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On Washington State's Ballot: Doctor-Assisted Suicide



James Estrin/The New York Times

In April 2004, Karen Janoch, terminally ill with liver cancer, took to her bed and, under Oregon's assisted-suicide law, swallowed a lethal dose of drugs amid friends at her apartment in Eugene.

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By WILLIAM YARDLEY

SEATTLE — In the 11 years since Oregon became the first state to allow physician-assisted suicide, the worst fears have never been realized, even some of the law's staunchest opponents say. Large numbers of people have not moved to Oregon to take advantage of the measure; through last year, 341 people had used it to hasten their death. And yet no other state has followed Oregon's lead.

On Tuesday, however, its neighbor to the north, and in many ways its cultural reflection, will decide whether to adopt its own assisted-suicide law, the Washington Death With Dignity Act. The ballot initiative, modeled on Oregon's, would let mentally competent, terminally ill adults obtain a doctor's prescription for a lethal dose of medication.

Polls have shown that more Washington voters support the initiative than oppose it, but, like the Oregon measure, it is controversial and closely contested. Religious groups, along with some advocates for the disabled and some doctors, aggressively oppose it, raising questions about ethics and the way the Oregon law has been carried out.

Oregon's measure has withstood legal challenge; in 2006, the United States Supreme Court rejected an effort by the Justice Department to stop doctors from writing lethal prescriptions. Yet Oregon's experience has not created clear political momentum for assisted-suicide measures in other states, a circumstance that both sides say reflects the issue's political tenderness.

"It's a murky issue for politicians on either side, to be for it or against it," said Peg Sandeen, executive director of the Death With Dignity National Center, based in Portland, Ore. An earlier incarnation of the group led the push for the Oregon law, and it is now helping, along with a second organization, Compassion and Choices, to promote the Washington measure.

Since Oregon narrowly approved its ballot initiative in 1994 — a court injunction prevented the measure from taking effect until voters rejected a repeal effort in 1997 — similar initiatives have failed in at least two states. In 1998, Michigan voters overwhelmingly rejected an assisted-suicide proposal, though supporters say that drive was poorly organized. In 2000, voters in Maine narrowly defeated a better organized campaign for a measure modeled on the Oregon law.

Voters in California had rejected a similar initiative before Oregon passed its measure, and Washington itself rejected such an initiative in 1991.

(In addition to referendums, all but a few legislative efforts in several states have run out of steam before a full floor vote.)

Supporters of the Washington measure say a variety of factors make this year different. Unlike the failed 1991 proposal, the current one would not allow doctors to administer the lethal drugs. Like the Oregon law, it would permit them only to prescribe the drugs, which patients would give themselves, orally.

Further, supporters note that the Washington initiative is the first such effort since the 2006 Supreme Court ruling, a factor that may make voters more comfortable about backing it.

It also has a prominent, and popular, supporter in a former Democratic governor, Booth Gardner, 72, who suffers from Parkinson's disease. Mr. Gardner's condition would not qualify him to invoke the proposed law, but he has said he hopes it will one day be extended to people with certain debilitating conditions not considered terminal.

Both Washington and Oregon have become increasingly Democratic, a factor leading the initiative's opponents to make a point of saying that support for it should not be the presumed Democratic position. They say the measure could threaten vulnerable groups, including women (who, they say, are more likely than men to feel like a burden to others if incapacitated) as well as minorities, the elderly and the poor, who may be tempted to end their lives because they cannot afford health care.

Under the Washington proposal, two doctors, each making an assessment independent of the other's, would have to determine that a patient had less than six months to live before that patient could receive a lethal prescription.

But Chris Carlson, chairman of the Coalition Against Assisted Suicide, the main opposition group, said he was found to have terminal carcinoid cancer in 2005 and was told then that he most likely had less than six months. Now Mr. Carlson, 61, describes his cancer as "dormant."

"You're encouraging people to prematurely give up hope, and I think that's wrong," he said. "I don't think the state should be encouraging people to give up hope."