

Three Things You Should Know About Physician Assisted Suicide

The Center for Bioethics and Culture believes that permitting doctors to assist in the suicides of dying people is wrong and is a form of abandonment. The proper and compassionate approach to suicidal desire—*whatever its cause*—is compassionate intervention and prevention, not facilitation.

1. Physicians Should Never Be In the Business of Harming Their Patients

- Physician assisted suicide is a violation of the Hippocratic Oath and the commitment to do no harm.
- Legalization of assisted suicide challenges the integrity of medicine as well as the equality of human life. It corrupts medicine, undermines the viability of suicide prevention efforts by sending a mixed societal message, and threatens the lives and equal societal status of the weakest and most vulnerable among us.
- Once radical patient autonomy, or pain and suffering, are accepted by a majority of medical professionals and the public as sufficient justification for assisted suicide, there is little chance that it will remain limited to those who have a terminal diagnosis.
- This is why all major medical organizations oppose the practice, including—but not limited to—the American Medical Association, the American College of Physicians, the American Nursing Association, and the National Council on Disability.

2. Physician Assisted Suicide Places Society's Weakest and Vulnerable at Elevated Risks

- The vast majority of suicides are associated with clinical depression or other treatable mental disorders.
- For-profit healthcare and insurance companies see physician assisted suicide as an inexpensive alternative to providing services to those whose treatment is most expensive.
- Physician assisted suicide heightens the risk of coercion by family or friends who seek financial gain and other benefits to those left behind.
- Physicians often misjudge the quality of life of the dying, particularly the disabled, and often issue false timelines and prognoses to the dying.

3. Physician Assisted Suicide is Bad Public Policy

Permitting privatized killing is not only dangerous to vulnerable patients, but also destructive to an equal and truly compassionate society.

- **Netherlands:** According to several Dutch government studies, hundreds of patients who haven't asked for euthanasia are lethally injected or intentionally overdosed with pain medication each year by Dutch doctors. The "Groningen Protocol," an infanticide checklist, has been published by doctors who admit to euthanizing dying and disabled infants, even though such killings are murder under Dutch law.ⁱ
- **Switzerland:** Suicide clinics legally offer death to the disabled and terminally ill alike. Foreigners fly to Switzerland for "suicide tourism." The Swiss Supreme Court has declared a constitutional right to assisted suicide for the mentally ill.ⁱⁱ
- **Belgium:** Studies show that many euthanasia deaths are non-voluntary. Belgian doctors now openly couple voluntary euthanasia with organ harvesting.ⁱⁱⁱ
- **Oregon:** A study published in the *Michigan Law Review* found that the guidelines were often not followed by doctors, and that state oversight failed to "collect the information it [the state] would need to effectively monitor the law and in its actions and publications [the state] acts as the defender of the law rather than as the protector of the welfare of terminally ill patients." Overall suicide rates have risen sharply in Oregon since the legalization of physician-assisted suicide.^{iv}

ⁱ Eduard Verhagen and Pieter J. J. Sauer, "The Groningen Protocol—Euthanasia in Severely Ill Newborns," *The New England Journal of Medicine*, Vol. 352, No. 10 (March 10, 2005), pp. 960–961, <http://www.nejm.org/doi/full/10.1056/NEJMp058026#t=article>

ⁱⁱ Jacob M. Appel, "A Suicide Right for the Mentally Ill? A Swiss Case Opens a New Debate," *Hastings Center Report* 37, no. 3 (2007): 21-23. <http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=814#ixzz3iVoM85xZ>

ⁱⁱⁱ Kenneth Chambaere et al., "Physician-Assisted Deaths Under the Euthanasia Law in Belgium: A Population-Based Survey," *CMAJ*, Vol. 182, No. 9 (June 15, 2010), p. 896, <http://www.cmaj.ca/content/182/9/895.full>

^{iv} Herbert Hendin and Kathleen Foley, "Physician-Assisted Suicide in Oregon: A Medical Perspective," *Michigan Law Review*, Vol. 106, No. 8 (June 2008), pp. 1625–1626.