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Defending the Black Poor: Opposing Assisted Suicide

Doctor-prescribed suicide does the opposite of letting people die with dignity. It guarantees that the poorest and most vulnerable residents of the state will feel they have only one choice: death. Poor black and brown people have few if any options when it comes to quality health care, but if this becomes law we will limit their options even further by pressuring them to commit suicide. In short, this bill is tantamount to a political hypodermic needle to dispose of black and brown people and the poor.

We want our legislators to focus on relieving suffering and providing comfort for those who are approaching the end of their lives rather than creating laws that push poor black and brown people towards committing suicide. Let us increase the resources available to provide palliative care, including pain relief, and hospice care for all people, but especially for the poor.

In a nation plagued with rampant economic inequality, Boston is the city with the largest gap between rich and poor according to the Brookings Institution: the average income of the top 5% in the city is over $266 thousand annually. People in the bottom 20% earn less than $15 thousand (Holmes and Berube 2016). Year after year, people at the top earn more than fifteen times what the poorest earn. And that poverty is concentrated in the black and brown neighborhoods of our city. These are the people who are most at risk if assisted suicide becomes legal. This makes assisted-suicide laws dangerous for poor blacks and Latinos: if an insurance company has to pay more money for a life-saving medication or surgery than it would for a few lethal pills that cost about $300, what is it likely to push vulnerable patients towards?

This problem is not limited to Boston. African Americans and other minorities in Massachusetts suffer from higher rates of poverty than whites. Less than 8% of whites in

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the Commonwealth are poor, compared to over 20% of blacks. In Fall River, almost half of all blacks, 41.7%, are poor. In Brockton and New Bedford over three in ten Blacks are poor[1].

The cost of lethal medication generally used for assisted suicide is far cheaper than the cost of treatment for most long-term medical treatments. The incentive to save money by denying treatment is already a significant danger. This danger could be far greater if assisted suicide is legal. If patients with limited financial resources are denied other treatment options by their insurance, they are, in effect, being steered toward assisted suicide.

In addition to the pressure from health insurers poor black and brown people are more likely to feel an obligation to end their lives because of the burden that they think they represent to their families. In families with limited resources, end of life care is likely to be more onerous than in those in a strong financial position. This factor would make medically approved suicide appear more viable to the poor than actual treatment or hospice care.

Poor black people will suffer pressure to end their lives because they have minimal health care. They will be at risk when insurers refuse to cover expensive treatments for end of life care. They will be more tempted to commit suicide due to pressure from financial hardship when they are desperately ill. Black people who don't have access to long term mental health care will be driven to take their own lives. These poor black people will act, not of their free will, not as a freely chosen option, but because of the pressure generated by society.

They will be the victims of the cultural shift that the preferences of the wealthy create. People who have had every advantage, every privilege in life are the ones who despise the broken pieces of life left at the end of a terminal illness. They are the ones who seek to kill themselves, careless of the impact on those who treasure every moment they get to live. The pressures and challenges experienced in minority neighborhoods are simply not felt in rich towns, which is why advocacy for assisted suicide is limited to the high end of the socioeconomic scale. It is the privileged who have had every advantage who reject a life diminished by age or physical limitations. They scorn what the poor cherish, the gift of life.

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[1] Albelda, Randy; Cadet, Ferry; and Mei, Dinghong, "Poverty in Massachusetts by Race" (2011). *Center for Social Policy Publications*. 56. http://scholarworks.umb.edu/csp_pubs/56 http://scholarworks.umb.edu/csp_pubs/56/ Accessed 9/19/17

African Americans are already at a huge disadvantage: we live on average nine to 15 years less than white Americans. But we resist assisted suicide: In 2013, the Pew Research Center found 65 percent of African Americans and Latinos nationwide opposed aid-in-dying. And here in Massachusetts the 2012 referendum on assisted suicide was resoundingly rejected in black neighborhoods across the state.

The threat that assisted suicide poses to the poor and to black people is illustrated by cases from states that have made the grievous mistake of legalizing it. In California, Stephanie Packer's health insurance initially refused to pay for a life-saving drug but offered her the much cheaper option of drugs that would kill her. In her terminal illness support group, instead of offering each other encouragement and hope and they once had, after assisted suicide became legal members shared the feeling that they ought to kill themselves.

Barbara Wagner in Oregon suffered a similar situation when she was denied treatment for cancer that would have extended her life. Randy Stroup had a similar experience. And those are the cases that made the news and that we know about. Since Oregon has admitted to problems with data collection and retention, these cases may be only the tip of the iceberg.

Suicide contagion is another powerful dynamic to which our poor black and brown citizens would be subjected by this bill. The famed sociologist, Emile Durkheim, first documented the fact that social conditions in various societies either promote or reduce suicide in 1897 in his study titled, *Suicide*. Current data from Oregon supports Durkheim's findings since the suicide rate there among those aged 35-64 increased almost 50% between 1999 (two years after PAS was introduced) and 2010. Nationwide the increase was only 28% in the same period[2]. According to a study published by the *Southern Medical Journal* the introduction of assisted suicide was associated with a 6.3% increase in total suicides even when differences between states, such as socioeconomic status, were taken into account.[3] African Americans have relatively low rates of suicide, one of the few optimistic racial statistics. But to grant permission to commit suicide to people who see their quality of life as too low, would devalue the lives of poor black and brown people who struggle to survive. To add the threat of suicide contagion, to which

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[2] "Suicide is Increasing in Oregon" Central Oregon Medical Society. http://www.comedsoc.org/Suicide_-_Oregon_Ranked_2nd.htm?m=66&s=520 Accessed 9/25/17

[3] Jones, D. A., & Paton, D. (2015). How does legalization of physician assisted suicide affect rates of suicide? *Southern medical journal*, *180*(10), 599-604.

these vulnerable populations would be prone, would be a real disservice to the black and brown poor.

Massachusetts legislators should reject a bill that denies the Commonwealth's black and Latino residents, as well as its elderly, poor, and disabled, the most vulnerable citizens, true freedom at the end of their lives, lives in which they have had to overcome enormous obstacles. Legislators should focus resources on saving lives and easing pain, not encouraging death.