

The Salt Lake Tribune

Aid in dying is neither euthanasia nor assisted suicide

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Salt Lake Tribune

Article Last Updated: 06/09/2007 01:55:16 PM MDT

It probably was no coincidence that Rev. Connie Clark's conflicted column about "physician-assisted suicide" ("Resist the temptation of physician-assisted suicide," *Tribune*, Faith) was published last Sunday, June 3, the same day as Mike Wallace's interview of Dr. Kevorkian upon his release from prison was broadcast on "60 Minutes."



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Dr. Kevorkian's notorious actions demonstrate the desperation some terminally ill patients feel and the need for rational public policy on end-of-life choices. Only Oregon currently has a rational policy. Instead of being forced into considering options like Dr. Kevorkian, guns and other violent methods, patients should be able to talk with their physicians about a range of legal, safe, peaceful options for easing a painful dying process.

Also, as co-founder of the Utah Chapter of Compassion and Choices, and in answer to Connie Clark, I feel compelled to speak up on behalf of all terminally ill Americans who want control over the time and manner of their death.

It is incorrect to label aid-in-dying "assisted-suicide" or "euthanasia." It is neither. As Assemblywoman Patty Berg said when speaking about the California Compassionate Choices Act, suicide suggests you have a choice between living and dying. For those terminally ill and mentally sound patients who seek to hasten their death, the choice of living is past. "Their only choice is between dying horribly or dying mercifully."

This very important distinction gives a voice to so many who want the right to die with dignity, without the stigma of being labeled sinners or criminals.

Since Oregon legalized death with dignity eight years ago, 90 percent of those contemplating an early exit from life changed their minds. They chose other options such as hospice care, improved pain control and palliative care.

The fact that they could choose ultimately gave them enough comfort to focus more on life than on death.

Other positive consequences of legalized physicians' aid in dying in Oregon include improved hospice programs, increased education for depression and better use of morphine for pain control.

Because of ever-increasing life spans, people are living longer but not necessarily better. There will soon be many more older people who wind up with incurable and painful illnesses than there ever used to be.

The problem of dealing with their suffering and respecting the wishes of terminally ill patients will thus become increasingly crucial.

I would like to say to Connie Clark: Resist the temptation to choose quantity instead of quality. Unlike you, I don't believe that "these notions spring from a devaluation of life." On the contrary, it seems to me that letting a loved one suffer untold agonies for the sake of "letting nature take its course" shows very little respect for life, or at least with regard to its quality.

Besides, fear of pain isn't the only reason some people seek to hasten their death. Lack of autonomy and, thus, of dignity is a valid consideration for a terminally ill person who values dignity and self-respect. These values should be honored.

The purpose of Compassion and Choices - the name adopted after the merger of the former End-of-Life Choices (an offshoot of the Hemlock Society), based in Colorado, and Compassion in Dying, based in Oregon - is to promote the rights of terminally ill and mentally sound patients to die with dignity, and to choose when and how they will die.

It supports, educates and advocates for choice and care at the end of life. It also pursues legal and legislative reform at local, state and federal levels to ensure a patient's right to a peaceful death, including implementation and enforcement of advance directives, pain and symptom management, and legalization of aid in dying.

For further information, visit www.compassionandchoices.org or call 800-247-7421.

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