



A 1998 project of the Hawaii Medical Association (HMA) & Hawaii Family Forum (HFF)

What is HPACC?

Hawaii's Partnership for Appropriate and Compassionate Care (HPACC) is a coalition of health care, disability rights, advocacy, and educational organizations united in opposition to any attempts to legalize physician-assisted suicide (PAS) and physician-assisted death (PAD). We are also united in support of positive, constructive alternatives to PAS and PAD, such as more effective pain management, better diagnosis and treatment of depression and greater use of hospice care.

When & Why was HPACC Formed?

HPACC was formed in December 1998 by Hawaii Family Forum and the Hawaii Medical Association. It was formed in response to the recommendation of the majority of members of Governor Ben Cayetano's Blue Ribbon Panel on Living and Dying with Dignity. In June of 1998, the panel recommended legalizing both PAS and PAD. The HPACC coalition is based on a model from Michigan where a diverse group of organizations came together to successfully defeat a November 3, 1998, ballot initiative to legalize PAS in Michigan.

PAS and PAD? – What's the Difference?

In PAS, the physician provides the agent by which the patient ends his or her own life. The agent, such as a prescription, is provided for the primary purpose of causing death. In PAD, the physician actively participates in the administration of a lethal agent with the intent to cause the death of the patient. In PAD, the physician actually kills the patient.

Are PAS and PAD the Same as Refusing Treatment?

No. This issue is not about a mentally competent adult's right to refuse treatment. That right currently exists, so individuals should have no fear about medical technology prolonging life past the point of natural death. This issue is about the right of one person to assist another's suicide or to directly cause another's death.

What's so Bad About PAS and PAD?

In order to fully understand the many concerns about legalized PAS and PAD, consider for yourselves what has been said on the topic from the organizations that represent some important voices.

The Physicians - Both the American Medical Association and the Hawaii Medical Association stand in strong opposition to PAS and PAD. PAS and PAD are contrary to the physician's Hippocratic Oath, the governing standard of medical ethics for more than two millennia. This ancient Greek pledge ensures physicians will use their abilities to help patients, never to harm them and never to help them commit suicide. The AMA's Vice President for ethical standards has said:

"This is a defining moment in medicine. If doctors are allowed to kill patients, the doctor-patient relationship will never be the same again. If killing you is an option, how can I expect you to trust me to do all I can to heal you?"

The Nurses — Both the American Nurses Association and the Hawaii Nurses Association make clear that participation in assisted suicide is a clear violation of their professional ethics. HNA has stated, "Central to our position is our respect for persons, our role to promote, preserve and protect human life . . . We question the logic that PAS is an ethical, humane response . . ."

Disability Rights Advocates – The goal of the organization Not Dead Yet is to “save the lives of people with disabilities.” This group wants people to understand that there are no adequate safeguards that can protect the vulnerable from the abuse of PAS.

“When all facts are considered, any alleged benefit to a few through the legalization of PAS is far outweighed by the threat to the many people with disabilities, terminal and not terminal, who live in a society which devalues our lives.”

It is a well-established fact that in the Netherlands, where physician-assisted death is practiced within the parameters of so-called safeguards, people are killed without their knowledge or consent. The concern about abuse and the slippery slope toward involuntary physician assisted death is such a legitimate one that it was cited by the United States Supreme Court in its 1997 unanimous decision declaring there is no constitutional right to physician assisted suicide.

The Hospitals – The Healthcare Association of Hawaii, which represents the state’s acute care hospitals and two-thirds of the long term care beds, believes that all people are sacred regardless of their physical or mental condition and opposes the notion that a physician or any other person can assist an individual in taking his or her own life.

St. Francis Hospice – First rate end-of-life care is the focus of hospice care, which focuses on pain management and symptom control. Fundamental to hospice care is the philosophy that each human life has value. PAS and PAD run directly contrary to those notions. St. Francis Hospice believes that pain is controllable and uncomfortable symptoms can be managed – and that these are the things that deserve our attention.

Pro-life Organizations - These organizations believe in the sanctity of human life from conception to natural death. They also believe that any right to assisted suicide will inevitably turn into a duty for many of our elderly people. Consider it for yourselves. Who among us wants to be a so-called “burden” on our families and on society? If PAS and PAD were legal, why wouldn’t a vulnerable elderly person feel subtle pressure to remove himself or herself from the scene just a bit more quickly at the end of life?

So, In Summary Form, What Are The Primary Objections?

PAS and PAD will forever transform the role of physician from one who preserves life to one who takes life. This will lead to a speedy deterioration of the physician-patient relationship, which will adversely affect the entire health care delivery system.

PAS and PAD would leave society’s most vulnerable poor, sick, elderly and disabled populations subject to abuse and coercion – no matter what the proposed safeguards. The slippery slope to involuntary PAD would become a reality, just as it has in the Netherlands.

Any so-called right to die would inevitably lead to a duty to die, with elderly patients feeling the subtle (and, perhaps, not so subtle) obligation to end their lives prematurely so as not to be a burden to their families and to society.

PAS and PAD would immeasurably diminish the sanctity and value of all human life.



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How Do You respond to the Argument that this is About Individual Rights and Autonomy?

We live in a society where individual rights have always been balanced with what is best for the community as a whole. People do not have an absolute right to control their own bodies. People do not have the right to use drugs. People do not have a right to sell their bodies in prostitution. People do not have a right to sell their internal organs. They don't have these rights because of the adverse impact these actions have upon the rest of society.

The same is true in the case of PAS and PAD. People do not and should not have the right to PAS and PAD because of the far greater overall harm to society that would follow. Additionally, PAS and PAD are not simply about the rights of an individual person. Rather, a second person is required to become involved in the taking of human life – and society is asked to condone it. The practice of medicine is forced to transform itself and vulnerable populations are forced to accept the risk of abuse and coercion.

What About the Legal Issues?

On June 26, 1997, the United States Supreme Court ruled unanimously in *Vacco v. Quill* and *Washington v. Glucksberg* that there is no constitutional right to PAS. In two opinions, written by Chief Justice William Rehnquist, the Court cited many of the compelling legal, medical and social reasons why states prohibit PAS. The Court also reiterated the vast difference between a right to refuse unwanted medical treatment and the right to assistance in committing suicide.

Under current Hawaii law, PAS is classified as manslaughter (HRS sec. 707-702), which is a class A felony, punishable by an indeterminate term of imprisonment. PAD is classified as murder in the second degree (HRS sec. 707-701.5), punishable by life in prison with the possibility of parole. Current Hawaii law so disfavors assisted suicide that both the use of force and the use of confinement are authorized to prevent another from committing suicide.

What Have Other States/Countries Done on this Issue?

While Oregon and Washington are the only two states with legalized PAS, (in 2009 the Montana highest court suggests that assisted death for terminally ill patients is not always against public policy but their state legislature has not passed any law to date legalizing it), the experience of the New York State Task Force on Life and the Law is incredibly instructive. The membership of the 25-member task force included prominent physicians, nurses, lawyers, academics, and religious persons. While the members of the task force began and ended their deliberations with vastly different views on the ethical acceptability of PAS and PAD, their final conclusion was unanimous – existing law prohibiting PAS and PAD should NOT BE CHANGED. From a public policy perspective, they believed that any possible benefit was far outweighed by the overall harm to society.

34 states have statutes explicitly criminalizing assisted suicide: **Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Wisconsin**

9 states criminalize assisted suicide through common law: **Alabama, Idaho, Maryland, Massachusetts, Michigan, Nevada, South Carolina, Vermont, West Virginia**

The Netherlands – The Netherlands is the only place in the world where PAS and PAD are routinely practiced. The experience serves as a frightening warning to all those considering legalized PAS and PAD. The Government’s own study, often referred to as the Rummelink Report, showed that in 1990 over 1000 patients were killed without having given their explicit consent. In 1996 a second report on euthanasia in Holland (for 1995) was published. In the interim the number of cases where a doctor had made a decision with the intention to hasten death without the patients express request had risen from 15% to almost 20% of the total annual mortality rate of the Netherlands. At the same time, the number of cases of euthanasia (using the narrow Dutch definition), rose from 2,300 to over 3,000, a 30% increase in just 5 years.

What are some of the Positive Alternatives to PAS and PAD?

HPACC members believe we can virtually eliminate all requests for PAS and PAD by effectively addressing the underlying reasons people request PAS and PAD in the first place. We know from a significant body of research that a strong correlation exists between clinical depression or unmanaged pain and requests for PAS or PAD. We also know that when properly treated, many of the same patients no longer wish to commit suicide.

A few key, basic alternatives include:

- More effective pain management;
- Better diagnosis and treatment of depression; and,
- Increased use of hospice care.

Several years ago, the Hawaii Medical Association, along with the American Medical Association initiated an ambitious, two-year project known as the Education for Physicians on End-of-Life Care (EPEC) program. The goal was to help improve the care given by physicians to dying patients by developing a standardized, core curriculum that will train physicians in the basic knowledge and skills they need in order to appropriately care for patients at the end of life. 2009 marked the 10th anniversary of this very successful and well-received program.

The Hawaii Nurses Association supports legislation that promotes a clearer understanding and respect for patients’ advance directives and other policies designed to improve end-of-life care.

The Disability Rights organization, Not Dead Yet, urges improvements in home attendant care services. Under current rules, seriously disabled people are often forced into institutions in order to get the care they need for everyday living.

It is these alternatives to PAS and PAD that demand our utmost attention and commitment.

Conclusion

For those who equate legalized PAS and PAD to death with dignity – they would do well to heed the words of former Surgeon General C. Everett Koop, M.D.

“Let those who seek death with dignity beware, lest they lose life with dignity in the process.”

Instead of PAS and PAD, the members of HPACC support physician-assisted living!