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Opinions diverge on end-of-life choices

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HELENA — While many people at a conference on end-of-life choices at Carroll College on Saturday couldn't even agree on the proper term for allowing physicians to hasten deaths for terminally ill patients, they did engage in lively discussions about what probably will be one of the heavily debated topics during the next legislative session.

Whether it's called physician-assisted suicide or physician aid in dying, it's not a black-and-white issue, said Scott Crichton, executive director of the American Civil Liberties Union in Montana, which sponsored Saturday's forum.

"I think it's clear from the discussions today that there are a dozen shades of gray in this," Crichton said, adding that the ACLU supports a person's right to make end-of-life decisions.

A separate press conference Friday was put together by the national nonprofit group Compassion & Choices, which supports legalized physician-assisted suicide.

An opinion issued last December by the state's Supreme Court held that nothing in state law prohibits Montana doctors from prescribing medications to end the lives of mentally competent but terminally ill patients.

Crichton said he expects the issue of whether or not to legalize physician aid in dying in Montana will be raised during the next legislative session, and those on both sides of the issue want to get informed dialogue started on a complicated subject.

"We've brought people who disagree 100 percent to the table to hear ideas and talk about the dilemmas," Crichton said.

Panel discussions included the ethical medical quandaries; whether those with mental illnesses, low-income or other vulnerable populations are treated differently; and what lessons had been learned from Washington and Oregon, where physician-assisted death is legal.

A three-member panel also put forth the wide-ranging attitudes of various religions on hastening a terminally ill person's death.

To Moe Wosepka, executive director of the Helena-based Montana Catholic Conference, the issue is fraught with land mines that could prematurely and unnaturally snuff out a life.

Wosepka worried that insurance companies may see hastening death as more cost-effective than paying for life-prolonging drugs in a terminally ill patient. He was concerned that terminally ill patients, who often are depressed by their diagnosis, aren't focusing on the future and might not understand that advances in medicine could change their prognosis.

He added that in Washington and Oregon, some safeguards can be undermined; for example, an heir to a person's fortune can also be the witness and administrator of a lethal dose to a patient.

"The chronically ill can live for many years," Wosepka said. "We need to assist the terminally ill who are depressed and fear their future, but we need to be careful and make sure public policy addresses the issues and not adversely affect others."

But the Rev. John Brooke, a retired United Church of Christ minister from California, said he believes helping people die with dignity when they feel their lives have come to an end is an act of compassion and mercy, which are attributes of God that his people should emulate. He said that while life is a gift from God, it is a perishable gift.

"When death is imminent, what then?" Brooke asked. "When someone is suffering end-of-life pain and the suffering is unbearable, physician-aided dying is an act of free will and compassion. It isn't suicide, which is usually tragic, isolated and often violent."

"Physician-aided dying is a peaceful end to a life already dying. It's a last-resort measure to address the suffering of another."

Rabbi Ed Stafman, of Bozeman, generally agreed with Brooke, saying that while he wouldn't advise a patient to actively seek death, it is ultimately a person's own decision.

"I may not do anything to actively hasten death, but may remove obstacles to death to release the soul," Stafman said. "Don't get in the way of dying, but don't cut life short. But of course, that raises lots of practical problems."