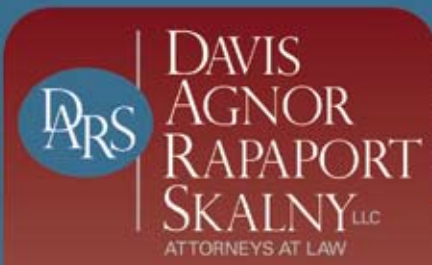


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## Physician-Assisted Suicide: Time for Reconsideration

When Judge Robert I. H. Hammerman, retired judge of the Circuit Court for Baltimore City recently took his own life because of his fear that he was suffering from a progressively deteriorating condition, I was reminded of the tremendous need for us, as a society, to come to terms with death and dying.

In Judge Hammerman's case, he prepared a plan for over 16 months that would allow him to control his quality of life in the face of a dementing condition. In a 10-page, heartbreaking letter, sent to over 2200 friends, he provided his explanation. Convinced that he was suffering from Alzheimer's disease, he did not want to end his life in a nursing home facility. After mailing his letters, he tragically took his own life in the woods near his home, with a pistol he had purchased for this sole use. Obviously, Judge Hammerman had little faith in the health care system or the justice system that, under current laws, his wishes would be honored when the time came.

Medical technology has improved at such rapid rates that we, as a community, have been left far behind in understanding how that technology can impact our lives. In many situations, it is no longer a question of whether one can be kept alive in a life-ending situation. The question has become whether the use of artificial life-sustaining procedures should be used at all if they will merely prolong one's life, and not lead to a recovery.

Another issue highlighted by Judge Hammerman's sad death is the need to understand depression as it relates to the onset of dementia. Knowing that one is developing dementia, it is fully understandable that such a diagnosis would be depressing for anyone. However, depression can be exacerbated by physical disability or with medications. In any case, focus must be brought on dealing with depression in order to maintain quality of life as long as possible, even in the presence of progressive dementia.

The most important question raised by Judge Hammerman's unfortunate act, however, is the need to

find a way for a person to control and direct one's own health care even in the face of debilitating dementia.

Several years ago, without real public debate, the General Assembly passed legislation that made physician assisted suicide a criminal act. Prior to the passage of this legislation, Oregon, by state-wide referendum, adopted legislation that authorized physician-assisted suicide under certain, very limited conditions. This assistance was considered necessary so that a qualified physician could facilitate the end one's life, without the loss of dignity. If this law was in place in Maryland, it is highly unlikely that Judge Hammerman would have felt obligated to resort to his own form of self-help.

Without the Oregon option, the best that a person can do is to prepare carefully a health care power of attorney that provides explicit instruction regarding the rendering of health care should the patient be unable to make health care decisions himself.

Preparing the power attorney, in and of itself, provides little guarantee. In addition, each person must communicate to their loved ones what they will want in certain cases or situations. One cannot over-communicate. If a family member objects to your wishes, resolve that objection yourself. Do not make the doctors, hospital administrators, or courts do that for you, because the odds will be against you that your wishes will actually be implemented, at least without serious emotional and financial damage to your family.

Can the situation that motivated Judge Hammerman to end his own life be addressed in the future? Perhaps. But for now, preparing an effective health care power of attorney, and then getting agreement about the provisions in that document with your family, may be the best you can do.