

WRONGFUL DEATHS BY ASSISTED SUICIDE OR EUTHANASIA

DENIED FUNDING FOR MEDICAL TREATMENT

People who are denied funding for medical treatment by medical insurers or the public health system but are offered funding for assisted suicide or euthanasia, as has happened in Oregon, California and Canada are at risk of wrongful deaths either by being denied needed treatment or bullied into agreeing to assisted suicide.

Oregon

In Oregon, of those who died from ingesting a lethal dose of medication in 2017, [more than one in twenty \(5.6%\) mentioned the "financial implications of treatment" as a consideration](#).¹ While this percentage is relatively small it is appalling that since 1998 forty seven (47) Oregonians have died from a lethal prescription after expressing concerns about the financial implications of treatment.

In two notorious cases, those of [Barbara Wagner](#)² and [Randy Stroup](#),³ the Oregon Health Plan informed a patient by letter that the particular cancer treatment recommended by their physicians was not covered by the Plan but that the cost of a lethal prescription to end their life would be covered.



The news from Barbara Wagner's doctor was bad, but the rejection letter from her insurance company was crushing.

*The 64-year-old Oregon woman, whose lung cancer had been in remission, learned the disease had returned and would likely kill her. Her last hope was a \$4,000-a-month drug that her doctor prescribed for her, but **the insurance company refused to pay.***

1

<http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf>

² <https://abcnews.go.com/Health/story?id=5517492>

³ <http://www.foxnews.com/story/2008/07/28/oregon-offers-terminal-patients-doctor-assisted-suicide-instead-medical-care.html>

What the Oregon Health Plan did agree to cover were drugs for a physician-assisted death. Those drugs would cost about \$50.

"It was horrible," Barbara Wagner explains "I got a letter in the mail that basically said if you want to take the pills, we will help you get that from the doctor and we will stand there and watch you die. But we won't give you the medication to live."⁴



Since the spread of his prostate cancer, 53-year-old Randy Stroup of Dexter, Oregon, has been in a fight for his life. Uninsured and unable to pay for expensive chemotherapy, he applied to Oregon's state-run health plan for help.

*Lane Individual Practice Association (LIPA), which administers the Oregon Health Plan in Lane County, responded to Stroup's request with a letter saying **the state would not cover Stroup's pricey treatment, but would pay for the cost of physician-assisted suicide.***

"It dropped my chin to the floor," Stroup said. "[How could they] not pay for medication that would help my life, and yet offer to pay to end my life?"⁵

California



[Stephanie Packer](#), a wife and mother of four who was diagnosed with a terminal form of scleroderma, said her insurance company initially indicated it would pay for her to switch to a different chemotherapy drug at the recommendation of her doctors.

But shortly after California's End of Life Option Act, which authorizes physicians to diagnose a life-ending dose of medication to patients with a prognosis of six months or less to live, went into effect, Ms. Packer's insurance company had a change of heart.

⁴ https://www.youtube.com/watch?v=erzYKNrsx_I

⁵ <https://www.youtube.com/watch?v=fKOT3oujULI>

“And when the law was passed, it was a week later I received a letter in the mail saying they were going to deny coverage for the chemotherapy that we were asking for,” Ms. Packer said.

She said she called her insurance company to find out why her coverage had been denied. On the call, she also asked whether suicide pills were covered under her plan.

“And she says, ‘Yes, we do provide that to our patients, and you would only have to pay \$1.20 for the medication,’” Ms. Packer said.

Ms. Packer said her doctors have appealed the insurance company’s decision twice, to no avail. She said **the assisted-suicide law creates an incentive for insurance companies to deny terminally ill patients coverage.**⁶



[Dr Brian Callister](#), associate professor of internal medicine at the University of Nevada, said he tried to transfer two patients to California and Oregon for procedures not performed at his hospital. Representatives from two different insurance companies denied those transfer requests by phone, he said.

The patients were not terminal, but “would have become terminal without the procedures.”

And in both cases, the insurance medical director said to me, “Brian, we’re not going to cover that procedure or the transfer, but would you consider assisted suicide?”

The phone calls took place last year within the span of a month, Dr. Callister said. He said he did nothing to prompt the suggestion in either case.⁷

Canada



[Roger Foley](#), who has a crippling brain disease, has been seeking support to live at home. He is currently in an Ontario hospital that is threatening to start charging him \$1,800 a day. The hospital has told Roger that his other option is euthanasia or assisted suicide under Canada’s medical assistance in dying law.⁸

⁶ <https://www.youtube.com/watch?v=1NoNthOhMd4>

⁷ <https://youtu.be/JzafMM9QCAg>

⁸ https://www.australiancarealliance.org.au/canada_assisted_suicide_not_assisted_living

Belgium

[Christophe](#), a father of four young children aged 4, 6, 7 and 10 years old, has begun the process of seeking euthanasia in Belgium, after the Belgian health system refused funding support for the only available treatment for the rare blood disease - [paroxysmal nocturnal hemoglobinuria](#) - which he has suffered from since he was 17 years old.

The disease which is caused by a random mutation and is not inheritable. It causes red blood cells to be attacked resulting in fatigue, a risk of thrombosis and organ deterioration. The disease is degenerative with no known cure. However, treatment with a monoclonal antibody called [Soliris](#) has proved successful in achieving significantly reduced hemolysis (destruction of red blood cells) leading to to an improvement in symptoms and a reduction of thrombotic events, which can prove fatal.

Six months treatment costs 50,000 euros.

"It would not save me but it could make me live a decade more with my children," says the young man. "What really makes me sick is that I know they're going to lose me."



Today, Christophe lives alone. He separated from the mother of his children two years ago, "to give her back her freedom," he says. "I was not too present, I slept all the time, it was always the hospitals ... It's tiring for a girl like her," he says.

Christophe feels so weak that he does not come out of his house anymore. "Every time I went out I grabbed a microbe," he says. "I'm at home, I do tidying up, I watch TV, I'm eating," he continues. His children visit him on weekends, always in the presence of his parents. "If I fall into a coma, it's not my 4-year-old daughter, my 10-year-old son, the youngest 7 and 6 years old, who can call an ambulance," he says.

Apart from these visits, Christophe no longer enjoys anything. "I live like a prison," he laments. He began thinking about euthanasia three years ago. Over the last year, he has embarked on the steps that would allow him to be euthanased.