

# A Postmortem on Initiative 119

BY STEPHEN G. POST, PhD

**O**n November 5, 1991, voters in the state of Washington defeated Initiative 119, 54 percent to 46 percent. Had it passed, Initiative 119 would have allowed physicians to engage in mercy killing or assisted suicide in cases of terminally ill patients who are mentally competent and for whom death is six months away or less. It would have given no rights to persons with cancer, AIDS, or other frightening, protracted illnesses. Among other safeguards, the patient request would have had to be in writing and witnessed by two nonrelatives (and nonheirs) other than employees of the physician or the healthcare institution.

A *New York Times* editorial concluded that Initiative 119 failed because of fear (1) that people might choose death "even though their pain might be manageable," (2) that the six-month cutoff would be difficult to implement, (3) that inevitably people with more protracted illnesses would be killed, and (4) that "the elderly might choose suicide simply to spare their families' lives and pocketbooks" ("The Voters Anguish over Death," November 9, 1991, p. A12). In addition, some voters feared eventual involuntary mercy killing.

Peter Steinfels suggests that voters, "when their minds are wonderfully concentrated, will probably put the burden of proof on those proposing a departure from civilization's deeply entrenched belief that doctors should not kill" ("Beliefs," *New York Times*, November 9, 1991, p. A8). Steinfels adds, however, that because of the tremendous fear of overtreatment of the dying, 46 percent of voters in Washington were in support of the initiative. Other similar initiatives will appear, he warns, most immediately in California and Oregon. "If the country declines them," concludes Steinfels, "the most powerful reason may turn out to be the growth of the hospices that some religious groups have already been sponsoring."

Doubtless political scientists will be assessing



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the Washington vote for months before clarifying the reasons for the failure of Initiative 119. However, I will hazard a guess.

Steinfels cited a *Boston Globe* and Harvard School of Public Health poll of 1,311 adults nationwide, conducted between October 18 and 20. It discovered that 64 percent of Americans approve of mercy killing and 61 percent support Initiative 119. Polls in Washington State indicated greater than 60 percent support for the initiative over several months. Victory for death making appeared certain. What could have happened to change voters' minds between October 20 and November 5?

Something did happen: Dr. Jack Kevorkian made the headlines with his slightly "improved" suicide machine. On October 23 he assisted in the suicide of a 58-year-old woman with "a severe but unspecified pelvic disorder" and of another woman suffering from multiple sclerosis (Isabel Wilkerson, "Rage and Support for Doctor's Role in Suicide," *New York Times*, October 25, 1991, pp. A1, 8). Even Derek Humphrey, leader of the Hemlock Society, decried the acts of this "loose cannon Kevorkian." (The state of Michigan has since revoked Kevorkian's medical license.)

Jack Kevorkian has given a personal face to the philosophical and theological arguments against mercy killing and assisted suicide. The somewhat abstract contention that Initiative 119 would open the door to great abuses and myriad slippery slopes gained credibility with the deeds of this Michigan pathologist, described in the popular media as "Dr. Death," "Terminator III," and "Death Buster."

Nevertheless, those of us who prefer comfort care and palliation for the dying to the death-making alternative of Initiative 119 must continue to articulate our reasons in a compelling way, since we cannot depend on the strategic errors of the Kevorkians of the world. If the defeat of Initiative 119 is any indication, it appears the public is willing to seriously consider arguments against mercy killing. □