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Health care community should have been ready

If a law makes money for the government, all the arrangements to collect the dollars seem to be in place the day it takes effect.

So it's odd to learn the voter-approved Death With Dignity Law that took effect last month has yet to have a path to fulfillment in our community.

Yes, it's now legal to obtain a prescription for a life-ending drug if you are an adult of sound mind and have been diagnosed with a terminal disease that will kill you within six months.

The idea is to allow you to take a lethal dose of prescribed pills and pass peacefully from this life on your own terms, rather than spending your dying days in pain and deteriorating health.

Our law is modeled after a similar one in Oregon, which has been in place for 11 years. Fifty-nine doctors there prescribed the life-ending drugs to 88 people last year, though not all the patients took the poison.

For some, it's just comforting to know that it's an option if what remaining life they have becomes unbearable. It's a model that has been in place for years, and should be easy to copy.

But so far, there's no way to take advantage of the law in the Tri-Cities.

One man found out the hard way. He was diagnosed with pancreatic cancer two days after the law took effect in March.

This type of cancer is one of the worst. It usually kills, and kills quickly after diagnosis.

Seventy-six-year-old Stephen Wallace of Benton City knew the score. And he knew the law. He felt his fate was sealed, and he wanted to be the one who called the final shot in the comfort of his own home.

So his family spent many frustrating days trying to fulfill his dying wish. But Wallace didn't have many days left. And despite the fact that the Kadlec Health System and Kennewick Public Hospital District boards had voted to let their physicians participate in the program, no one could help.

Not local doctors, not politicians, not the state Department of Health. The Wallace family was referred to Compassion and Choices of Washington, a group dedicated to helping with end of life issues. But the Seattle group could offer no help in locating a Mid-Columbia doctor to fill the prescription.

Even advocates acknowledge the law is too new for the option to be widely available.

Conditions on doctors choosing to participate are onerous, requiring them to file paperwork with the government, essentially making their participation in the program public record and possibly making the physician a target for the law's opponents.

Some doctors also say they object to the legal requirement to list the cause of death as the terminal disease, rather than the prescription.

Some public officials believe that there are doctors in the Tri-Cities who would like to assist, but the reporting requirements of the law may deter them from participating.

All that should have been worked out in the months after voters approved the new law, and hospitals should have had adequate procedures in place from outset.

Declaring doctor participation in the program acceptable, but then not at least having a referral system in place when someone requests the service was an avoidable mistake.

Surely, the decade-old Oregon law provides a time-tested model that could be adapted here.

Time for Stephen Wallace ran out. The cancer spread to other organs, bringing his life to a painful close as he could no longer speak, stand or eat.

He died within a month, in a manner he certainly didn't want. Voters approved the law to provide another way out for people like Wallace.

If it had been an increase in car tab fees or sales tax, the state certainly would have started collecting the second it went into place.

In the end, the law and our health care system failed Wallace, just as his body did.