

THE TRUTH ABOUT ASSISTED SUICIDE:



NOT AS SIMPLE AS IT SEEMS



Assisted Suicide — currently legal in only eight states and the District of Columbia.

THE NATIONAL COUNCIL ON DISABILITY REJECTS ASSISTED SUICIDE

Oregon data shows that requests for assisted suicide stem from unmet "service and support needs"—typical struggles for members of the disability community. Ultimately, assisted suicide law perpetuates discriminatory attitudes toward people with disabilities and vulnerable constituencies, and the safeguards fail to provide meaningful protection against mistakes, coercion and abuse.¹



LIFESAVING CARE IS DENIED

Under assisted suicide laws, patients have been denied standard of care treatments requested by their physician, but offered assisted suicide instead. Under these laws, assisted suicide drugs become the thing to which all patients have equal access.²

PAIN IS NOT THE REASON

Consistently, data in Oregon indicates that physical pain is not the reason for request for assisted suicide. Rather, loss of autonomy, loss of ability to engage in activities that made life enjoyable, loss of dignity and being a burden are the most commonly cited reasons. Assisted suicide treats social and existential needs with a lethal fistful of drugs.³

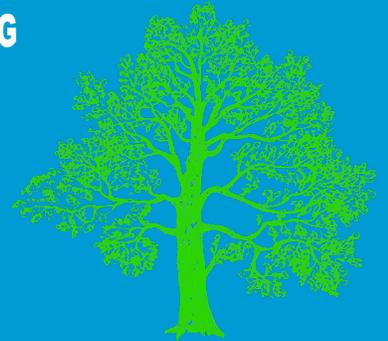


IT
→ IS ←
SUICIDE

Proponents claim that assisted suicide is not suicide, but evidence indicates it is. The American Medical Association affirms, "[t]he term 'physician assisted suicide' describes the practice with the greatest precision." The legalization of doctor-assisted suicide increases suicides in the general public by creating a suicide contagion effect;⁴ 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.⁵

PATIENTS ARE NOT DYING

The definition of "terminal" under current assisted suicide laws includes "without treatment." Diabetes was a reason patients requested and received lethal drugs in Oregon, since they are terminal if they don't take their medications. Patients who could live years - even decades - with treatment qualify for assisted suicide if they refuse treatment.⁶



1. National Council on Disability Report, October 9th, 2019, <https://ncd.gov/newsroom/2019/federal-study-assisted-suicide-laws> • 2. Disability Rights Education and Defense Fund, Assisted Suicide Abuses and Complications, <https://dreadf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/> • 3. Oregon Death with Dignity Annual Reports <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf> • 4. Report 2 of the Council on Ethical and Judicial Affairs [2-A-19] Physician Assisted Suicide [Resolution 15-A-16 and Resolution 14-A-17] (Page 2, lines 30 - 31) <https://www.ama-assn.org/system/files/2019-05/a19-ceja2.pdf> • 5. 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 • 6. Oregon Death with Dignity Report, 2017, <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf> page 9

Serious Side Effects of Assisted Suicide Laws

Legalized assisted suicide is fatally flawed.
It has dangerous and careless provisions making it bad public policy.

NO WAY TO ACCURATELY DIAGNOSE

Patients can request assisted suicide if diagnosed with a terminal illness with a projected six months or less to live. But, medical prognoses are often inaccurate. The longest reported duration between the request for assisted suicide and death was 1009 days. A major study of physician prognoses in Chicago revealed that of 468 predictions, only 20% were accurate in predicting when death would occur. In another study, "No group accurately predicted the length of patient survival more than 50% of the time."¹

NO DOCTOR OR NURSE IS PRESENT

Typically, no doctor, nurse or Independently licensed aid worker is present when the patient ingests the lethal dose. If something goes wrong, any physical or emotional complications must be handled solely by the patient and those witnessing the death.

NO ETHICAL OVERSIGHT OF EXPERIMENTAL DRUGS GIVEN TO PATIENTS

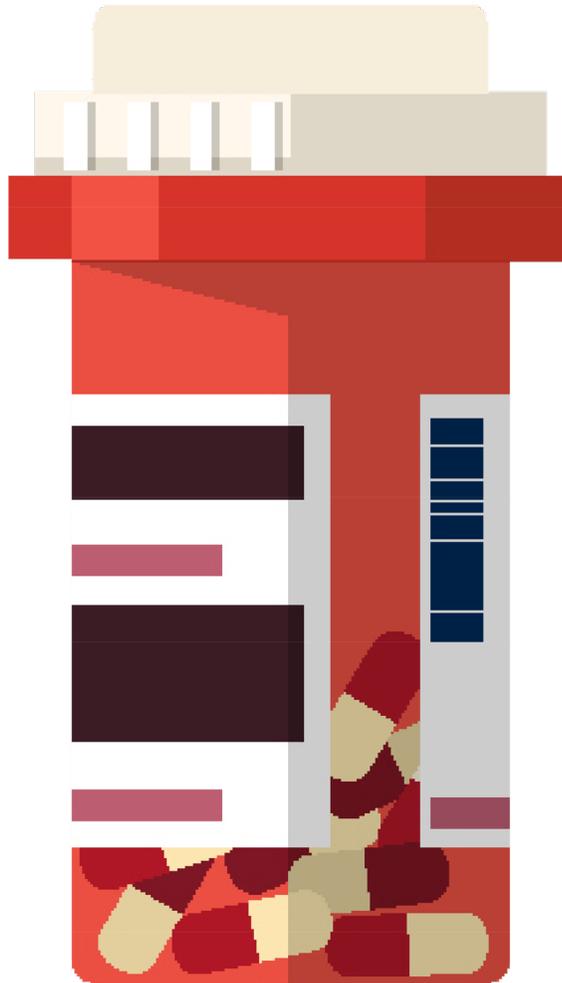
For the past few years, proponents of assisted suicide have been experimenting with lethal drug cocktails intended to cause the death of patients. Those entirely experimental drugs have caused violent reactions in patients and lengthened the dying process, and yet the use of these drug cocktails is not reviewed by any ethics board.^{2,3}

NO FAMILY NOTIFICATION REQUIRED

The prescribing doctor must "recommend" that the patient inform family members of his or her intention, but nothing in the law requires it.

NO PROTECTION AGAINST DOCTOR SHOPPING

Lethal drugs are often prescribed by physicians who barely know their patients. In Oregon, depending on the year, 60%-90% of patients got their lethal prescriptions from a doctor referred by Compassion and Choices, not their own physicians. Of those, from 2001-2007 61% of the prescriptions were written by 18% of participating physicians, and a further 23% of prescriptions were written by just 3 of the 109 participating physicians.⁴



1. Nicholas A Christakis; Elizabeth B Lamont, "Extent and determinants of error in physicians' prognoses in terminally ill patients." West J Med. 2000 May; 172(5): 310-313. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070876/> ; Feargal Twomey; Norma O'Leary; Tony Brien, "Prediction of patient survival by healthcare professionals in a specialist palliative care inpatient unit: a prospective study," Am J Hosp Palliat Care. Apr-May 2008;25(2):139-45. <https://www.ncbi.nlm.nih.gov/pubmed/18445863> ; Lorna Ear Forster, MS; Joanne Lynn, MD, "Predicting Life Span for Applicants to Inpatient Hospice," JAMA Arch Intern Med. 1988;148(12):2540-2543 <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/610800> • 2. <https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/> • 3. Torjesen, Ingrid. (2019) Assisted dying methods can lead to "inhumane" deaths. British Medical Journal. 364:1797 doi: 10.1136/bmj.1797 • 4. Concentration of Oregon's Assisted Suicide Prescriptions and Deaths from a Small Number of Prescribing Physicians, <http://www.pccf.org/resources/documents/ConcentrationofOregonsAssistedSuicideDeaths3182015revision.pdf>

WARNING: THESE ARE ONLY SOME OF THE FLAWS IN BILLS WHICH LEGALIZE ASSISTED SUICIDE

A broad coalition of stakeholders, including disability advocates, elder abuse lawyers, members of the medical community, patient advocates, and faith-based organizations, have joined together to fight this predatory policy, protect vulnerable citizens, and ensure that everyone has a compassionate end-of-life experience.

