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Federal study finds nation's assisted suicide laws rife with dangers to people with disabilities

WASHINGTON – Today, the National Council on Disability (NCD) released the findings of a federal examination of the country’s assisted suicide laws and their effect on people with disabilities, finding the laws’ safeguards are ineffective and oversight of abuses and mistakes is absent.

Currently, eight states and the District of Columbia have passed assisted suicide laws that make it legal for doctors to prescribe lethal drugs to patients diagnosed with terminal illness and with a prognosis of 6 months or less to live, if certain procedural steps are followed.

Despite the belief that pain relief is the primary motivation for seeking assisted suicide, in [Assisted Suicide Laws and their Danger to People with Disabilities](#), NCD found that the most prevalent reasons offered by someone requesting assisted suicide are directly related to unmet service and support needs, which NCD urges policy makers respond to through legislative changes and funding.

“Assisted suicide laws are premised on the notion of additional choice for people at the end of their lives, however in practice, they often remove choices when the low-cost option is ending one’s life versus providing treatments to lengthen it or services and supports to improve it,” said NCD Chairman Neil Romano.

Closely examining the experience in Oregon, where the practice has been legal for 20 years, NCD found that the list of conditions eligible for assisted suicide has expanded considerably over time, including many disabilities that, when properly treated, do not result in death, including arthritis, diabetes, and kidney failure.

[Assisted Suicide Laws and their Danger to People with Disabilities](#) also notes suicide contagion in states where assisted suicide is legal; as well as a loosening of existing safeguards both in states with legalized assisted suicide and states considering bills to legalize.

In the report, NCD details limitations of purported safeguards of assisted suicide laws, finding:

- Insurers have denied expensive, life-sustaining medical treatment, but offered to subsidize lethal drugs, potentially leading patients to hasten their own deaths;
- Misdiagnoses of terminal disease can cause frightened patients to hasten their deaths;
- Though fear and depression often drive requests for assisted suicide, referral for psychological evaluation is extremely rare prior to doctors writing lethal prescriptions;
- Financial and emotional pressures can distort patient choice;
- Patients may “doctor shop” limitlessly to find a physician who will obtain a colleague’s concurrence and prescribe a lethal dose