

2016 LEGISLATIVE AGENDA NYS Catholic Conference



MAINTAIN A BAN ON ASSISTED SUICIDE

Summary

New York's current law prohibits assisting in suicide by anyone, including doctors who prescribe lethal doses of drugs to end the lives of terminally ill patients who wish to die. This law was challenged in 1994 and upheld as constitutional by the U.S. Supreme Court in [*Vacco vs. Quill*](#) in 1997.

Two pieces of legislation have been introduced in the New York Legislature to legalize physician-assisted suicide, and they are equally dangerous. In addition, a new lawsuit has been filed by an assisted suicide advocacy organization to overturn New York's ban. The 2014 assisted suicide death of 29-year-old Brittany Maynard, who moved to Oregon to secure a physician's help to commit suicide, has renewed efforts across the country to legalize this practice.

Conference Position

The Catholic Conference seeks to maintain New York State's current prohibition on assisted suicide while ensuring increased support, resources, palliative and hospice care, appropriate pain relief and treatment for the terminally ill.

Rationale

New York State must maintain its current prohibition on assisted suicide.

The 2011 Code of Medical Ethics of the American Medical Association states, "Allowing physicians to participate in assisted suicide would cause more harm than good. 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." The 2015 position statement of the Medical Society of the State of New York reads in part "Compelling arguments have not been made for medicine to change its footing and to incorporate the active shortening of life into the norms of medical practice."

If we legalize assisted suicide, the pressure on people to end their lives will dramatically rise. People with terminal illnesses will feel as though they need to "get out of the way" and not drain financial resources. They will inevitably get pressure, subtle or not so subtle, from relatives, health care providers, insurers. They will be made to feel as though the very fact that they are drawing breath is an inconvenience to someone else.

Given today's aging population, the significant spike in dementia and Alzheimer's disease, the increasing evidence of elder abuse, and the escalation of health care costs, the risks of coercion and abuse are very real.

New York State rightly spends millions of dollars each year in efforts to prevent suicide. There are suicide hotline numbers, anti-bullying campaigns, programs to recognize suicidal symptoms and government-sponsored signs that read "Life Is Worth Living." Legalizing assisted suicide would send an inconsistent message by saying that *some* lives are not worth living. This double standard would be based entirely on disability, as patients fear "losing autonomy" or "being a burden" to others because of their disabilities from terminal illness.

Lifting New York's ban on assisted suicide would provide a deadly, unnecessary option to patients, many of whom legitimately fear pain, depression and abandonment. These persons can be significantly helped through pain relief, palliative care, the hospice environment and compassionate loving care.

To date, five states in the nation have legalized assisted suicide: Oregon, Washington, Montana, Vermont and California. In those states, assisted suicide is considered a "medical treatment," and is covered by health insurance programs. In 2015, efforts to legalize the practice in Connecticut, Tennessee, Maryland, Colorado, Nevada, Wyoming and Minnesota failed. New Yorkers must remain vigilant to safeguard our laws against assisted suicide and to promote respect for all human lives.