

TO members of the Judiciary Committee:

I am submitting this article, by my brother, Charles DeCelles, P.H.D., against the "Physician-assisted Suicide" Bill.

Charles is now in his 5th year of having A-L.S.

Please read this article.

Louise Coby

277 Louis Rd.

New Britain, Ct 06053

# Appreciating Life

## Making the best of life in a culture of death

By Charles DeCelles

**W**e live in a culture of death. Active euthanasia exists in the Netherlands, Belgium and Luxembourg. In the Netherlands, parents can euthanize babies with disabilities. Young adults can kill themselves because they are going blind or because they are anorexic.

In the United States, physician-assisted suicide is permitted in Washington, Oregon, and, most recently, Vermont. It is permitted by court ruling in Montana. A person has to be at least 18 to request assistance and supposedly be within six months of dying.

Doctor-assisted suicide has little to do with alleviating pain, since that can be accomplished using non-lethal drugs. Psychological distress is probably the main reason sick people seek medical assistance to commit suicide. Distress

could take the form of depression, loss of dignity or fear of losing autonomy or self-control. Pain and physical discomfort are clearly secondary reasons.

Patients who utilize physician-assisted suicide are often those who value being in control and tend to magnify the negative dimensions of dying. They are individuals who estimate that the loss of self-possession and quality of life are intolerable. They are often people concerned not to burden others yet wish to die at home.

It is when they are depressed and frightened that patients look to their physicians for poison pills. It is when

they are in greatest need of mental health counseling. Unfortunately, that badly needed counseling is not always forthcoming. In tune with the implementation of Oregon's suicide statutes, a physician can assist in the performance of a suicide without first exploring in depth the concerns of his patient that led him or her to request suicide assistance. The simple act of investigating the patient's problems can prove beneficial. Frequently it results in a discussion that brings relief, often eliminating the desire for suicide. Although the law in Oregon does require that a patient whose judgment might be impaired as the result of depression undergo counseling, the law appears not to be carefully followed. Not even one patient killed by suicide in 2007 or 2009 was referred for a psychological evaluation (Gene Tarne, "Oregon Docs Not Evaluating for Depression Before Assisted Suicide" Lifeneews.com, 5/22/2012). Exactly one was referred in 2010 and one in 2011. From 1998 through 2011, 596 assisted suicides were reported as having occurred in Oregon.

In a state authorizing assisted suicide and recognizing a patient's "right" to die, if no physician were willing to prescribe lethal drugs or otherwise assist in suicide, the patients "right" would be theoretical and not real. Therefore, according to bioethicist Jacob Appel, a state could reasonably require physicians to assist patients in suicide as a condition of being issued a medical license. That is a very scary thought if one focuses on the notion of religious freedom, or just personal freedom. Either be willing to violate the Hippocratic oath and the commandments or forget about being a doctor.



We are to make the best of the life and talents that God has given us despite life's obstacles.

### IN BRIEF

- Physician-assisted suicide
- A need for counseling
- Religious freedom
- Paulo Henrique Machado and Eliana
- Rosemary
- Life — a gift from God