

Six Important Reasons

to Oppose Legalizing Physician-Assisted Suicide

1



Insurance companies will deny life-saving treatment

Stephanie Packer was told her insurance company wouldn't cover her life-saving treatment, but was instead offered assisted suicide drugs for a \$1.20 co-pay.¹ Canadian officials estimated that euthanasia and assisted suicide reduce annual spending between \$34 million and \$138 million, versus the cost of lethal drugs being between \$1.5 million and \$14.8 million.²

2



No screening for depression

Ruthie Poole experienced severe depression and could relate to the desire of a "painless and easy way out." In Oregon, only a dismal 3.3% of patients who have died by assisted suicide were referred for psychiatric evaluation.³

3



Life expectancy after terminal diagnosis unreliable

Jeanette Hall from Oregon was diagnosed with terminal cancer in 2000 and asked for assisted suicide. Her physician convinced her treatment could be beneficial, and she is alive today. A study of terminal prognosis accuracy found only 20% accurately predicted when death would occur.⁴ 1 in 8 hospice patients outlive the 6-month terminal prognosis window.⁵

4



Suicide contagion is real, targeting seniors and veterans

A Veterans Affairs Canada staffer brought up the topic of assisted suicide when one veteran sought assistance to treat his PTSD and traumatic brain injury.⁶ After Oregon legalized assisted suicide, suicides in the state increased twice as fast as national rates.⁷ In Oregon and in Switzerland, suicide comparative-studies have been conducted due to assisted-suicide being legal. Studies showed older adult women avoid suicide except when physician-approved.⁸

5



People with disabilities fear coercion and abuse

Stephanie Woodward fears assisted suicide for people with disabilities like herself: "Any doctor could prescribe a lethal dose and any person could administer that dose to kill a person, with medical confidentiality preventing any oversight. No independent witness is required during the death of an individual, so there's no way to ensure that the individual administered the lethal dose himself or herself. In a world where abuse of people with abilities and seniors is rampant, this alone is cause for concern."⁹

6



Proponents of assisted suicide quickly move to eliminate safeguards

Proponents tout "safeguards" and "guidelines" in assisted suicide legislation, but quickly move to eliminate them after legalization of PAS. These include reducing or eliminating: waiting periods, residency requirements, self-administration of lethal drugs (allowing euthanasia), and the requirement that the person has a terminal illness.

Thanks to our friends at PRAF.org for collaboration in producing this resource.
See reverse side for references.

References

¹ <https://www.facebook.com/cbcnetwork/videos/10154641061607079/>

² Aaron J Trachtenberg, MD DPhil; Braden Manns, MD MSc, "Cost Analysis of Medical Assistance in Dying in Canada, CMAJ 2017 Jan 23; 189(3): E101–E105. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5250515/>

³ <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year24.pdf#page=12>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070876/>

⁵ <https://pubmed.ncbi.nlm.nih.gov/24922330/>

⁶ <https://www.cbc.ca/news/canada/prince-edward-island/pei-veterans-affairs-maid-counselling-1.6560136>

⁷ Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report: Suicide Among Adults Aged 35-64 Years — United States, 1999-2010. Reported May 3, 2018 / 62(17);321-325. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm>

⁸ [https://www.ajgonline.org/article/S1064-7481\(21\)00355-9/fulltext](https://www.ajgonline.org/article/S1064-7481(21)00355-9/fulltext)

⁹ https://www.syracuse.com/opinion/2015/11/why_disabled_people_like_me_fear_medically_assisted_suicide_commentary.html