

# Oregon embraces assisted suicide

by Linda Everett

On Nov. 8, the people of the state of Oregon voted 51% to 49% in favor of the Oregon Death with Dignity Act. That vote, for the first time in western history, makes it legal for physicians to write prescriptions for lethal drugs that will be used to kill sick patients. The act, also known as Ballot Measure 16, will allow sick patients to request drugs to commit suicide. It thereby violates the oldest ethic safeguarding the inviolability of human life, the Hippocratic Oath, in which physicians swear "to give no deadly medicine if asked."

Within days of its passage, it became chillingly clear that the new law turns the very foundation of western medical science on its head. Doctors, nursing homes, hospices, hospitals, and pharmacists in the state are trying to "adapt" to the law, and the result is schizophrenia. Medications to save human life are now to be tested to ensure death. Physicians trained to bring back patients from the grasp of death, will now be trained in the very mechanism of their termination.

Such a vote could not have occurred in the United States were it not for three decades of virtual enslavement to "post-industrial," anti-science brainwashing and the rock-drug-sex counterculture spawned by the British oligarchy. The concept of man made in the image of God is so threatening to them, that they've sought to eradicate any manifestation of that concept, such as scientific progress, especially in medical science, that might elevate man above a bestialized peasant state. The resulting "cultural paradigm shift" severely weakened those philosophical axioms which led the United States alone in 1946, among the joint American, British, French, and Russian Tribunal, to insist on prosecuting the Nazi doctors for their euthanasia crimes against humanity.

Today, we have a generation of doctors, ethicists, and nurses who are largely ignorant of the Nuremberg Tribunal and are schooled in a ruthless cost-based medical ethics. The thin veneer of "compassionate" death with dignity simply hides the fact that today's medical "ethics" of denying "futile" medical treatment to save scarce resources are the same as Nazi euthanasia crimes. Already, the self-elected ethics blabbermouth Arthur Caplan, president of the American Association of Bioethics and director of the Center for Bioethics at the University of Pennsylvania, has given Oregon's suicide law the "thumbs up." Health care economist

Uwe Reinhard hails both the Oregon health care rationing plan and its suicide law as "light years ahead of the rest of the country."

## One enormous loophole

Oregon's Death with Dignity Act is nothing but one enormous loophole which will allow patients to be put to death, with or without their consent. Once the principle of the sanctity of all human life is removed, the practice of medicine is defined by the philosophical perspective of whoever is involved—not by any law. Oregon Right to Die director Peter Goodwin, who led the pro-suicide campaign and teaches his brand of family medicine at Oregon's Health Sciences Center in Portland, evidently practiced "aid-in dying" so often in South Africa, where he received his medical degree, that he was asked if he liked being an executioner. Derek Humphry, a British citizen who founded the Hemlock Society in the United States, crusades to make euthanasia and physician-assisted suicide a legal "medical option" for anyone, for any reason, at any time, anywhere.

Humphry presented his ideas to doctors at Kaiser Permanente health maintenance organization (HMO) in January. John Pridonoff, Hemlock's executive director, wants active euthanasia and physician-assisted suicide made legal so that physically incapacitated people can have their lives ended—it's likely that the new law will be challenged for discriminating against the disabled. Euthanasia is not "legal" in the Netherlands, but as long as doctors follow a few ground rules, they get away with killing just about anyone for any reason. Recently, for example, a call was made for Dutch citizens to be trained as "suicide assistants."

There's no way to "tighten up" this law's loopholes. Once in effect on Dec. 8, no patient is safe when a doctor says his or her quality of life is too poor for treatment. Clinically depressed nursing home patients will be talked into "suicide" just as quickly as they are now coerced out of lifesaving treatment through so-called "advanced directives." Hospital staff in *all* facilities, religious or otherwise, inflict murder on hospital patients and our institutionalized sick or mentally disabled citizens on a daily basis by starvation and dehydration or with morphine overdoses. Now, this vulnerable population is being "offered" the option of suicide.

Oregon hospitals, hospices, and nursing homes are developing guidelines based on whether their staffs are willing to run their facility as a killing center. But, questions abound. What happens to patients who arrive at the emergency room in a coma from a failed suicide attempt? Where does the liability lie when the suicide kit is used by a depressed family member, or to murder someone, or is swallowed by a child?

Now it is hinted that Oregon may need special killing facilities, doctors trained in a new specialty, and lists may be compiled of doctors willing to assist patients' suicide needs. Are these the issues a sovereign nation must take up in order to deliver advanced medical science to its citizens?