**Why Oppose Assisted Suicide?**

* Assisted suicide legislation has been attempted over 100 times in the past 20 years but is only legal in 4 states. Legislators and voters alike know assisted suicide is bad for healthcare.
* Six-month “terminal” prognoses are arbitrary.  Very often patients outlive that prediction and sometimes overcome their illnesses completely.
* Legalizing suicide for the terminally ill and disabled, while offering anti-suicide resources for the rest of the population, teaches that the lives of the ill and disabled do not matter to our society.
* Suicide requests are most often a result of depression or mental illness, in people with terminal illness the same as the rest of the population.
* There is no requirement that anyone be with the patient at the time the medication is taken.  Sometimes, the medication leads to complications, pain, severe discomfort, or does not result in death.
* Physician Assisted Suicide in California does not require that a patient inform family members of the request for overdose medication to commit suicide.
* There must be two witnesses to a patient’s request for overdose medication for suicide.  One can be an heir and one can be a representative of the nursing home or medical care provider.  There is no safeguard against coercion.
* Overdose amounts of medication can arrive at a patient’s home through the mail with no safeguard as to who accepts the package or whether the ill or disabled person ingests the medication through his or her own will or is given it by someone else.

**Doctor’s Oath/Hippocratic Oath**

With regard to healing the sick, I will devise and order for them the best diet, according to my judgment and means; and **I will take care that they suffer no hurt or damage.**

**Frequently Asked Questions**

**Do most people experience a great deal of pain before they die?**

Sometimes. However, quality palliative care is available widely and paid by insurance. Palliative care provides medication and care that can alleviate all pain and dramatically increase quality of life for patients. Patients should seek advice from specialists in palliative care and learn the pain-relief options that are available.

**Who opposes physician-assisted suicide?**

Many different kinds of people oppose it, and for many different reasons. Civil libertarians note that it is often administered coercively or involuntarily, in spite of supposed legal safeguards. People with disabilities oppose the practice because they are most vulnerable to its abuses. People with long-term illnesses oppose it because they see that it devalues their lives. Survivors of suicide attempts oppose it because they know that the wish for death can be temporary, and that it is always destructive.

Religious Jews and Christians reject suicide for the same reason they reject murder, because only God has sovereignty over life and death (Deuteronomy 32:39). Muslims also reject suicide, as it is condemned in both the Quran and Hadith. All of the major world religions agree in their negative judgment of suicide.

**Don’t terminally ill people deserve to die with dignity?**

Assisted suicide is not a dignified death. It is neither as predictable nor as controllable as its advocates pretend. It can be as horrific as a public execution. (In fact, the drugs commonly used are the same as those used in the execution of condemned prisoners.) True dignity means making the most of life even amid severe limitations, suffering, and sorrow. No one teaches bravery better than people who face death squarely and always make what they can of the life that they have.

**Aren’t they going to suffer and die anyway?**

Doctors are often wrong in their diagnoses — and often wildly inaccurate in their prognoses for survival. Everyone on earth will likely suffer and will certainly die. But rarely do these events happen according to a doctor’s timetable. The remaining months, weeks, and days in a dying person’s life can be fruitful in many different ways. They can be used for reconciliation, expressions of love, quiet witness, example, and prayer.

There is a natural process to dying. The body and mind shut down in their time. To frustrate this process is as unjust and unhelpful as murder.

**Why do people choose suicide?**

Often, they do so in a moment of darkness — a moment that will pass. They feel weak, helpless, alone, and afraid. They are better served by companionship than by untimely death. Friends and family can give people strength, help, love, and courage — just by their regular, faithful presence.

Many of those who choose suicide fear that they will become a “burden” to their family and friends. But our human bonds were made precisely for that purpose. That’s what friends and family are for: to bear one another’s burdens. We help others when we allow them to help us. We grow because circumstances lead us to grow through service.

**If you’re against physician-assisted suicide, don’t choose it for yourself! Why not make it** **available for people who want it?**

In the European countries that have a long history of physician-assisted suicide, the practice has devolved rather rapidly. Originally voluntary, it was soon applied by proxy permission — and, eventually, simply by doctor’s orders. When the journalist Nat Hentoff interviewed elderly people in the Netherlands, many confessed that they no longer sought medical help for minor illnesses. When asked why, they said: “The doctors are very persuasive.”

Sick people are vulnerable and easily manipulated. Physician-assisted suicide makes patients more vulnerable — and makes manipulation potentially deadly. It puts patients in a potentially adversarial relationship with their doctors.

Though it begins as a voluntary, optional treatment, it has too often become the treatment of choice — the doctor’s choice and the bureaucrat’s, if not the patient’s.

**Is it wrong to assist someone in a suicide freely chosen?**

Yes, it is a crime. It is wrong, too, for a sick person to ask for such help. Such cooperation spreads guilt among many people — with consequences that may emerge only with the passage of years. Suicide leads to more suicide. That is clear from the experience of the places where physician-facilitated death is legal. Oregon has seen a 49% increase in suicides across society since their passage of physician-assisted suicide. Suicide does not cut sorrow short. It sends sorrow cascading down the generations.

**Why shouldn’t assisted suicide be legalized?**

Legalized assisted suicide contradicts the primary purpose of law, to protect our weakest members. It corrupts the medical profession, whose ethical code calls physicians to serve life and never to kill. The voiceless or marginalized in our society—the poor, the frail elderly, racial minorities, millions of people who lack health insurance—would be the first to feel “pressured” to kill themselves.

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

Suicidal wishes among any members of our society should be treated with counselling and suicide prevention, the terminally ill included. When their pain, depression and other problems are addressed, there is generally no more talk of suicide. If we respond to the terminally ill by offering them lethal drugs, we have made our own tragic choice as a society that some people’s lives do not matter.

**What about the high cost of healthcare?**

Healthcare can be expensive. The answer is better care, not encouraging death. Once assisted suicide is a legal option, and far less expensive than most treatments, the temptation will be great to label patients with lingering illnesses as economic liabilities. Will patients be coerced to choose death to keep costs down?

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

The disabled experience prejudicial attitudes on the part of able-bodied people, including physicians, who incorrectly assume they have little or no “quality of life.” 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. In this instance, how can we say suicide is a “free choice”?

**Doesn’t assisted suicide allow people to die when they choose, surrounded by family?**

Only patients who have a terminal prognosis, prediction of fewer than 6 months to live, can avail of physician-assisted suicide. But, many, many patients given this prognosis live longer than 6 months. It is not an exact science. SB 128 does not require patients to inform their families of their suicide wishes when obtaining the overdose medication. There is no requirement for witnesses or assistance while taking the medication and dying.

**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, have urged the Supreme Court 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.”