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Both sides are wrong in suicide debate

Here we go again. Legislators in Vermont and California are gearing up for another attempt to legalize physician-assisted suicide. Meanwhile, a petition by the Bush administration before the U.S. Supreme Court would block the Oregon statute on which the new bills are modeled.

Hearings are being planned, rallies organized and, of course, checks written. A dispassionate observer might conclude that endless rounds of legal wrangling have rendered this debate pointless. The sense of being so right when the other side is so wrong is addictive.

Like compulsive gamblers, each ardently believes their side can still win big. As a former combatant (for the con side), I've come to a different conclusion. In the debate over physician-assisted suicide, both sides are wrong.

The debate wasn't always pointless. In the 1980s it called attention to the plight of dying Americans -- a problem we desperately need to discuss. A public health crisis surrounds the way we care for people and the way we die. However, the fracas has become the focus, distracting us from the crisis at hand.

Like potential rescuers at the scene of a burning building, the media and public stand captivated by a fistfight on the front lawn, either watching wide-eyed or cheering for their side. The brawl saps creative energy and political will. Meanwhile, needless suffering persists.

Proponents of assisted suicide are wrong because their proposals would change little and are off the mark. As they are quick to point out, since becoming legal, very few people in Oregon have died by lethal prescriptions.

And despite previous claims of dramatic improvements, research published last June revealed that basic pain treatment for dying Oregonians is as bad as ever. If the Oregon experience has proven anything, it is that physician-assisted suicide is largely irrelevant. Were Oregon's law to be adopted nationwide tomorrow, medical and social services for dying Americans would still be woefully inadequate.

Opponents are wrong for telling us only what they are against. The failure to articulate an alternative to hasten death for someone who is suffering -- for instance, a chronically ill man who feels he's a burden to his family and society -- is the reason opponents' statements sound callous, even when they are true. If every life matters, shouldn't we respond in life-affirming ways? Consider that academic and government studies have repeatedly concluded that thousands of elderly Americans in nursing homes are literally starving because there are too few aides to help them at mealtimes.

This is just one example of the national disgrace of elder neglect. I keep hoping for

religious denominations and pro-life groups, which oppose assisted suicide, to launch national initiatives to "adopt" needy nursing homes, supplementing institutions' meager resources with donations and volunteers to visit with and assist every resident who needs more help.

Middle ground will not be found in the fight over assisted suicide, but we could build common ground above this increasingly polarized debate. This is one social crisis we could actually solve.

It would require a willingness to jettison conservative-liberal divisions and old baggage from the abortion debate in favor of doing what is necessary and right for seriously ill people and their families.

We could insist and ensure that nursing homes recruited and retained qualified people to care well for our grandparents and parents. Training and paying them well wouldn't require more money than our health care system currently squanders on unwanted hospitalizations or futile treatments.

Each of us who knows a nursing home resident can monitor care, document deficiencies, and when necessary, file formal complaints, or even lawsuits. Americans of all political leanings and walks of life can volunteer to keep company with frail elders and extend help with eating to those who need it.

It's also time to hold the deans and curriculum committees of America's medical schools accountable. Most still devote only token amounts of time to teaching pain management and even less on communication and counseling of people who are facing life's end.

Medical educators whine about not having time in four years to teach all that doctors need to know. With our voices and our votes we should collectively say, "Fine, take five years or whatever it requires, but stop graduating doctors who have never been trained to treat our pain or care for us as we die!" California's law mandating continuing education related to pain is a good start. Why not require our state medical boards to test physicians in basic pain management as a condition for receiving or renewing a license to practice?

I realize such proposals would also end up being contentious. The difference is that they could dramatically improve care and transform the way people die.

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