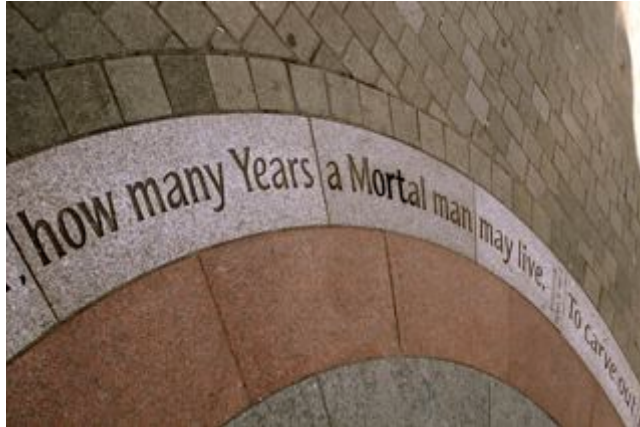


# Things Are Not as They Seem

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Videos of Brittany Maynard, who ended her life on November 1, 2014, by physician-assisted suicide (PAS), have brought the discussion of PAS to national and even international levels. A less publicized case is that of Robert McLester.

Carol McLester did not know why her husband asked for the gun. Bed-ridden since his stroke thirteen months earlier, a retired Navy officer of the outdoorsy type would seem to be trustworthy with a pistol. Carol willingly delivered the gun, then walked into the kitchen to finish washing the dishes. A few minutes passed before a resounding BANG split the air of their home in rural Grayville, Tennessee. This is the report that Carol delivered to the Sequatchie County Sheriff's Department the night of Robert McLester's suicide on July 29, 2012.

In a *Times Free Press* (TFP) article, Shelly Bradbury describes details of the incident from the perspective of Bonnie Lewallen, Robert's daughter. After Robert's stroke in May of 2011, his "never surrender, never quit" attitude was replaced by a depressed state — a state that culminated in a family meeting where he announced his desire to end his life. Carol possessed this knowledge of her husband's mental state on that fateful day in July. When asked to be interviewed, Carol simply stated that she loved her husband before insisting to be left alone... A year and a half later, a grand jury declined Carol's indictment much to the chagrin of Bonnie, who feels passionately about obtaining justice for her dad.

Suicide on its own has a dark essence; involvement of a "caretaker" bears an even darker flavor. Recently, an influx of newscasts and YouTube videos have publicized Brittany Maynard's situation and promoted PAS. "Death with Dignity" laws — laws giving terminally ill patients the right to take lethal medications prescribed by their physicians — have been enacted in Oregon, Washington, and Vermont. Montana and New Mexico do not have such laws, but court decisions have resulted in physicians being given some level of protection for writing prescriptions for lethal medications.

Internationally, the Netherlands, Switzerland, Belgium, and Luxembourg are on board with PAS. The story of Brittany Maynard is being used to promote PAS in other states and lands.

Physician-assisted suicide differs from euthanasia. C. Ben Mitchell, Ph.D., explains, "Physician-assisted suicide is the practice of the physician providing the means for the patient to kill himself or herself...

Euthanasia, on the other hand, is where the physician actually administers the lethal drug to the patient. In the first instance the patient is the direct agent, and in the second the physician is the direct agent." In each PAS case, the lethal agent — such as secobarbital or Seconal — is prescribed by the patient's doctor. The patient chooses when to use the drug to voluntarily cut life short. This appears to make death into a justified and autonomous act.

On a personal level, telling others they are wrong for wanting to end their suffering is a difficult war to wage. Arguably, we bond in community as a function of our innate desire to remove suffering from the lives of those we love. To semantically mask the act of suicide with noble words such as "dignity," however, yields an Orwellian essence that is hard to ignore.

In the HBO documentary, *How to Die in Oregon*, a hard-working man named Randy offers some haunting viewpoints on PAS in Oregon. The scene opens with him working on his truck, appearing to have nothing seriously wrong with him. We soon learn, however, that he is suffering from a progressive prostate cancer. Due to Randy's low income, he has applied for state assistance to pay for chemotherapy. The state of Oregon has sent him a letter outlining the healthcare options for which he qualifies: chemotherapy is not one of them. Palliative care or "death with dignity" are the only options that Oregon offers to Randy.

In highly publicized examples, like that of Brittany Maynard, PAS is seen as something for which patients ask. However, Randy's example shows a facet of PAS that the national and international stages do not typically see; the healthcare system's use of suicide as care option.

The focal points of Robert, Brittany, and Randy's situations are the individuals themselves. They are people just like you and me that live their lives and make choices based on the ways in which they view the world. As humans, we want to live truthful lives, which implies truthful, wholesome ethics. The issue of PAS tests even the hardest of ethics. It is important to remember that in the argument of PAS as "a right" — as in all arguments of "rights" — there is a concomitant responsibility. The responsibility will rest with physicians and the state. In light of the publicity that PAS is receiving, what better time is there than now to make sense of your position on PAS? Listen to the stories, study the effects, for the gateway to PAS may rest on your ballot in the near future.

*Further reading:*

[Always Care, Never Kill: How Physician-Assisted Suicide Endangers the Weak, Corrupts Medicine, Compromises the Family, and Violates Human Dignity and Equality](#)

[Brittany Maynard Speaks from the Grave to California Legislators](#)

[California Senate Committee Advances Right-to-Die Legislation](#)

[Christian Medical & Dental Associations \(CMDA\) Statement on Physician-assisted Suicide](#)