The Truth About Assisted Suicide

HALO™

1. "Physician-Assisted Suicide is Fundamentally Incompatible With The Physician's Role as Healer" (American Medical Association Code of Medical Ethics Opinion 5.7).

Physicians must never support suicide. Even when a cure is not possible, suicidal patients require treatment for depression, assurance that their medical needs will be met, and physicians who value their lives.

2. Doctors Make Mistakes.

A 2017 Mayo Clinic study found that more than 1 out of 5 referral patients may be incorrectly diagnosed.[1]Always seek a second opinion! Also, many patients have outlived doctors' predictions of life-expectancy. Jeanette Hall was diagnosed with terminal cancer in 2000. She was determined to use Oregon's physician-assisted suicide (PAS) law to end her life, but her physician persuaded her to accept treatment. She is still alive, and happily so, 20 years later. Valentine's Day 2011, Wisconsinite Larry Larson was diagnosed with stage-4 pancreatic cancer. His doctor told him he had only one month to live. Larry sought treatment and lived three more years. Larry's advice was, "Enjoy all the little things that you used to take for granted."

3. The Claim That Assisted Suicide is Painless, Quick, and Peaceful is Misleading.

In attempts to find a cheaper way to kill, experiments with different combinations of drugs have been conducted on human subjects. These experiments have resulted in painful, prolonged deaths.[2] Also, a review of methods used in some U.S. states and European countries found "a relatively high incidence of vomiting (up to 10%), prolongation of death (up to 7 days), and re-awakening from coma (up to 4%)." [3]

4. The "Safeguards" in PAS Bills are Merely to Win Legislators' Approval.

The assisted suicide lobby intends to remove all such regulations over time. In 2019, the Oregon Legislature waived the 15-day waiting period, a safeguard intended to give people the time and opportunity to change their minds after making a request for PAS. And, in January 2020, the Washington State Legislature began debating a bill (2419) to study the elimination of safeguards, termed "barriers to achieving full access to the Washington death with dignity act."

5. "Unbearable Pain That Cannot be Relieved" is Far Less Common Than The Assisted Suicide Lobby Would Have Us Believe.

The Oregon Health Authority has produced a yearly report on PAS for over twenty years. The reasons people consistently have given for requesting PAS are decreasing ability to participate in activities that made life enjoyable, loss of autonomy, and loss of dignity. Pain has not been a major factor. (Note: Oregon's experience is not unique.)

The Truth About Assisted Suicide

6. PAS Laws Foster a "Duty to Die" Attitude/ Provide Cover for Coercion and Murder.

Where it is legal, choosing PAS may be regarded as "noble" and dependent patients viewed as selfish for choosing to live at the expense of others. Ensuring that requests for PAS are entirely voluntary is impossible. Once the lethal drugs are picked up at the pharmacy, there is no further oversight. No witnesses are required at the death. A person "helping" the patient commit suicide may have ulterior motives – inheritance, life insurance, or simply freedom from caregiving responsibilities. Margaret Dore, an attorney and President of the organization Choice is an Illusion, asked, "If the patient objected or even struggled against administration, who would know?" She added, "The death certificate will report a natural death, which will create a legal cover up and also allow a perpetrator to inherit. More to the point, the Act will create a perfect crime. [4]

7. PAS Robs Patients and Families of Closure.

Assisted suicide deprives victims of time with family and friends and, most importantly, opportunities to make peace with loved ones and with God. It wounds everyone involved.

8. PAS Removes The Incentive to Search for Cures That Save Lives and Relieve Suffering.

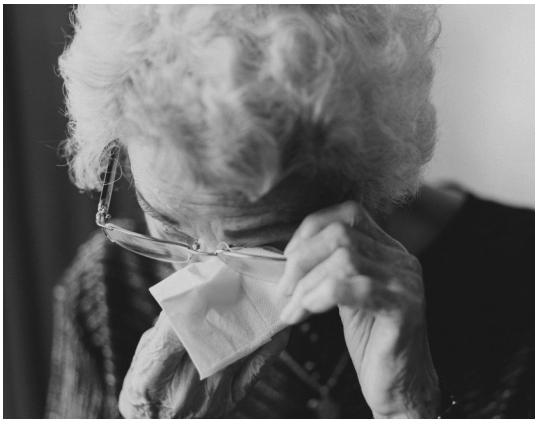
It costs less to kill than to provide medical treatment. Insurers also see PAS as the cheapest option.

9. Legalizing Assisted Suicide Undermines Suicide Prevention Efforts.

Suicide is contagious. The National Suicide Prevention Lifeline Network (1-800-273-8255) warns that knowing others who have died by suicide makes it more likely a person will attempt or die by suicide.

10. Legalizing PAS Puts Pressure on Healthcare Providers to Cooperate.

Physicians who uphold Hippocratic ethical standards (e.g., "I will not give a deadly drug to anybody who asks for it") are discriminated against. One study by the Christian Medical Association revealed that 40% of its members have felt pressure to compromise their convictions, and almost 25% have lost their job or some benefits or were denied promotions because of their deeply held beliefs.[5] In February 2020, a hospice in Delta, BC, Canada was notified it will lose its funding and will no longer be permitted to operate because it refuses to provide MAID ("medical assistance in dying"). Angelina Ireland, President of the Delta Hospice Society, stated, "[The hospice] worked really hard to have the people trust us that when they come to hospice they will not be killed… And now basically the government has said that any hospice that does not provide euthanasia, it's not allowed to exist."[6]



Promoters of legislation to legalize assisted suicide insist that what they support is not "suicide" and evade the truth by using softer terms – "death with dignity," "end-of-life option," "medical assistance in dying," etc. Nevertheless, we all know instinctively that taking one's own life is not decent or dignified, not a choice to be encouraged or applauded. Nor is assisting another to kill himself a praiseworthy act. This is a deadly game of "let's pretend," and the far-reaching dreadful consequences of legalizing PAS are very real.

1. Zimmermann, Elizabeth. "Mayo Clinic Researchers Demonstrate Value of Second Opinions." Mayo Clinic, Mayo Foundation for Medical Education and Research, 4 Apr. 2017, newsnetwork.mayoclinic.org/discussion/mayo-clinic-researchers-demonstrate-value-of-second-opinions/.
2. Schadenberg, Alex. "Prolonged Painful Assisted Suicide Deaths and Human Experiments with New Lethal Drugs Cocktails." Euthanasia Prevention Coalition, 1 Jan. 2019, alexschadenberg.blogspot.com/2019/12/prolonged-assisted-suicide-deaths-and.html.
3. Sinmyee, S., et al. "Legal and Ethical Implications of Defining an Optimum Means of Achieving Unconsciousness in Assisted Dying." Wiley Online Library, John Wiley; Sons, Ltd, 20 Feb. 2019, onlinelibrary.wiley.com/doi/abs/10.1111/anae.14532.
4. "'Death With Dignity Act' Will Create a Perfect Crime." "Death With Dignity Act" Will Create a Perfect Crime - News 9, www.news9.com/story/41690914/death-with-dignity-act-will-create-a-perfect-crime.
5. Davenport, Mary L, et al. "Right of Conscience for Health-Care Providers." The Linacre Quarterly, SAGE Publications, May 2012, www.ncbi.nlm.nih.gov/pmc/articles/PMC6026968/.
6. Rousselle, Christine. "Canadian Hospice Forced to Close after Refusing to Offer Assisted Dying." Catholic News Agency, Catholic News Agency, 29 Feb. 2020, www.catholicnewsagency.com/news/canadian-hospice-forced-to-close-after-refusing-to-offer-assisted-dying-44930.