

November 2, 2015; Right to Die a Personal Liberty

Should an individual have the right to decide when and where to die and under what circumstances? Or, should all types of assisted suicide be forever banned?

Those who support right-to-die legislation, also called euthanasia, argue that people who are mentally capable of making such a decision should have the exclusive right to decide whether to live or die, especially when the person is terminally ill and with little or no prospect for recovery. No government or religion should be empowered to override the decision made by a competent person facing certain death.

For some, the right to die is considered a fundamental liberty right, guaranteed all Americans under the U.S. Constitution. Our courts have consistently found liberty rights in such areas as choice of marriage, family relationships, procreation, contraception, child rearing and the right to refuse life-saving medical treatment in medical emergencies. Why should the right to choose death be an exception?

Sooner or later, those who oppose right-to-die legislation present their “slippery slope” argument. That is, once you open the door to assisted suicide even a crack, before long social forces will knock the door down completely and insist on “putting people to sleep” for the flimsiest excuses.

Society’s most vulnerable, such as the elderly, disadvantaged minorities, and the undereducated, will be at greatest risk for abuse. Hospitals, concerned with cutting costs, will coerce patients to end their lives without sufficient input from friends and relatives.

These arguments are completely undermined by statistics from Oregon’s experience with assisted suicide. For the past 18 years, Oregon has permitted physicians to help patients administer a fatal drug cocktail under certain limited circumstances. Most notably, the patient must have less than six months to live and administer the drugs him or herself. Statistics from late 1997 through December 31, 2014 reveal the following:

- number of people who have used the law: 752
- median age of the deceased: 71
- percentage of the deceased who were white: 97%
- percentage of patients who informed relatives of their decision: 94%
- percentage of patients who died at home: 95%
- percentage who had some college education: 72%

These statistics clearly indicate that none of the dire predictions made by slippery-slope proponents have come true. The “typical” patient who chooses to end his or her life is white, educated, and relatively young. Overwhelmingly, these patients have informed

their loved-ones of their decision and have chosen to end their lives in the comfort of their home, surrounded by loved-ones.

Everyone should have the right to decide when their quality of life has deteriorated to such an extent that life is no longer worth living. For those suffering from extreme pain and agony caused by an incurable or terminal illness, life can become a nightmare. For some, no amount or combination of drugs will stop the agony. In such a situation, there is no light at the end of the tunnel – at least not in this life. Things aren't going to get better - they are only going to get worse. Along with the increase in pain, the person's ability to perform everyday life functions will falter, then cease, robbing them of their dignity and making life unbearable.

Until you have walked in the shoes of a person who suffers endless, excruciating pain, and experienced the indignities brought on by terminal illness, you really can't grasp the importance of granting each individual the exclusive right to decide whether to live or die.

Another legacy left by unwanted medical treatment is that of indebtedness and bankruptcy. The inability of surviving family members to pay for uninsured medical expenses is a leading cause for bankruptcy in America.

Medical advances have extended the life expectancy for many terminally ill patients. However, most of these treatments come with a high price-tag and many aren't covered by health insurance. So, friends and family agree to pay for these treatments, often undermining their own financial security.

Some will argue that money should never be part of the discussion of whether to pursue the right-to-die option. After all, you can't put a price on the value of life. However, a terminally ill person's decision to live or die seldom rests on one single factor. Rather, the person takes a wide variety of factors into consideration when making such a critical decision. Money may be just one of those factors.

No government official or religious leader should be able to deny a critically ill patient the exclusive right to decide his or her plight or dictate which factors to consider when making a choice. This is for the patient to decide, and only the patient.