



New York State Catholic Conference

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RICHARD E. BARNES
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MEMORANDUM OF OPPOSITION

**Re: A.2383 Paulin / S.3151 Savino
In relation to legalizing physician-assisted suicide**

The above-referenced bill would add a new section of the Public Health Law to allow physicians to prescribe lethal doses of medication for the express purpose of ending a patient's life.

The New York State Catholic Conference **opposes** this bill for many reasons.

Legalizing physician-assisted suicide would:

- Blur longstanding medical, moral and legal distinctions between withdrawing extraordinary medical assistance and taking active steps to destroy human life. The former removes burdensome or useless treatments, allowing nature to take its course, and allowing the patient to either live or die. The latter is the deliberate and direct act of making a patient dead.
- Undermine the physician's role as healer, forever alter the doctor-patient relationship, and lessen the quality of care provided to patients at the end of life. Patients are best served when medical professionals, together with families and loved ones, provide support and care with dignity and respect, not lethal doses of drugs. The American Medical Association continues to hold a strong policy position against physician-assisted suicide, which they say is "fundamentally incompatible with the physician's role" and would be "difficult or impossible to control."
- Lead to psychological, financial and other pressures for vulnerable persons to end their lives. In today's era of health care rationing and cost-cutting, physician-assisted suicide could easily rise to the level of the most acceptable, and even expected, "treatment" for terminal illness. In 1994, Governor Mario Cuomo's Task Force on Life & the Law released a report unanimously rejecting assisted suicide, and cautioned:

"No matter how carefully any guidelines are framed, assisted suicide and euthanasia will be practiced through the prism of social inequality and bias that characterizes the delivery of services in all segments of society, including health care. The practices will pose the greatest risks to those who are poor, elderly, members of a minority group or

without access to good medical care. The growing concern about health care costs increases the risks. This cost consciousness will not be diminished, and may well be exacerbated, by health care reform.”

This particular legislation contains many of the same fatal flaws contained in previous versions:

- it does not require screening, testing, or treatment for clinical depression;
- it requires a physician to falsify the death certificate to list the underlying illness as the cause of death;
- it similarly encourages insurance fraud by allowing beneficiaries to collect benefits following a suicide;
- it allows non-NYS residents to access physician-assisted suicide; and
- it contains absolutely no safeguards against coercion or abuse once the lethal drugs are in the patient’s possession.

Rather than assisting suicide, government should be consistent in its efforts to prevent suicide. It is illogical for the state to promote/facilitate suicide for one group of persons -- calling the suicides of those with a terminal illness and a specific prognosis “dignified and humane,” while recognizing suicide as a serious statewide public health concern in all other circumstances, and spending enormous resources to combat it.

We urge the state to remove barriers and improve access to palliative care and hospice care for those in the final stages of terminal illness. Improved education and training of physicians in pain management, together with appropriate diagnosis and treatment for depression, would go a long way toward eliminating calls for suicide among the sick and the dying.

We strongly urge you to oppose this bill.