

D10-- HARRY HENDIN INTERVIEW, "HAVE WE BEEN SEDUCED BY SUICIDE?", SALON, 6/2/97

If psychiatrist Herbert Hendrin is right, something monstrous is occurring in Holland, and could happen here if assisted suicide becomes legal. In his new book Seduced by Death, Dr. Hendin charges that Dutch doctors are killing thousands of mentally competent, though terminally-ill, patients without their consent - in violation of Dutch law and the Nuremberg principles, which require informed consent before patients can be tested let alone murdered.

Dr. Hendin, head of the American Foundation for Suicide Prevention, strongly opposes legalizing Kervorkian-style assisted suicide, saying doctors will inevitably misuse their power as they have in Holland. Assisted-suicide advocates say people like Dr. Hendin are prolonging people's suffering by refusing them the right to die with dignity, and that safeguards can be created to avoid physician abuse.

Dr. Hendin may be over-optimistic about our ability to avoid excruciating pain, especially given the sanctions on physicians who try to help patients as reported last week by "Sixty Minutes". But his focus on getting doctors to provide palliative care rather than assisting suicide, needs to be listened to. A landmark case will be argued before the Supreme Court this January, and a decision is expected this spring.

Before interviewing Dr. Hendin and reading his book, I believed in legalizing assisted suicide. Now I am not so sure. It's heavy stuff, which will affect most everyone reading this article - as we struggle with helping parents and other loved ones die with dignity, and face the inevitable ourselves.

Q. I can't count the baby-boomers who've told me something like "hey, man, when I lose my mind or body function, or have to go to a nursing home, I want to be put out." What would you say to them?

A. That they will change when they get to be 70. When you take polls, 70 percent of people under 40 favor euthanasia, and 70 percent

of people over 60, the presumed beneficiaries, are against it. I've treated patients with Alzheimers, and most people anticipating it may say, "oh I want to die if I get it." But when they are semi-competent and still can know a little bit that same person doesn't want to die any more. And that's the case with all kinds of terminal illness. You and I would say that if I'm going to be a quadriplegic, I'd rather be dead. But the fact is that 99% of quadriplegics don't want to die. So when your only alternative is being paralyzed or not being there at all, people seem to make a different choice.

Q. What is the difference between assisted suicide and euthanasia?

A. Assisted suicide means that a physician gives the patient the means to end his life, usually a prescription for pills or a machine like Kervorkian uses whereby you give yourself an injection. Euthanasia means the doctor actively intervenes to end the life, usually by an intravenous injection of a narcotic.

Q. Is assisted suicide legally allowed today in America?

A. No. Most states have specific laws prohibiting it. And even if they don't, the Michigan Supreme Court has ruled it's a violation of common law. Oregon passed a statute permitting assisted suicide, but that's tied up the courts and not actually being implemented.

Q. If it's illegal in Michigan, how does Dr. Kervorkian get away with it?

A. The courts have not been inclined to punish a doctor in that situation. But I think it is now becoming clear that it's Kervorkian's need to be the instrument of ending somebody's life rather than his compassion for the person. One of the most recent cases involved a woman who wasn't in any way terminally ill. The husband wanted to be rid of his wife, and found a way of doing it through Kervorkian, who claims not to have known it. It's a sign of how superficial and casual putting somebody to death can be.

Q. What do you think about legalizing assisted suicide?

A. Well, I've watched it in operation in the Netherlands, so it's not what I think but what I've seen. What was intended for exceptional cases to relieve suffering becomes a routine way of dealing with serious or terminal illness. People are put to death who could have months, and sometimes longer than that, of life they would be grateful for. And it discourages doctors from learning how to treat them better.

And though think assisted suicide will give patients better control over how they die, legalizing it increases the power of doctors instead. More than half of Dutch doctors initiate this suggestion, seemingly oblivious to the fact that the criteria for euthanasia is always voluntariness. This is immediately compromised when the doctor suggests it. The patient is bound to think that the doctor doesn't think his or her life is worth living, and that the doctor can probably foresee all kinds of horrible things in the future that are even worse than the frightened patient is already imagining.

In addition, patients who ask for it are very much like suicidal patients at all stages of life. They are ambivalent. They want to die in the morning and live in the afternoon. The patient may hope someone will say, "no you're not such a burden and should live as long as you can." Instead the doctor says, "well, next Tuesday, next Thursday."

Then people around the world are most distressed by an official Dutch government study showing that thousands of patients are put to death who haven't requested it at all, because the doctor thinks it's time. The voluntariness is totally gone.

I cite in my book a nun whose religious beliefs weren't going to permit her to ask for euthanasia, but the doctor felt she was dying of cancer and suffering. So he put her out of her misery. But she was competent. He had no reply when I asked him why didn't she have the right to die the way she wanted. Clearly suffering was not the major issue.

Q. You mean he didn't even ask her if she wanted to die or not?

A. No. No. He just gave her an injection, that's all.

Q. Are you serious?

A. That's being done in thousands of cases.

Q. Why would American doctors behave the same way as Dutch doctors?

A. Well, U.S. doctors are already violating the law right now by putting people to death. They do so not because they are monsters, but a sort of misguided compassion. The trouble is that once you start, the boundary line of when you do it shifts.

Q. What is the alternative to assisted suicide for patients in real pain?

Q. Palliative care. They've done studies where model palliative care is instituted, and you can relieve the symptoms and the distress completely in 87% of cases. Another 11 percent get adequate relief. Doctors don't understand it, the public doesn't know about it. But if you're in an ideal place where you're getting palliative care you're going to be given extra months of your life that you're going to enjoy and be grateful for.

Q. If I came to you and said I was in unbearable pain, and wanted relief, what would you tell me?

A. If there's one symptom that we can get rid of, it's pain. I can send you to a palliative care specialist who can relieve whatever pain you have. Also, I will be with you till the end, and we'll be talking about whatever it is that bothers you. This is the way to die with dignity, and it is far preferable to either assisted suicide or unnecessarily prolonging life with medical technology.

Q. You say the U.S. is the nation for which there is the most support for assisted suicide outside the Netherlands. Why?

A. We are a country in love with technology, and part of the movement for this came from the misuse of medical technology to prolong lives in ways that are just unkind and cruel. The assisted suicide movement was partly a reaction against that.

We're very much a culture where an old system of values has broken down, which means that people don't feel connected in the same way to family, to government, to their work, to their religion. And in the process I think that the anxieties about death are much greater than 40, 50, 60 years ago. People don't die at home, they don't have the same connection to things, they don't feel their life goes on in the same way after their death.

We are a culture that worships things that are new and young. In Europe you will see more respect for age. Here, the older you are the more you are treated as though you are expendable.

And one of the things in our culture is the idea that you should never be depressed. I would not, if I were feeling the pain of the loss of somebody close to me, want Prozac to get over that pain. I would consider grief as part of life.

Q. How do you cope with the prospect of your own death?

There may be no ultimate consolation to the fact that you're going to die, but a life lived to the end is as good as one can do. What comforts me about my own death is the feeling that I'm doing work that will go on, that my family will go on. I always picture dying in the company of my family, and that's an enormous relief. It's the feeling that things I believe in are going on.