



Patients Rights Action Fund, Not Dead Yet, Disability Rights Education and Defense Fund

Suicide has a devastating impact on an individual, his/her family and society as a whole and is one of the most formidable problems facing the American people. Suicide prevention is a critical and important societal goal, involving the promotion of policies and practices to prevent it from happening. There are strong indications that legalization of assisted suicide, which at its core encourages and even glamorizes suicide, results in promoting suicide rather than enhancing prevention efforts.

Evidence from Oregon Suggests That Legalizing Assisted Suicide Leads to Increased Suicides in Veteran and General Populations

- Oregon has practiced assisted suicide for over 20 years. By 2010, the age-adjusted suicide rate among Oregonians was 17.2 per 100,000, 41% above the national average.¹ Individuals who have struggled with suicidal tendencies often point out that, for them, legalizing assisted suicide is tantamount to society encouraging suicide.²
- A CDC report reveals that from 1999-2010, suicide among those aged 35-64 increased 49% in Oregon as compared to a 28% increase nationally.³
- According to data collected by the U.S. Department of Veterans Affairs, "After accounting for age differences, the Veteran suicide rate in Oregon was significantly higher than the national Veteran suicide rate. Oregon Veteran suicides account for 16% of the state's total suicides." Additionally, in the 35-54 age range, Veteran suicide rates were 44.8% as compared to 33.1% in the national Veteran average rates. Similar increases occurred in other age ranges.⁴
- A major study of how assisted suicide increases total suicide rates concluded that after "controlling for various socioeconomic factors, unobservable state and year effects, and state-specific linear trends" legalizing assisted suicide was associated with a 6.3% increase in total suicides (including assisted suicides) and no decrease in suicides that were not assisted. The effect was larger in individuals older than 65 years.⁵

Copy-Cat Suicides Have Been Studied and Recognized

- In addition to evidence of copy-cat suicides, assisted suicide is glamorized with news stories and television programs about individuals having parties where they ingest their lethal drugs. Compassion and Choices, the main advocacy group for assisted suicide in the United States, promotes and romanticizes double suicides by elderly couples.⁶

Suicide Risk Factors Can be Addressed

- Legalization of assisted suicide is promoted as a means to protect individuals from pain. Yet, a summary of Oregon annual reports from 1998 to 2017 lists the following as the leading reasons why patients requested lethal drugs: losing autonomy (95.5%); less able to engage in activities making life enjoyable (94.6%); loss of dignity (87.4%); losing control of bodily functions (56.5%); burden on family, friends/caregivers (51.9%).⁷ These are suicide risk factors that can be addressed by therapeutic interventions.⁸ In addition, it is a short distance from prescribing lethal drugs for physical pain to approving them for mental pain as has happened in Canada and some European countries.

Financial Incentives Lead Insurance Companies to Encourage Assisted Suicides

- In Oregon and California, patients were denied coverage of prescribed lifesaving treatments and offered payment for lethal drugs, even though they were not requested. In practice, financial incentives have led to the encouragement of suicide.⁹

Poor Prevention of Depressive Suicide Exists Among Those Legally Obtaining Assisted Suicide, Due to Lack of Referrals to Psychiatrists by Prescribers

- Depression is relatively common among patients asking for assisted suicide (Ganzini et al., 2008). In 2018, only 3 of 168 patients who died of lethal ingestions under the Oregon assisted suicide law underwent psychiatric evaluation; since the passage of the law only 4.59% have had such evaluations (Oregon Department of Public Health 2018).¹⁰

Endnotes

1 Suicides in Oregon: Trends and Risk Factors—2012 Report, Oregon Health Authority, Public Health Division, November 2012, p. 1, https://www.deschutes.org/sites/default/files/fileattachments/health_services/page/589/suicides_in_oregon_trends_and_risk_fact_ors2012.pdf (accessed July 12, 2018). • 2 Luke's Story, Patients Rights Action Fund: <https://patientsrightsaction.org/videos/> • 3 Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report: Suicide Among Adults Aged 35-64 • Years — United States, 1999-2010. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm?s_cid=mm6217a1_w. Reported May 3, 2018 / 62(17):321-325 • 4 VA document:"2016 Oregon Veteran Suicide Data Sheet and contents courtesy U.S. Department of Veterans Affairs". www.mentalhealth.va.gov/suicide_prevention/suicide-prevention-data.asp • 5 Jones DA, Paton D. 2015. "How does legalization of physician-assisted suicide affect rates of suicide?" *Southern Medical Journal* 108: 599-604. • 6 Marzuk PM, Tardiff K, Hirsch CS, Leon AC, Stajic M, Hartwell N, Portera L. 1993. Increase in suicide by asphyxiation in New York City after the publication of Final Exit. *New England Journal of Medicine* 329: 1508-10. Marzuk PM, Tardiff K, Leon AC. 1994. Increase in fatal suicidal poisonings and suffocations in the year Final Exit was published: a national study. *American Journal of Psychiatry* 151: 1813-4. • 7 https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/yea_r21.pdf • 8 See Center for Elderly Suicide Prevention, <https://www.ioaging.org/services/all-inclusive-health-care/psychological-services/center-for-elderly-suicide-prevention> • 9 Barbara Wagner: Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon. <https://www.youtube.com/watch?v=77b2h041gSs&feature=youtu.be> Randy Stroup: Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon. https://www.youtube.com/watch?v=5_WfvktyxkA Stephanie Packer: Denied payment for lifesaving treatment and, when asked, was told by her California insurance company that they would pay for lethal drugs. https://www.youtube.com/watch?v=02mSDU_ouo&feature=youtu.be Patients of Dr. Brian Callister: Denied payment for lifesaving treatment and offered payment for lethal drugs by insurance companies in Oregon and California. https://www.youtube.com/watch?v=CWpr_5e4RY • 10 https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/yea_r21.pdf William Breitbart et al., *Depression, Hopelessness and Desire for Hastened Death in Terminally Ill Patients with Cancer*, 284 JAMA 2907 (Dec. 13, 2000)