

State can do better than Kevorkian

By Kelly Rosati

It sometimes takes the threat of something terrible to achieve unity amid diversity. It sometimes takes the threat of something terrible to bring about long overdue positive change.

These are the scenarios unfolding before our eyes in Hawaii as health care, disability rights, advocacy, and educational organizations join forces in response to the threat of legalized physician-assisted suicide and physician-assisted death (PAS and PAD).

Recognizing the irreparable harm such legislation would bring to the community, particularly among the most vulnerable poor, elderly, sick and disabled populations, Hawaii Family Forum and the Hawaii Medical Association formed an organization called Hawaii's Partnership for Appropriate and Compassionate Care (HPACC).

Included in HPACC are organizations that represent some important voices: physicians, nurses, psychiatrists, hospitals, nursing homes, hospice providers, disability rights advocates, civil rights advocates, and right-to-life advocates. And, amid this diversity, one thing is unanimous — they all oppose legalized PAS and PAD and support positive alternatives.

But what threats so serious do PAS and PAD pose that they unite groups known to be at odds over any number of issues? Isn't this issue simply about controlling the circumstances surrounding one's death?

In a word: "No."

This issue is far more complex than it is purported to be and it is important to clarify the essentials. There is a vast difference between a patient's legal right to refuse unwanted



ed treatment — a right that currently exists, and the patient's right to have a physician either assist in or directly cause his or her death — a right that does not (and should not) exist.

In fact, current Hawaii law defines PAS as manslaughter and PAD as murder. It does so for important reasons:

- Legalizing PAS and PAD would forever transform the role for the physician from one who preserves life to one who takes life.

- It would put the poor, elderly, sick and

disabled populations at risk for abuse and coercion — no matter what the proposed safeguards.

- It would inevitably turn the right to die into a very subtle but insidious duty to die, particularly in a culture where sick and elderly people are so conscious of being a burden to their families.

- It would immeasurably diminish the sanctity and value of all human life.

These are some of the reasons cited by the U.S. Supreme Court in its unanimous 1997 decision declaring there is no constitutional right to assisted suicide.

But, there is one thing upon which all sides of this debate can agree: We need to do a better job of eliminating the reasons people request PAS and PAD in the first place. That's why HPACC members have begun an all-out effort to improve the end-of-life care. We must have more effective pain management. We must do a better job diagnosing and treating depression and we must increase the use of hospice care.

As a place with one of the strongest traditions of balancing the interests of the entire community against the notion of rugged individualism, Hawaii must proceed with caution. Patients in Hawaii deserve physicians who will deliver appropriate and compassionate care for their pain and depression, not physicians who will deliver the tools of death.

Hawaii can and must do better than Dr. Jack Kevorkian.

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