resounded around the Capitol in 1999 as over 100 demonstrators, many with disabilities from the organization NOT DEAD YET, made their statement against assisted suicide. That bill lost.

But assisted suicide proponents are back again with yet another similar bill.

WHAT IS THE HISTORY OF ASSISTED SUICIDE?

• HIPPOCRATIC OATH after 3000 years: Dr. William Brennan, an authority on medical holocausts, is quoted in the film “The Right to Kill”, “The hypothic code marked the turning point in history - from that point on physicians were to be healers not killers. Only two times in the 20th century has the Hippocratic Code been dropped from medical school - the twelve years of the Third Reich and in contemporary society.”

• NETHERLANDS: In 2001, physician assisted suicide and euthanasia were legalized with these results:

Euthanasia was expanded to infants, the depressed, and the chronically ill.¹

Children can access euthanasia. At age 12 with parental consent and at age 16 with parental notification²

80% of euthanasia deaths are not requested by the patient.³

A government report found that 1,000 patients were killed without requesting to die in 1990.⁴

DUTCH PEOPLE ARE AFRAID TO GO TO THE HOSPITAL!

Virtually every guideline set up in Holland ”has failed to protect patients or has been modified or violated.” ⁵

• OREGON: Passed an assisted suicide law in 1994.

171 Oregonians have used legal assisted-suicide. That’s only three in 1000 patients with similar diseases. There is no penalty if the doctor doesn’t report the suicide.⁶

OREGON SAVES MONEY - Tax-Funded Assisted Suicide: In February, 1998, the Oregon State Health commission added assisted suicide to its list of services to be provided under the Oregon Health Plan. Assisted suicide, listed under “comfort care,” was now to be paid for by tax dollars for those of low income. Thus Oregon has created financial pressures favoring suicide over good care.

Assisted suicide is paid for by tax dollars; while adequate pain management, adequate living assistance for the disabled and some life-sustaining treatments are not covered.⁷

• CALIFORNIA’S THREE ATTEMPTS TO LEGALIZE ASSISTED SUICIDE:

Voters defeated Proposition 161 in 1992. Legislative bills in 1995 and 1999 did not have enough votes to pass. Three strikes and you’re out!!!

DEFINITIONS:

• Physician-assisted suicide involves a physician prescribing lethal drugs for a patient with the knowledge that the patient intends to use the drugs to commit suicide. The intent is to kill the patient.⁸

• Euthanasia -Mercy Killing: The intentional killing of a human being by another via the administration of a lethal drug, lethal injection, or denying the ordinary means of survival.

Voluntary: with patient’s permission
Involuntary: without patient’s permission

• Refusing medical treatment is turning down treatment expected to prolong life. This means refusing a ventilator, or some other life sustaining machine or treatment. It is not assisted suicide and is already legal in all states.

The intent of refusing medical treatment is not to end life, but to allow nature to take its course.⁹

QUESTIONS OFTEN ASKED:

• What about “safe guards”? Safeguards don’t work! Doctors become killers instead of healers. In documented cases,¹⁰ legal assisted suicide opens the door to abuse - victimizing the vulnerable: the poor, the handicapped, the sick, the depressed, and those on the verge of dementia.
Contact us.

(Continued from previous page)

• What about pain? California doctors are required to take pain control instructions. Pain can be controlled.11

• How are the doctors responding? In Oregon 75% got their suicide drugs from a doctor from “Compassion In Dying” (A pro-euthanasia, suicide advocacy group, formally the Hemlock Society) not from their family doctor who often thought the patient was depressed and needed more care.12

• What about my autonomy? With results in Holland and Oregon illustrating that the vulnerable are victims, autonomy is an illusion. Marilyn Golden, Executive Committee, California Disability Alliance writes, “Assisted suicide would actually result in deaths due to a lack of choices for many people. Given the absence of any real choice, death by assisted suicide becomes not an act of personal autonomy, but an act of desperation.”

• Don’t these people only have 6 months to live? 27% of Oregon MD’s who are willing to write lethal Rx admit they are not confident they can predict a 6-month prognosis. The range between initial request and death, ranged from 15 to 737 days - which means some patients lived up to 2 years after receiving their Rx!13

Euthanasia: Whoever defines the terms wins the debate.

“A rose by any other name...”

by Brian Johnston

In the 1980’s, when Derek Humphry, founder of the Hemlock Society, set up ‘shop’ in Southern California he was honest enough to admit that in promoting physician-assisted suicide what he was advocating was euthanasia. He was quick to re-enforce the fact that it was voluntary euthanasia; but it was euthanasia nonetheless, and euthanasia for the greater good.

This did not set well with the more elegant and subtle players in the ‘right to die’ movement. Humphry’s aggressive honesty quickly made him a leader in the movement but many of his more ‘careful’ colleagues considered him a bane. (See the Hemlock Quarterly, Oct. 1984)

Today, after decades of battle, the more ‘chic’, velvet-talking players of the pro-death movement have gained ascendency. Note how Compassion in Dying and the various kinder/gentler advocates have re-positioned so-called physician ‘aid-in-dying’ as simply one more option in the cornucopia of good palliative care.

This tactic has been very successful for those who would dispatch the physically and emotionally vulnerable. It allows the naive and more sensitive’ to feel good about such a dramatic change in the laws protecting these susceptible patients.

For this reason California Assembly members Berg and Levine have adopted this latter stance in defining their ‘Physician-Assisted Suicide’ bill currently under consideration in the California legislature. If we are to believe their supportive rhetoric, this is akin to a sweet and tender homage to Mother Theresa; they simply want to provide ‘aid in dying’.

Now, because of the careful gentleness of Berg/Levine in bringing this deadly and insidious idea, some have suggested that those who oppose legalizing this form of voluntary euthanasia not be allowed to call it that, as it may somehow offend proponents. These solons have carefully (and artificially) distinguished physician-assisted suicide from the more evil-sounding term "euthanasia," when in fact it is merely a subset of the practice of voluntary euthanasia.

But doing the pro-euthanasia movement the favor of using their ‘re-defined’ terminology will not win them over, nor will it bring clarity to what is actually at stake. They have avoided the term ‘euthanasia’ for good reason. It brings a familiar and dreaded smell into the room. Vague notions of ‘compassion’ or ‘letting people do what ever they want’ can lure the average American. But by the same token if what ‘they want’ is to authorize routine lethal actions in a hospital setting, that gives even the most distracted, multi-tasked, average American something much more ominous to consider. Let us not cede the language of the euthanasia debate to the proponents of euthanasia.

Brian Johnston, author Death As A Salesman: What's Wrong With Assisted Suicide, former Commissioner on Aging, State of California; board of directors Nat'l legal Center for the Medically Dependent and Disabled.

WHAT CAN I DO TO STOP THIS BILL? Contact us.

• Get signatures on the PETITION TO OPPOSE PHYSICIAN ASSISTED SUICIDE. (Eng. & Span.)

• Speakers available for any group - secular or church.

• Get extra copies of this Review to pass out.

• Bulletin inserts available for churches. 714-963-4753

• Contact friends and relatives with disabilities. Scholl can get them involved.

Wesley J. Smith, consultant to the International Task Force on Euthanasia and Assisted Suicide, writes, “The energetic commitment of the disabled-rights community, more than any other single factor, has thwarted the assisted-suicide movement.” Example: Vermont, Maine, and Hawaii stopped assisted suicide efforts.

• Scholl has a Bible study available called “A Christian Response to Euthanasia.”

Joni Eareckson Tada, of Joni and Friends writes of the study, “Our society needs Christians who have wrestled with issues of the day in a biblical way. Crusade for Life has provided a tool to do just that. Questions and Bible studies are arranged in such a way a to help the participant formulate intelligent and Christlike convictions.”

FOOTNOTES:

1 Herbert Hendin MD, Chris Ruttenfrans PHD and Zbigniew Zylicz MD, “Physician-Assisted Suicide and Euthanasia in the Netherlands”, JAMA, June 4, 1997 vol.277, No 21, p. 1720
2 Associated Press, Reuters, BBC, Nov 28, 2000
3 Ibid 1 p. 1721
8 Washington Medical Association, ”Pain Management and Care of the Terminally Ill”, 1992 and film “Right to Kill”
10 Molly Grace Israel, RN, BSN, President of Scholl Institute of Bioethics, “Supposed Safeguards are Illusory”, Speech on Jan 8, 2005