



Assisted suicide needed

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Oregon celebrated 10 successful years of its Death with Dignity Act this past October. The law has worked well for our neighbor to the north. It has provided nothing but peace and comfort for dying patients, and even the law's opponents must agree that it has not harmed vulnerable populations disproportionately.

In June, our own legislators failed to pass AB 374, the Compassionate Choices Act, which would have provided our state with an Oregon-style law. I am greatly disappointed that such a law has not yet passed in California. I wonder what has caused our lawmakers pause. Is it religion? Is it tradition? If so, I would like to offer my own perspective, coming from my many years as a leader in the Jewish faith.

There is no question that Jewish law and tradition reject suicide, prohibit murder and accept pain and suffering as part of the human condition. But what is appropriate when a person is already dying of a terminal disease? I do not believe that helping someone achieve a dignified end to his/her life is suicide. Indeed, the patient would choose to live if only he/should could. The cancer, leukemia or ALS is doing the killing. The only choice this person has is how he/she will die.

I believe that the right of the terminally ill patient to make his/her own end of life choices is in line with my religious tradition. Judaism does support the cessation of unnecessary medical treatment for the terminally ill, as well as the withdrawal of medical treatment under some circumstances from terminal patients.

If a terminally ill patient is suffering a kind of hell on earth, and wants to put an end to his or her ordeal, I think it is my responsibility as a religious leader to figure out an ethical way to help that patient. Of course, hospice and palliative care would be the first approach. If that did not suffice to alleviate the patient's agony, however, I believe my job as a member of the clergy would be to help him/her face death in peace.

This is why I support the End of Life Consultation program offered by Compassion & Choices (www.compassionandchoices.org), which acted as a steward of the Death with Dignity Act. The aim is to inform and support terminal patients, ensuring that they have access to hospice and palliative care, and receive the support and information they need to die with dignity. I urge our lawmakers to consider what is really to gain by preventing dying people from a peaceful, painless death.

Rabbi Suzanne Singer

Los Angeles

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