

The Economics of Physician Assisted Suicide: Compassion or Cost Control?



Supporters of the “Right to Die” have been active in public policy discussions since the founding of the Euthanasia Society of America in 1938. While their messaging has morphed over time, developing a less harsh tone than early calls to euthanize those with severe mental handicaps [1] to the compassionate “deliverance” of the terminally ill, one theme has been constant through the Right to Die movements history, a sinister fixation on lowering healthcare costs by legalization of assisted suicide.

In 1968, Dr. William Sacket, a state legislator in Florida, introduced Living Will legislation that included provisions for (emphasis added)

“removal of care to the severely retarded persons in state hospitals. After the San Francisco Examiner reported Sackett’s estimate that, with the bills passage, **“\$5 billion could be saved over the next half century if the state’s mongoloids were permitted to succumb to pneumonia”** [2]

In his 1998 book “Freedom to Die,” Derek Humphry, founder of the Hemlock Society, now known as Compassion & Choices, wrote about the economic gravity of assisted suicide in health care in a chapter titled “The Unspoken Argument.” Here are a few of his thoughts on the topic (emphases added):

“In attempting to answer Why Now?, one must look at **the realities of the increasing cost of health care** in an aging society, because in the final analysis, **economics**, not the quest for broadened individual liberties or increased autonomy, **will drive assisted suicide to the plateau of acceptable practice.**” [3]

“...**the pressures of cost containment provide the impetus**, whether openly acknowledged or not, for the practicalities of assisted death. These converging issues should influence our thinking, **even though it is politically incorrect to use economics as an argument** in favor of the right to choose the time and manner of one’s death – **for the moment, at least.**” [3]

“Is there, in fact, a duty to die – a responsibility within the family unit – that should remain **voluntary but expected nevertheless?**” [3]

“Like it or not, the connections between the right-to-die and the cost, value, and allocation of health care resources are part of the political debate, albeit frequently unspoken.” [3]

“While government is contemplating these policy issues, the right-to-die movement is gaining momentum in response to a legitimate societal problem – **the emotional, physical and economic toll of the dying experience on not only government, employers, hospitals, and insurance companies**, but on families as well.” [3]

As late as 2017, long after the movement dropped references to Hemlock in favor of euphemisms, Compassion & Choices published a document on their website titled “End-of-Life Care and Choice: The Looming Crisis of Suffering in the U.S.” that said (emphasis added):

“The increase in life expectancy also brings increased healthcare challenges and puts incredible demands on our health system. As people who have long endured chronic or progressive diseases or conditions near the end of life, they face myriad difficult, sometimes debilitating symptoms. Medical advances that help people survive serious illness or injury put tremendous strain on the healthcare system at every level, and **call for a more humane and sustainable approach to end-of-life care.**” [4]

“The American public is uncomfortable talking about the money connection, focusing instead on the right of a patient to a dignified death.” [3]

Derek Humphry, founder of the Hemlock Society, now known as Compassion & Choices

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Words of Caution from the Disability Rights Community

“The proponents of physician assisted suicide laws like to assert that they support the right to what they call ‘death with dignity.’ ***What voters don’t often realize*** until later is that ***they are also giving insurance companies and physicians new rights too – the legal means to deny treatment.*** The romantic notion of assisted suicide as something individuals do at the end of life to make their death more comfortable becomes tainted because ***without the means to live, the ‘right-to-die’ becomes the dangerous default.***” [5]

Sources

- [1] Dowbiggin, I. R. (2003). *A merciful end the Euthanasia movement in modern America*. Oxford: Oxford University Press. pg. 59-60
- [2] Marker, R. L. (2005). Assisted Suicide & Death with Dignity: Past, Present & Future/Part 1/Spin off: Euthanasia Educational Council. Retrieved February 24, 2019, from <http://www.patientsrightscouncil.org/site/rpt2005-toc/>
- [3] Humphry, D., & Clement, M. (1998). *Freedom to Die: People, Politics and the Right-to-Die Movement*. New York, NY: St. Martin's Press. pg. 313-314, 334
- [4] Compassion & Choices. (2016, March 8). End-of-LifeCare and Choice:The Looming Crisis of Suffering in the U.S. Retrieved February 28, 2017, from <https://www.compassionandchoices.org/wp-content/uploads/2016/02/FS-Crisis-in-America-FINAL-3.8.16-Approved-for-Public-Distribution.pdf>
- [5] Berger, H., & Terry, C. (2017, January 24). When Insurance Companies Refuse Treatment “Assisted Suicide” Is No Choice At All. Retrieved January 26, 2019, from <https://www.aapd.com/when-insurance-companies-refuse-treatment-assisted-suicide-is-no-choice-at-all/>