

The Passy Press

Letter to the Editor

From: periman.p@undisclosed.com

To: Nick Gardiner enpg@thepassypress.com

Date: December 24, 2014 2:57 p.m. EST

Subject: Essay on Death With Dignity by Charles Hamlin, MD

Dear Sir,

Dr. Hamlin supports the death with dignity law which authorizes a doctor to prescribe medicine to allow one to die where a doctor has determined the person is terminally ill, where that opinion has been confirmed by another doctor and where the patient has voluntarily requested the medicine. There are two problems with this law which Dr. Hamlin has not addressed. They both have to do with the nature of the doctor and the patient.

If society authorizes adults of sound mind "to orchestrate a peaceful death on their terms", so be it. Yet to ask doctors to be participants in the process runs counter to every value they stand for. Give patients access to trained executioners of their choice but not doctors.

Dr. Hamlin's support of a law that requires a doctor to participate in death violates an ancient power. What is new in medicine is the ability to do good: to prevent infectious scourges such as polio; to transplant a healthy heart; to cure a previously incurable cancer. Today's doctors expect to heal their patients, not participate in their death.

The law is also weak in assuming a terminally ill person can be a person of sound mind. As a practicing medical oncologist, I have had numerous end of life conversations with patients and families. These are never easy, always individualized, and often frustrating. The dissatisfaction comes from a patient's refusal or inability to understand and cope with the inevitability of death.

Some counseling in connection with the death medicine request is just as important as the confirming doctor's opinion. For example, compared to standard chemotherapy, hospice care offers a higher quality of life and longer survival (New

England Journal of Medicine 363:733, 2010). When my patients have exhausted all meaningful therapy, I propose hospice care to them. Even though I may have controlled their cancers for years, patients often act as if I have abandoned them and seek additional care elsewhere. Are these patients of sound mind?

I raise the above concerns because there is always the opportunity for abuse. While Oregon's death with dignity law may not yet have been abused, there have been problems in the Netherlands, the state of Washington, and among American oncologists (see New England Journal of Medicine 342:552, 2000).

As for Dr. Hamlin's defense to challenges to the law, the most compelling modern argument against suicide is not from the religious right, but from Albert Camus. In his essay, "The Myth of Sisyphus" he wrote, "...even if one does not believe in God, suicide is not legitimate."

Perhaps, both Camus and Hamlin are correct. I suspect moral ambiguity is with us always. We will not escape death. For me how we live is the important issue.

Phillip Periman, M.D.

Yale 1961; Washington University School of Medicine 1965; residency training at Bellevue Hospital, NYC (NYU service) 1965-1967; research associate as Lt. Commander, United States Public Health Service at the National Cancer Institute 1967-1969, Bethesda, MD; Research fellow at the Sir William Dunn School of Pathology, Oxford, 1970; faculty at George Washington U. School of Medicine 1970-1976; faculty at Texas Tech School of Medicine, Amarillo, 1976-1981; private practice and clinical faculty at Tech 1982-present.