

# PHYSICIAN-ASSISTED SUICIDE: WHY YOU SHOULD FIGHT IT

## Why shouldn't suicide be legalized?

We all know that doctors can make mistakes. Under the current initiative, a person only needs a doctor to give them a terminal diagnosis with six months or fewer left to live. The fact is that doctors can be wrong, and people outlive their prognosis by months or even years. Legalizing assisted suicide would cut short this treasured time with family and friends. It would also make suicide more acceptable in our culture, and expose the vulnerable or elderly to exploitation by those who feel they are better off dead. The voiceless or marginalized in our society the poor, racial minorities, and those who lack adequate health insurance would be the first to feel pressure to die.

## What about competent, terminally ill people who say they really want assisted suicide?

The proposal Coloradans will be considering does not require a medical professional with psychological training to screen those who request assisted suicide. It could be a podiatrist, cardiologist or audiologist any doctor who signs off on a person's mental state. That means that we can't be sure that the person is really competent. Those who request assisted suicide are just as susceptible to depression as the rest of us, and they should receive good psychological care, not the same life ending drugs that are used for executions.

## What is the view of the medical profession?

The American Medical Association holds that "physician-assisted suicide is fundamentally incompatible with the physician's role as healer." The AMA, along with the American Nurses Association, American Psychiatric Association and dozens of other medical groups, urged the Supreme Court in 1997 to uphold laws against assisted suicide, arguing that the power to assist in taking patients' lives is "a power that most health care professionals do not want and could not control."

## Why are people with disabilities worried about assisted suicide?

Many people with disabilities have experienced prejudicial attitudes on the part of able bodied people, including physicians, who assume they would "rather be dead than disabled." Such prejudices could easily lead families, physicians and society to encourage death for people who are depressed and emotionally vulnerable as they adjust to life with a serious illness or disability. To speak here of a "free choice" for suicide is a dangerously misguided abstraction.

## How does cost enter into this issue?

In an era of cost control and managed care, patients with lingering illnesses may be branded an economic liability, and decisions to encourage death can be driven by cost. That has already happened in Oregon and Washington, where assisted suicide is legal.

## SUPPORT THE CAMPAIGN AGAINST THE ASSISTED SUICIDE INITIATIVE

### BY CHECK:

Make payable to "No Assisted Suicide Colorado":  
NO ASSISTED SUICIDE COLORADO  
1535 LOGAN STREET  
DENVER, CO 80203

### BY WIRE TRANSFER:

Contact Jenny Kraska: (303) 894-8808

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## QUICK FACTS ON ASSISTED SUICIDE & PROPOSITION 106

- Terminal prognosis are often wrong. Individuals outlive their diagnoses by months and even years. Assisted suicide legislation leads people to give up on treatment and lose good years of their lives.
- Assisted suicide legalization has failed more times than it has succeeded. There have been over 140 legalization attempts in the past 20 years, yet only 4 states have actually legalized it through legislative or voter action.
- If assisted suicide is made legal, it quickly becomes just another form of treatment and as such, will always be the cheapest option. This is troublesome in a cost-conscious healthcare environment. Oregonian Barbara Wagner was denied coverage of her cancer treatment but received a letter from the Oregon Health Plan that stated the plan would cover assisted suicide. Another Oregon resident, Randy Stroup, received an identical letter, telling him that the Oregon Health Plan would cover the cost of his assisted suicide, but would not pay for medical treatment for his prostate cancer.
- Assisted suicide poses a threat to those living with disabilities or who are in vulnerable circumstances. When assisted suicide becomes an option, pressure can be placed on these individuals to take that option.
- Nothing written in Proposition 106 can protect from explicit or implicit family pressures to commit suicide or personal fears of “being a burden.” There is also no requirement that a doctor evaluate family pressures the patient may be under.
- Prescription requests from terminally ill individuals for suicide drugs are often based on fear and depression. Most cases of depression among terminally ill people can be successfully treated. Yet primary care physicians are generally not experts in diagnosing depression. Nothing in Proposition 106 would compel doctors to refer patients for evaluation by a psychologist or psychiatrist to screen for depression or mental illness.
- Under Oregon and Washington law, there is nothing to compel doctors to encourage a patient to notify family members as a support system to aid in the process or even be present.
- Countries such as Belgium, where assisted suicide has been legal for decades, show that assisted suicide cannot be contained or limited to the terminally ill – in fact it has been expanded to include children: <http://thefederalist.com/2016/09/20/belgium-lets-legal-minor-euthanize/>
- Barbiturates do not assure a peaceful death. Barbiturates are the most common substances used for assisted suicide in Oregon, Washington and California – a 100 pills are prescribed and must be dissolved into something like yogurt or oatmeal and consumed all at once and quickly. Overdoses of barbiturates are known to cause distress and have associated issues such as:
  - Extreme gasping & muscle spasms
  - While losing consciousness, a person can vomit and then inhale the vomit
  - Panic, feelings of terror and assaultive behavior from the drug-induced confusion
  - Failure of drugs to induce unconsciousness
  - A number of days elapsing before death occurs or death does not occur