



New York State Catholic Conference

2017 Issue in Brief

Issue

Oppose physician-assisted suicide

Background

Since the 2014 death of former Californian and brain cancer patient Brittany Maynard, at least 29 states have seriously considered the legalization of doctor-assisted suicide. It has been authorized in only five states and the District of Columbia. The vast majority of states, and professional medical associations, continue to reject physician-assisted suicide.

New York State has specifically been targeted by the assisted suicide advocacy group Compassion & Choices as fertile ground for legalization, and the organization is aggressively pushing its legislation, S.3151 Savino/A.2383 Paulin.

Messages

- Legalizing assisted suicide will lead to psychological, financial and other pressures for vulnerable persons to end their lives. Elderly persons, depressed persons, low-income persons, and persons with disabilities will be most at risk of undue pressure, coercion and abuses under the law.
- It will 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. Both the American Medical Association and the Medical Society of the State of New York hold policy positions against physician-assisted suicide.
- It will 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 taking a patient's life.
- 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.
- The legislation contains many flaws, for example, there is no required mental health evaluation, no witness or physician required at the time of death, no proper disposal procedures for unused lethal barbiturates, and no safeguards from coercion and abuse at the time the drugs are ingested.