

California looks to replicate Oregon's assisted suicide law

By Matthew Yi - Sunday, June 18, 2006 – Page A - 1

Salem, Ore. -- Tucked away in the corner of a room in her three-bedroom condominium, Charlene Andrews has a box containing an urn and a pair of teapots for her ashes. Copies of her favorite songs and poems fill another box.

She has used her laptop computer to publish a program with a picture of her with her children on Mount Hood on the cover for a ceremony that will take place moments before she dies. Andrews doesn't know yet when that day will be, but the 68-year-old cancer patient will set a date when the time is near. She can choose when to die because she lives in Oregon, where terminally ill patients can legally obtain prescription drugs to end their lives.

"I wanted to get my own urn ... a hand-made pottery locally," she said, touching the olive-hued vessel textured with small heart shapes on one side. "Then I got two little slab-clay teapots made for some (of my) ashes for my daughter and my son. Then they can do whatever they want with them.

"Believe it or not, it was a lot of fun putting it all together. I really enjoyed it, and it was just a big burden off my shoulder. It wasn't gory, it wasn't sad," Andrews said, as she rewrapped the coffee mug-sized gray teapots with packing paper and carefully placed them into a white box.

Oregon is the only state in the United States that has legalized physician-aided suicides, and California Assembly members Patty Berg, D-Eureka, and Lloyd Levine, D-San Fernando Valley, are hoping the Golden State will follow suit. For the second year in a row, they have introduced a bill that is nearly identical to Oregon's Death with Dignity Act, and the legislation is scheduled to be heard in the state Senate's Judiciary Committee on Tuesday.

How California lawmakers will vote this time is still up in the air. The issue cuts across partisan lines, but supporters of AB651 have been buoyed by the U.S. Supreme Court's decision in January that upheld Oregon's law.

Oregon residents voted 51 percent to 49 percent in 1994 to approve the assisted-suicide measure, and it went into effect in November 1997 after a series of court battles.

By the end of 2005, 246 Oregon residents had opted to end their lives by ingesting a prescription drug, a lethal overdose of sleeping pills that's usually mixed in a drink. There were nearly as many women as men, and those patients tended to be better educated, with a median age of 69. The vast majority suffered from cancer, Lou Gehrig's disease or chronic respiratory illness.

Nearly a decade after the ballot measure was put into use, the debate still rages in Oregon over whether assisted suicide should remain legal. Supporters say the law gives terminally ill patients an option to avoid intractable pain in the end and allows them to maintain their dignity by speeding their death before losing control of their bodily functions.

Opponents say the law gives a false sense of security to terminally ill patients, arguing that what they really need is quality palliative care, not an avenue to end their lives prematurely. They also claim the law could place society on a dangerous slippery slope that could eventually lead to caregivers hastening the deaths of terminally ill elderly and the disabled without their consent.

Besides, there's no guarantee that ingestion of the lethal dose would result in peaceful death, said Dr. Bill Toffler, a co-founder of Physicians for Compassion, a Portland organization made up of doctors who are against assisted suicide.

"In many of the cases, the death lingers for hours. It's not a dignified death. It's not pretty to watch somebody struggle with breathing or having irregular, shallow breathing for hours and hours on end," he said.

Even the term "assisted suicide" has been hotly debated as the supporters of the law argue the issue is about "death with dignity."

But for Andrews, she simply sees the law as giving her a chance to remain independent until her death; a choice to be in control of her life. She says it also makes her death less bitter for her and her two children.

"I think what the law has done is it has given me more comfort in my death," she said. "There's not a fear of dying. I've accepted dying as part of the process of life, and I think (the law) has brought that out."

Andrews certainly knows the process required to obtain the lethal prescription drug in her state.

First, she would need to have a prognosis that she has less than six months to live. She then would need to make two oral requests to separate doctors, along with a written request.

There is a waiting period -- 15 days after the first oral request, and 48 hours after the written request -- before a doctor can write a prescription. If a physician suspects that she is mentally impaired, the doctor can request a psychological or psychiatric evaluation.

The prescription is for a lethal overdose of sleeping pills, secobarbital or pentobarbital, that will first cause her to fall unconscious before shutting down her major organs.

California's bill is identical, except for the psychological evaluation, which would be a requirement for all patients seeking physician-assisted suicide.

In Oregon, not everyone who has received the prescription has taken the drug. According to the Oregon's Department of Human Services, less than two-thirds of the prescriptions written were actually ingested.

For now, Andrews said she isn't ready to give up her fight. She already has beaten the odds by exceeding the five-year mark since being diagnosed with stage-four breast cancer in December 2000. Her next goal is to make it to her 70th birthday.

But for the former Peace Corps volunteer and teacher who spent two decades instructing youths in juvenile corrections in Oregon and Inuit children in Alaska, things have gotten tougher lately.

The cancer has reached her liver, and her latest treatments make her muscles weaker. She has had to give up tennis, the sport she's enjoyed playing even while lugging a small oxygen tank strapped around her waist.

Her breathing quickens even just walking up the stairs of her two-story condominium that's nestled near an Interstate 5 exit and less than 5 miles from Willamette University, where she takes art and music classes for the elderly.

Andrews' slight frame has become more fragile, and, although she says she is not religious, she often prays and holds a tiny clay figurine that she calls her angel when she falls asleep each night.

Still, she remains fiercely independent. Her small monthly planner is filled with pencil-scribbled appointments ranging from doctor visits and cancer support group meetings to local symphonies and meetings for her homeowners association.

"If I lost my calendar, I would be up the creek," she said chuckling. "I've always been a list maker, but more so now. Chemo brain. It just makes you more forgetful."

However, one thing she never forgets is her walks: a 3-mile trek inside a nearby shopping mall, which she usually does alone two to three times a week, and a 2-mile walk near the Willamette River that she takes once a week with friends.

Although her walks take longer, and her daily routines become more difficult, the hardest thing that she's had to do was tell her children that she had cancer, Andrews said.

"It was a death sentence," she said as she shed tears.

Three years ago, when Andrews' two adult children and their families were in town for a vacation, she told them about her preparations for her death.

"She talked about this plan for her celebration, and it was way too much information because I was not ready to go there," said Sue Spengler, Andrews' 39-year-old daughter who lives in Colorado Springs, Colo.

Spengler's brother, Mike Andrews, says he supports his mother's decision, but it wasn't an option that he would have advised.

"I would just have a hard time if it was my decision. ... I don't think I could pull the plug. I couldn't do that. But if she wanted to pull her own plug, I would respect her 100 percent," he said.

Charlene Andrews' children say what's most difficult for them is knowing that one of their mother's motivations for using the Oregon law is that she didn't want to become a burden on them.

"A lot of it has to do with the fact that this is what she wants," Mike Andrews said. "She wants all of this, and she knows that this is all part of her independence."

Charlene Andrews agreed that this is her decision, and she doesn't feel the need to ask her children's advice on her death.

"When you have your children far away, it can be more inconvenient. They have their own jobs. They have kids. So, what's a week or two, if I go earlier?" she said.

But Toffler, the physician who has been outspoken in his opposition to the Oregon law, says those are not good enough reasons to end one's life.

"Some feel they've lived long enough and that they may be fearful about the pain, but the treatment of intractable pain is to address the pain more aggressively and adequately, not to eliminate the pain by eliminating the sufferer with the pain," he said.

One doctor who has written eight prescriptions to terminally ill patients disagreed.

"But that's not always possible. Not every patient accepts terminal sedation with morphine or medicines like Valium as an acceptable way to end their life," Dr. Nick Gideonse said. "The fact is that we don't have the ability to defeat death forever, and at a certain point with many of these disabling terminal illnesses, the loss of autonomy as well as uncontrolled pain could lead to great suffering."

For Andrews, she knows physician-assisted suicide is the right path for her. But for now, she wants to live each day to its fullest.

"You have your times, your angry times. I mean, it's sort of a roller-coaster. Cancer is a roller-coaster ride. So, you just put up with it," she said.

"How do I put up with it on a daily basis? Keep living with that hope, that there's hope for another day. Hope goes on, and I will know when it's ... I'll know the end of where that hope will be, but it's not now. Not going to be for a while."