Hospice vs. Assisted Suicide

by Stuart Doyle

America has become accustomed to different lifestyle options. But "deathstyle" options? That gives reason to pause.

This issue was raised most recently by Dr. Jack Kevorkian's "assisted suicides." Hospices want it known that their services provide a viable alternative to this controversial practice.

The idea that suicide is a human right has always been a moral as well as a religious issue. But it's far more complex when the terminally ill consider it as an alternative to suffering, burdening loved ones or undergoing expensive, yet futile, medical care.

Currently, about 40 states allow patients to refuse life-sustaining treatment. In some jurisdictions, courts say that competent, mentally alert people can make this judgment. In others, doctors and relatives are permitted to initiate death when patients cannot request it themselves.

Many issues were voiced by Washington state residents in 1991 when the suicide issue appeared on a ballot as Initiative 119. Washingtonians wondered if:

- a doctor can really know a patient's wish. (What if the patient is comatose 18-year-old college freshman who was healthy before a sudden car accident caused that condition? Would someone who had previously believed that his whole life was ahead of him choose death?)
- a doctor can accurately diagnose and predict a patient's remaining life span.
- the whole process simply demoralizes the sanctity of life.
- a patient may be considered terminal in error, which could result in a "needless" suicide.
- the elderly would opt for suicide or be urged into it to relieve their families of emotional and financial burden.

Another area of general concern is that the terminally ill who contemplate suicide may have treatable depression. Psychiatrist Herbert Hendin, director of American Suicide Foundation, which aims to prevent suicide through research and education, said recently in American Health that the overwhelming majority of the terminally ill fight to live as long as possible. "Even those who are depressed or in great pain 'usually respond well to psychiatric and analgesic treatment, and are grateful to be alive.'"

Hendin finds that dying people most inclined to suicidal impulses are those suffering from intense pain and those who have just learned about their illness. "Because their self-destructive urge often subsides, you can't accept someone's first statement about suicide without investigating the reason. A thorough psychiatric evaluation may literally mean the difference between choosing life or death." Hendin noted that Kevorkian had only brief contact with an Alzheimer's patient before using his "suicide machine."

On the contrary, proponents of assisted suicide may argue that it allows control over suffering: the terminally ill could choose time, setting and method of death. This would allow time to prepare loved ones and make necessary provisions.

Hospices are designed to help the terminally ill and their families deal with such feelings and choices while simultaneously providing them with a comprehensive support system designed around a personalized health care plan. It's the option that can diminish or eliminate the anguish of considering suicide, doctor-assisted or otherwise. The biggest deterrent to the use of hospice care is a lack of knowledge or a misunderstanding about what hospices actually do.

Hospices offer a team of professionals that include primary physicians, nurses, home health aides, social workers, counselors, chaplains, volunteers and bereavement specialists, among others. They visit patients regularly and are on call 24 hours a day. The team provides skilled medical, psychological, social or spiritual services—whatever the need—and care is primarily home-oriented. A relative or close friend can serve as the primary caregiver. The ultimate goal of hospice is to control physical, emotional and spiritual pain.

"The greatest danger in this saturation of media attention over Dr. Kevorkian is that it may give terminally ill people the impression that assisted suicide is the only alternative," says Brenda Horne, executive director of Hospice of Central Florida. "That is absolutely wrong."

Hospices view dying as a part of living and concentrate on maintaining the quality of remaining life. "Hospice enables patients to live as fully and as free of pain as possible before they die," says Horne. "Patients can spend their last days with dignity, making peace with themselves and their loved ones. When the quality of a day is restored, life becomes precious and worth living again."

Financial strains from hospitalization may be another reason suicide is chosen. But hospice care can eliminate a large portion of that burden. It's covered by Medicare, Medicaid and many private insurers. Meanwhile, most hospices offer service regardless of ability to pay, according to the National Hospice Organization (NHO). Hospices also are cost effective for hospitals and insurance companies.

NHO took an official position in 1990, adopting a resolution which concludes, "RESOLVED, that the National Hospice Organization reaffirms the hospice philosophy that hospice care neither hastens nor postpones death" and "rejects the practice of voluntary euthanasia and assisted suicide in the care of the terminally ill."

The resolution also was endorsed by Florida Hospices, Inc., the State association, as well as Hospice of Central Florida.