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## Why Did Voters Reject Michigan's Physician-Assisted Suicide Initiative?

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## Why did voters reject Michigan's physician-assisted suicide initiative?

The following essay is based on op-ed pieces that appeared in the *New York Times* on November 4, 1998 and the *Detroit Free Press* on November 5, 1998 after voters defeated Michigan's Physician-Assisted Suicide voter initiative by a 2-to-1 margin.

— BY YALE KAMISAR

In November 1997, when Oregon voters reaffirmed their support for doctor-assisted suicide, some commentators called it a turning point for the "right to die" movement. But the lopsided defeat of a similar proposal in Michigan is a better barometer: in general, assisted suicide continues to fare badly in the political arena.

Ballot initiatives failed in both Washington State and California in the early 1990s, and though bills to legalize doctor-assisted suicide have been introduced in some 20 state legislatures in the last decade, not one has passed.

Oregon appears to be a striking exception to this trend. The most plausible explanation for the large margin by which Oregon voters supported assisted suicide in 1997 was their resentment that the state legislature had forced them to vote on the issue again after it was narrowly approved 51-49 percent initially. This was the first time in state history the legislature had tried to repeal a voter-passed initiative.

Several months before the Michigan vote (as was true in Washington and California), polls indicated that the measure would pass easily. What happened?

Proponents of Proposal B, as the measure was known here, will tell you that "big money" did them in. It's an understandable explanation.

Proposal B supporters spent most of the money they raised getting the issue on the ballot. They complain that late in the campaign they were overwhelmed by the TV ads of their much better-funded adversaries, who raised five times as much to defeat the initiative as supporters raised to pass it. This explanation would seem to make sense. The initiative was opposed by 30 groups, including the Catholic Conference, Right to Life, the state medical society, the

state hospice association, and a disability rights group.

Money, though, is not the whole story. The Michigan experience shows that it is much easier to sell the basic notion of assisted suicide than to sell a complex statute making the idea law.

The wrenching case where a dying person is suffering unavoidable pain is the main reason there is so much support for the concept of assisted suicide in this country (as opposed to support for specific laws). All too often, a reporter thinks the way to treat the issue in depth is to give a detailed account of someone who is begging for help in committing suicide. But such cases — which are relatively rare — blot out what might be called societal or public policy considerations, like how to tell if the patient actually has treatable but hard-to-detect depression.

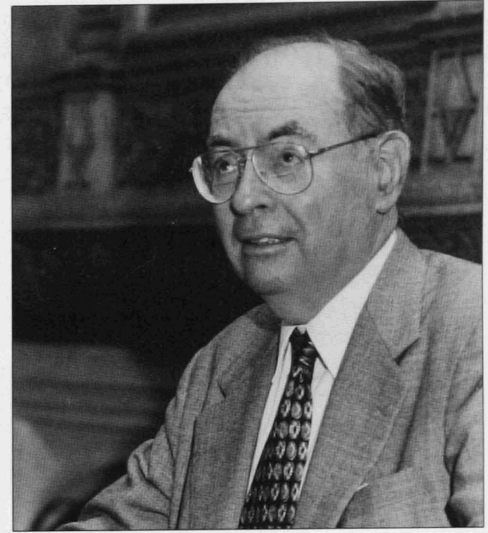
When pollsters ask about the issue, most people, I suspect, focus on the poignant case. But when people are asked to approve a complex, 12,000-word initiative, as in Michigan, the focus shifts.

Now people start worrying about whether the measure provides too few procedural safeguards, or too many. They worry about whether it would impose too many burdensome requirements on dying patients and their loved ones.

For example, many Michigan voters seemed disturbed that the proposal included no requirement that family members be notified of a patient's decision to seek assisted suicide. Critics argued that a child might go to visit her father in a nursing home, only to discover that he had committed suicide the previous day. But if the proposal had required that all members of the immediate family be informed, that provision, too, would have been criticized as hindering a person's right to assisted suicide.

When Ed Pierce, the retired Ann Arbor physician who led the group that got Proposal B on the ballot, realized a few weeks before the election that support for the measure was eroding, he tried to explain why his cause had lost momentum. He argued that opponents' "attack ads" were "ignoring the central issue" — whether a terminally ill person should have the right to physician-assisted suicide.

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But the idea of assisted suicide was no longer the central issue. The main debate had shifted — it was now about how the complex measure would actually work in a state where more than a million residents have no health insurance. Another concern became whether and how the proposal would change the way seriously ill patients and their loved ones view their lives — and the "hastening" of their deaths.

Perhaps a few opponents of the measure acted in bad faith. But not all.

The *Detroit Free Press* and the *Ann Arbor News* had supported the basic idea of physician-assisted suicide. But alarmed by various provisions in the measure, both newspapers urged their readers to reject it. Newspapers all over the state especially disliked exempting the committee that would oversee the procedures from the state's Open Meetings and Freedom of Information acts, which would promote secrecy and a lack of accountability to the public.

Anecdotes about individual cases and strong rhetoric about personal autonomy and self-determination are one thing; concrete and detailed proposals intended to cover thousands of cases are something else. As the noted ethicist Sissela Bok has observed, "No society has yet worked out the hardest questions of how to help those patients who desire to die, without endangering others who do not."

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