



# Assisted Suicide

Judy Cassidy  
EDITOR

Once read an insightful analysis of why the nation's "war on drugs" program of a few years ago had dismal results in curbing drug abuse. The logic of the analyst's explanation should have been obvious. The war focused on trying to stop the illegal entry of drugs, but did little to address the root of the problem—society's demand for drugs. As long as the demand—and the huge profits it generated—existed, the "war" approach could never be effective.

I see a clear parallel with society's apparently growing demand for access to physician-assisted suicide. Despite rigorous opposition, Oregon voters last November passed Ballot Measure 16, which made it legal for physicians to prescribe lethal drugs for terminally ill patients. And demand seems to be spreading. In several states, including Massachusetts and Vermont, legislators have introduced similar measures.

Realizing that people are resorting to this "solution" because they do not trust the health-care system to take care of them when they are critically ill, three Catholic healthcare systems decided to take a more proactive tack than fighting in the courts and legislatures (see p. 18). PeaceHealth, the Sisters of Providence Health System, and Franciscan Health System—recently joined by the Daughters of Charity National Health System, the Carondelet Health System, and the Catholic Health Association—are collaborating to educate their communities and develop models for providing compassionate care and relief of suffering to persons at the end of life. If they can give people confidence that they will be well cared for, then the demand for physician-assisted suicide should wane.

## LEADERSHIP ON THE FRONT LINES

Mergers and restructurings of all kinds are dramatically altering the way healthcare is delivered. Leaders are forming new types of organizations and affiliations. Within their organizations they

*Catholic  
healthcare  
systems have  
taken a  
proactive  
tack to  
educate their  
communities.*

are guiding the reengineering of work processes. Amid this turmoil, the American College of Healthcare Executives says CEO turnover exceeds 14 percent. To find out how Catholic healthcare leaders are faring, *Health Progress* interviewed three leaders who have been in the thick of change in different parts of the country—Vincent J. McCorkle, Gayle Capozzalo, and Curtis S. Roberts. See the article on p. 24 to learn how these leaders' jobs have changed, what new skills they have had to acquire, how they cope with the present, and what they see for the future.

On p. 31, Ed Giganti, a CHA senior associate, describes the "head and heart" sides of leaders. He emphasizes the importance of spirituality in distinguishing outstanding leaders.

Values also distinguish leaders, and Provenant Health Partners, Denver, supports this aspect of leadership through its values-based development program. David Black and Sr. Jeannette Kneifel, OSF, explain the program's goals on p. 28.

## HEALTH PROGRESS UPDATE

We congratulate artist John Collier, who recently won a Certificate of Excellence in the American Illustration Competition—the highest national commercial art honor—for his work in the April and June 1993 issues of *Health Progress*.

*Health Progress* has entered the electronic age. Now you can access *Health Progress* through **CHAOnline**, the only computer network devoted to health and health-related issues. For more information, contact Ed Giganti at CHA by phone at 314-253-3506 or e-mail at [ed.giganti@healthonline.com](mailto:ed.giganti@healthonline.com).