



Assisted Suicide: Unnecessary, Flawed and Dangerous

Legislation has been introduced in the New York State Legislature that would allow doctors to legally prescribe a lethal dose of pills at the request of a terminally ill patient. While proponents call these bills “death with dignity” and “patient self-determination,” in reality they are unnecessary, flawed and dangerous. New York must maintain its ban on assisted suicide. Here’s why.

There is no screening or counseling for depression.

People who say they want to kill themselves are often clinically depressed. For those who receive a terminal diagnosis, the stress and turmoil can lead to a depressive episode. Yet there is no requirement in the legislation that patients receive counseling or mental health treatment before they choose a lethal, and irreversible, course of action.

There are no safeguards at the time of ingestion.

All of the so-called safeguards of assisted suicide occur at the time a request for medication is made by the patient. There are absolutely no safeguards at the time the patient ingests the pills, which could

be months or even years after the request is made. Family members don’t have to be notified and no medical professional is required to be present.

It opens the door to elder abuse and coercion.

The legislation offers no protections to ensure that the patient is not being coerced into ingesting the drugs, or even to prevent another person from administering the drugs. While legal witnesses must be present at the time of the request, one of them can be someone who stands to gain financially from the patient’s death. Legalized assisted suicide empowers others – family members, health care systems, insurance companies – to pressure and exploit older, weaker, vulnerable persons in order to get them to cut short their lives.

A terminal prognosis is difficult to predict.

Patients would be eligible for assisted suicide if a doctor has diagnosed them with six months or less to live. Yet even doctors will admit to the inability to accurately predict life expectancy. Medical prognoses are based on statistical averages, and virtually everyone knows someone who has outlived the odds.

It turns doctors into killers.

Doctor-assisted suicide is fundamentally incompatible with the physician's role as healer. It undermines the bond of trust between doctors and their patients, altering that relationship forever. The way that doctors respond to their patients has a profound effect on their patient's views of themselves and their self-worth. Patients deserve doctors who will support them through their illnesses, not offer them a quick exit.

There is no accountability.

Under the New York legislation, the entire process of assisted suicide is shrouded in secrecy. Doctors are specifically required to fabricate the patient's death certificate and state untruthfully that the cause of death is the natural underlying disease, rather than the unnatural act of suicide. Therefore, no accurate reporting is possible with the state and there is no way to determine if abuses are taking place.

It sends the message that suicide is acceptable.

New York State rightly spends millions of dollars each year to prevent suicides with anti-bullying campaigns in schools, awareness training in prisons, toll-free hotlines and extra safety precautions on bridges. It makes no sense to recognize suicide as a statewide critical public health concern while simultaneously promoting it as "dignified and humane" for certain populations.

It discriminates against people with disabilities.

Patients with a terminal illness often become disabled as their disease progresses. Others may come to devalue their lives and see them as having less "quality." While the rest of society receives "suicide prevention" education and services, these persons – and only these persons – will be granted "suicide assistance." That is discrimination based on disability.

It really is a slippery slope.

Once the government approves of assisted suicide for those with a 6-month terminal diagnosis, it will be difficult, if not impossible, to limit it to this group. Indeed, in Oregon, where assisted suicide is legal for this population, lawmakers are already considering extending the terminal diagnosis to those with one year or less to live.

There are increasing financial incentives to limit care.

Assisted suicide is far less expensive than palliative and supportive care at the end of life. As insurance companies and governments seek to reduce health care spending, will they promote this option in order to reduce expenses and liability? In Oregon, some patients noted that lethal doses of drugs were covered by their insurer while cancer treatments were not. While advocates call assisted suicide "free choice," what kind of choice is it when life is expensive but death is free?

There are alternatives to assisted suicide.

Maintaining New York's ban on assisted suicide does not mean that terminally ill patients must die an agonizingly long and painful death. Almost all physical pain can be controlled through pain management and medications, and measures that are unduly burdensome may be removed or withheld, allowing natural death to occur. Hospice care is underutilized in New York and palliative medicine reduces suffering while providing comfort and comprehensive care.



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