

The Dangers of Assisted Suicide

How legalization threatens the sick, disabled, and elderly



Physician-assisted suicide—when a doctor prescribes a lethal dose of medication for a patient to intentionally take his or her own life—has been formally legalized in Oregon (1997), Washington (2009), Vermont (2013), and California (2015). Proponents are currently seeking legalization in many more states across the country. These efforts should be strongly resisted.

Assisted suicide violates human dignity and equality. It is unnecessary. And it poses grave dangers to vulnerable members of our society. All patients—regardless of illness, age, and disability—deserve care rather than killing.



Assisted suicide violates human dignity and equality

Each person matters. That's why suicide is always tragic. Every human life, without exception, is valuable—regardless of age, illness, disability, and dependency, and regardless of whether a person will live for another six months or another 60 years.

Society recognizes the tragedy of suicide in general and tries to prevent it. But laws authorizing assisted suicide treat some individuals differently. The primary reasons patients cite for assisted suicide in Oregon¹ and Washington² include “losing autonomy” and the inability to engage in certain activities.

Legalizing assisted suicide creates a double standard according to which some suicidal persons (those who are able-bodied and physically healthy) are offered suicide *prevention* and other suicidal persons (those who are disabled and sick) are offered suicide *assistance*.³ Some people are protected under the law while other people are deemed eligible to be killed.

Assisted suicide sends the harmful and discriminatory message that the lives of disabled, sick, and dependent people are less valuable or “dignified” than the lives of everyone else.⁴ But no one should be excluded from protection and care.

Assisted suicide endangers the vulnerable

Proponents of assisted suicide focus on sympathetic individual stories, but these can obscure the many dangers of legalization. People are harmed when assisted suicide is legal.

Coercion and abuse:

Assisted suicide creates new avenues of pressure, coercion, and abuse. Assisted suicide laws may allow an heir or abusive caregiver to witness the suicide request and pick up the lethal prescription. And they do not require that anyone witness

the death—there are no safeguards at all once the lethal drug has been dispensed. Someone else could administer the drug without the patient's consent, and no one would ever know. In Oregon¹ and Washington,² where assisted suicide is legal, prescribing physicians generally are not present when the lethal dose is administered. There is no guarantee that patients are competent or acting freely at the time of death.

Legalizing assisted suicide also leads to other kinds of pressure and coercion. In Oregon, 40 percent of assisted suicide patients have expressed concern about being a “burden” on family and friends.¹ In Washington, 61 percent in 2013 expressed the same worry.² Moreover, after legalization, public and private insurers have a financial incentive to steer patients toward suicide rather than life-extending treatment. Some Medicaid patients in Oregon have been denied expensive treatment and offered assisted suicide instead.⁵

Neglect of the mentally ill:

Assisted suicide laws do not require that a patient undergo psychiatric evaluation before receiving the lethal prescription. Yet as a study published in the *American Journal of Psychiatry* concluded, “The desire for death in terminally ill patients is closely associated with clinical depression—a potentially treatable condition—and can also decrease over time.”⁶ In Oregon¹ and Washington,² only a tiny fraction of assisted suicide patients first receive counseling. A *British Medical Journal* study

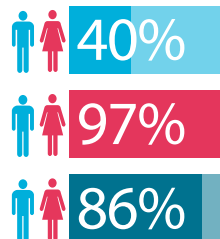
of patients in Oregon found that “the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression from receiving a prescription for a lethal drug.”⁷ Suffering people deserve treatment and support, not killing.

Mistaken diagnoses:

Assisted suicide laws rely on correctly diagnosing that a patient has less than six months remaining. But such predictions are inexact and often mistaken. In both Oregon¹ and Washington,² patients receiving lethal prescriptions have lived more than 1,000 days before dying by suicide—that means they lived years beyond the (mistaken) six month prognosis. The term “terminal illness” has even been defined to include chronic conditions that would only cause death if left untreated.

Jeanette Hall, an Oregon cancer patient, received a terminal diagnosis in 2000. She wanted assisted suicide, but her doctor encouraged her to undergo treatment instead. Today her cancer is gone and she is very happy to be alive. “If my doctor had believed in assisted suicide, I would be dead,” she says.⁸ Legalizing assisted suicide encourages patients who would live for months, years, or even decades to throw their lives away.

Assisted suicide patients in Oregon (2014)



feel like a “burden” on others

given lethal drugs without first receiving any psychiatric counseling

die without the prescribing physician present

Suicide contagion:

Research shows that the acceptance, legitimization, and publicity of suicide encourages additional suicides. That's why assisted suicide can increase the number of regular (non-assisted) suicides.⁹ Following Oregon's legalization of assisted suicide in 1997, for example, regular suicides in that state have increased significantly at a rate well above the national average.¹⁰ And a 2015 study in the *Southern Medical Journal* concluded that (controlling for numerous factors) "legalizing [physician-assisted suicide] was associated with a 6.3 percent increase in total suicides."¹¹ Suicide is already among the leading causes of death. Legalizing assisted suicide can influence vulnerable people and make this devastating problem worse.

Lack of oversight:

Assisted suicide laws lack meaningful oversight and investigative authority. Washington's law even instructs doctors to falsify the death certificate

by listing the patient's disease as the cause of death. And when a doctor is unwilling to prescribe lethal drugs to a suicidal patient (because of concerns about depression or other factors), the advocacy group Compassion & Choices

Top five "end of life concerns" of assisted suicide patients in Oregon (1998-2014)

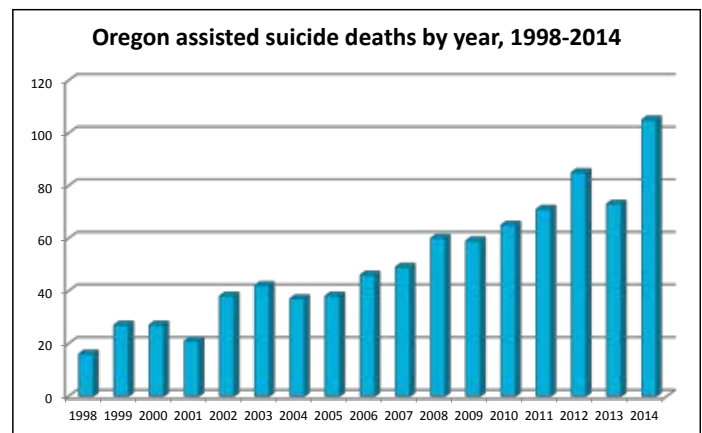
1. Losing autonomy (91.5%)
2. Less able to engage in activities making life enjoyable (88.7%)
3. Loss of dignity (79.3%)
4. Losing control of bodily functions (50.1%)
5. Burden on family, friends/caregivers (40%)

In reality, people don't have assisted suicides because they face intractable pain. They opt for suicide for social and psychological reasons. These patients can be helped and supported without resorting to suicide.

(formerly the Hemlock Society) can often connect the patient to an assisted suicide-friendly physician. This "doctor shopping" can bypass even minimal safeguards. An analysis in the *Michigan Law Review* concluded that "[t]he evidence strongly suggests that [Oregon's] safeguards are circumvented in ways that are harmful to patients."¹²

Expansion of killing:

Current assisted suicide laws and proposals authorize suicide for patients diagnosed with less than six months to live—but the reasons and arguments for suicide do not apply only to those with a terminal diagnosis. Similarly, current laws authorize assisted suicide but not euthanasia (when the doctor, rather than the patient, ends the patient's life). But some suicidal persons have disabilities that render them unable to take their own lives; why should they



be denied the same option available to others? Neither of these limitations is accepted in the Netherlands or Belgium, the first two countries to legalize active euthanasia.

The justifications for killing in Europe have broadened significantly. In both the Netherlands and Belgium, voluntary euthanasia has led to the *nonvoluntary* euthanasia of (usually) mentally incompetent patients. Each year hundreds of people are euthanized without their explicit request.¹³ Assisted suicide cannot be effectively controlled.¹⁴

Assisted suicide is unnecessary

It is already legal for patients to decline unwanted medical treatment and allow the dying process to take its course. And everyone has the right to receive good palliative and hospice care. Assisted suicide is something very different—it is intentional killing. This practice, explains the American Medical Association, "is fundamentally incompatible with the physician's role as healer."¹⁵

Advocacy groups claim that assisted suicide is necessary to prevent pain and suffering, but pain can be controlled if proper care is made available. According to the National Hospice and Palliative Care Organization, "When symptoms or circumstances become intolerable to a patient, effective therapies are now available to assure relief from almost all forms of distress during the terminal phase of an illness."¹⁶ Even in the

most extreme cases, palliative sedation can prevent suffering at the end of life. Concern about pain is not a major reason given by those who have assisted suicides in Oregon¹ and Washington² (the primary reasons involve social and psychological issues).

Certainly, disease and disability involve real difficulties and fears. But the solution to these problems is not suicide. The solution is to provide the emotional

support and medical care that patients need, including mental health care and palliative care. The best answer to suffering is to end the suffering. It is not to kill the sufferer.

All people deserve protection, care and support

Most states that have considered assisted suicide have rejected it—and for good reason. Legalizing assisted suicide is a grave mistake. It jeopardizes the lives of vulnerable people, especially those who are sick, disabled, and dependent. States should instead strive to ensure quality palliative and hospice care. Every human being—irrespective of age, illness, and disability—deserves protection and compassion under the law.

Jeanette Hall requested assisted suicide when she received a terminal diagnosis in 2000. Her doctor suggested treatment, and today she is cancer-free and happy she did not choose to die.



The American Medical Association opposes assisted suicide

“Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.”

—AMA Code of Medical Ethics

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Minnesotans Against Assisted Suicide

4249 Nicollet Avenue | Minneapolis, MN 55409
612.825.6831 | kris@mnaas.org | www.mnaas.org

facebook.com/MinnesotansAgainstAssistedSuicide | twitter.com/MinnesotansAAS

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