Lawrence Group Wants to Legalize Physician-Assisted Death in Kansas

Posted: 14 April 2012
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Well Commons

Physician-assisted death is legal in only three states: Oregon, Washington and Montana. A Lawrence group would like Kansas added to the list.

“I think people should have the option to decide when they are going to die,” said Helen Gilles, 89, a retired Lawrence pediatrician. “When you have lived as long as I have, you realize there are people who want to die, and I think they should be allowed to.”

In March, The Kaw Valley Older Women’s League hosted a program “Life and Death Decision — Who Decides?” The program focused on the three main choices that people have when it comes to end-of-life care. They are:

- Preserving life at all cost.
- Maintaining quality of life but letting the dying process take its course, so you don’t opt to slow down or speed up the process.
- To pursue end of life with a physician’s assistance when death is inevitable.

After the program, members discussed how they thought the third option should be available for Kansans, and then voted unanimously to initiate a community discussion about the issue.

The group also is circulating a petition that requests Kansas lawmakers to introduce legislation that would make physician-assisted death legal with specific restrictions similar to Oregon, which enacted the Death With Dignity Act in late 1997. For instance, Oregon requires a physician to prescribe medication but it must be self-administered. The prognosis must be for a lifespan of six months or less. A written request for prescription and two oral requests from the patient are also needed to escape criminal liability, plus written confirmation by the doctor that the act is voluntary and informed.

According to a report by the Oregon Public Health Division, between 1998 and 2011, 935 people had prescriptions written under the Death With Dignity Act and 596 patients died from ingesting them. The average patient age was 71 and 80 percent of the patients suffered from malignant cancer.

Gilles said, “Our ultimate goal is hoping that the legislature and people will respond to this positively and at least make them think that this might be an option. They don’t have to take it if they don’t want to.”

The Kaw Valley Older Women’s League, which has about 75 members, is part of the national organization and its mission is to address issues that have a significant impact on midlife and older women. Its membership includes people of all ages, but mostly the elderly, and men.

“If you are not in midlife or an older woman, you probably know someone who is. The issues affect everyone,” said Gayle Sigurdson, 51, and a member.

Sigurdson serves on a newly formed OWL committee that is working to add physician-assisted death as an option in Kansas. She said they are learning more about the issue by contacting lawyers, doctors, churches and national organizations. They also are looking at the legislation that was passed in the other states.

“We really respect how complex this issue is and we don’t think anything should happen quickly or without great thought,” she said.

The group is calling the legislation Death with Dignity, just like it is in Oregon, and they prefer to call it physician-assisted death instead of physician-assisted suicide. Members say suicide is an expression of despair and futility while death with dignity is a form of affirmation and empowerment.

“We want to emphasize that it is physician-assisted and it’s compassionate end-of-life and we think that’s a much more important and accurate term than assisted suicide,” said Forrest Swall, 80, an OWL member.

Swall said if he were to become terminally ill, he would like to have the option to have a physician-assisted death especially after watching his brother, Jack, suffer.

“He had palliative care. He had hospice care, but when it came down to the last two, three or four weeks of his life, he was in absolute misery,” Swall said. “There was no hope that there was going to be any recovery. He wanted to die but hospice was not able to provide that final physician-assisted choice for him.” He died of pancreatic cancer at age 76.

Gilles said it was difficult to watch her mother suffer and remembers her asking: Why is it taking me so long to die? “That’s a hard question to answer when it’s your own mother,” Gilles said.

Her reply was that she had to be tough to live 96 years, so her body was still tough and just hanging in there.

“Well, she accepted that, but that’s not what she wanted. If she would have had this option, she would have done it,” Gilles said.

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Dr. Marc Scarbrough, a hospitalist at Lawrence Memorial Hospital, said he would not be able to assist a patient in dying.

“My job as a physician is to save lives,” he said, adding that he wouldn’t want it as an option for himself.

Scarbrough said there are a number of medications that can help alleviate pain and make patients more comfortable during the dying process.

“In my personal opinion, it’s a slippery slope and there’s the potential for conflict of interest,” he said.
The Rev. John Schmeidler, of St. John the Evangelist Catholic Church, said the Catholic church does not support physician-assisted death.

“That’s not permissible by the church at all because we say the only one who has the right to take life itself is God himself,” he said. “What you can do is give patients the comfort that they need.”

Schmeidler said unfortunately in our culture, people tend to shy away from death. But, he encourages family and friends to be with their loved ones when they are terminally ill.

“There’s something sacred and holy about entering into the death with them to know that this is their entrance into eternal life,” he said. “It could actually bring healing to people’s lives if they would enter into it in the correct way dealing with prayer and such and with great hope and great expectation of the resurrection of life that’s going to happen.”