

WILL DOCTOR-PRESCRIBED SUICIDE THREATEN VULNERABLE SENIORS?

Sadly, elder abuse is on the rise in America.² Some relatives might push a senior citizen toward suicide for financial motives. A family member who has become exhausted from caring for an elderly relative might create undue pressure. In states that have already allowed DPS, patients seeking lethal prescriptions cite fear of “becoming a burden” more often than fear of uncontrolled pain.

In Oregon, of the top 7 reasons patients gave for seeking lethal drugs, “uncontrolled pain” was 6th (25%), while concern about “being a burden” was 5th (41%), and “loss of autonomy” topped the list at 92%.³ How many vulnerable seniors will be pressured, even if unintended, to end their lives?

WHY IS THERE NO OVERSIGHT AND SO MUCH SECRECY OF DOCTOR-PRESCRIBED SUICIDE?

Laws governing DPS give the appearance that the practice is carefully regulated. A closer look, however, reveals no meaningful oversight exists. Doctors do not have to be present when the drugs are taken. All reporting on the process is voluntary. If something goes wrong, what motive does a doctor have to report a suicide that was not so “humane and dignified?”

What is worse is that these laws don’t require family members to be notified but do require doctors to falsify the death certificate. It is illegal to list suicide as the cause of death. Information provided to the state on suicides is exempted from the Freedom of Information Act. Nobody is able to monitor the law or investigate potential abuses.

Why the false reporting and secrecy, even from family members?

IS DOCTOR-PRESCRIBED SUICIDE A PATHWAY TO INVOLUNTARY, ACTIVE EUTHANASIA?

DPS advocates point to European countries that have allowed medically-facilitated death for decades as examples to follow. Yet legalizing suicide in countries like Holland and Belgium has led to outright killings of vulnerable and disabled persons of all ages, even newborns. People who never requested death are routinely put to death. Some “patients” have been given lethal prescriptions to end their “suffering” from psychiatric conditions and disabilities like being blind or deaf.

The discrimination against disabled newborns is blatant. Parents can request lethal injections for their newborn child based on the subjective opinion that the child will live a life of suffering. Early advocates for doctor-prescribed suicide were adamant that giving people the option to end their own lives would never lead to giving power to doctors to involuntarily take the lives of others. They were wrong, dead wrong.

Updated 5/31/2022

REFERENCES

¹ Drainoni, M, et. al., “Cross-Disability Experiences of Barriers to Health-Care Access,” *Journal of Disability Policy Studies*, Vol. 17, No. 2, 2006, pp. 101–115.

² Baran, L, Sommers, A, “Doctor-prescribed suicide is never the answer,” *Washington Examiner*, 10/19/15.

³ Oregon Public Health Division, “Oregon’s Death with Dignity Act – 2015 Summary,” released 02/04/2016.



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DOCTOR-PRESCRIBED SUICIDE

What is at stake when doctors have the power to write lethal prescriptions?



DO WE NEED TO LEGALIZE DOCTOR-PRESCRIBED SUICIDE?

As medical technology advances, life-and-death decisions become more complicated and involve more choices. Many illnesses that were hopelessly terminal now have treatments that could save or significantly extend life. However, “too much” treatment can sometimes deprive patients of a peaceful and dignified death. Against this backdrop, some people advocate legalizing doctor-prescribed suicide (DPS)—doctors writing prescriptions for lethal drugs for patients to end their own lives.

Every patient is entitled to a dignified death with the right to refuse treatment they view as burdensome. But authorizing doctors to assist patients in killing themselves? Is the “need” for DPS legitimate? What are the consequences of legalized suicide?

DO SUICIDE AND MONEY MIX?

Financial interests are increasingly driving health care delivery and decisions. Which tests and treatments a patient is offered is often controlled by insurance policies or a bureaucratic decision of a company or government agency. Doctors routinely complain that money concerns are overriding their judgement and ability to serve patients.

With “cost containment” becoming a dominant theme, we must be realistic about the pressures on a person who is viewed as “costing too much.” A prescription of lethal drugs will always be cheaper than life-sustaining treatments. This concern is not a theory but a fact.

The state of Oregon legalized DPS in 1994. The previous year Oregon instituted a universal health plan for uninsured residents paid for by tax dollars.

In 2008, Oregon resident and cancer patient Barbara Wagner was recommended a new

chemotherapy drug by her doctor. However, the Oregon Health Plan denied the drug to Barbara. They sent her a letter saying they wouldn’t pay for chemotherapy, but they would cover the drugs for her assisted suicide. She is not the only Oregon citizen to have received such a letter.

Will the growing number of people dependent on government-paid insurance be subjected to pressure? Will they even be told that more expensive treatment options exist? Or will the cheapest option, lethal drugs, be the default option?

MEDICAL MISDIAGNOSIS: CLOUDY CRYSTAL BALL?

As good as medicine is today, doctors cannot always accurately predict the course of a disease. We all know someone who was told she would not survive an illness or would “never recover” from an accident, yet they are living and thriving today.

The shock of being told about a potentially fatal disease can make it hard for patients to make reasoned decisions. Depression is a common reaction to receiving a diagnosis of an aggressive disease. When a person is in a vulnerable state, the option of legal DPS can put them at risk of choosing death when it is not warranted.

Jeanette Hall is another Oregon resident who was diagnosed with cancer and given 6 to 12 months to live. When depression initially overwhelmed her, she asked her doctor for a lethal prescription to commit suicide. Her doctor thankfully recognized her depression, and instead steered her away from suicide.

The prognosis was wrong, and still alive 14 years later, Jeanette said, “If my doctor had believed in assisted suicide, I would be dead. I thank him and all my doctors for helping me... Assisted suicide should not be legal.”

WHY DO DISABILITY RIGHTS GROUPS OPPOSE DOCTOR-PRESCRIBED SUICIDE?

Most people don’t know and wouldn’t assume disability rights groups oppose DPS, yet a just and caring society should want to know **why** many disability rights groups oppose it.

Persons with disabilities do experience medical discrimination. There is ample evidence showing that persons with disabilities are not treated as aggressively nor given the same treatment options as able-bodied persons.¹

Persons with disabilities have opposed legalizing DPS because it will make that bias worse. How much more readily will they be offered lethal drugs as a “treatment option” once suicide becomes a legal option?

Even Hollywood reinforces disability discrimination. The 2016 movie *Me Before You* was widely denounced by disability rights groups because the story supposedly about redeeming love still ended with the main character, a disabled man, committing suicide.

