OPPOSE ASSISTED SUICIDE

LEARN MORE AND TAKE ACTION

Legislation has been introduced in the New York State Legislature that would allow doctors to legally prescribe a lethal dose of pills at the request of a terminally ill patient. This legislation is unnecessary, flawed and dangerous. Here's why:

There is no screening or counseling for depression.

People who say they want to kill themselves are often clinically depressed. For those who receive a terminal diagnosis, the stress and turmoil can lead to depression. Yet there is no requirement in the legislation that patients receive counseling or mental health treatment before they choose a lethal and irreversible course of action.

It undermines the medical profession.

Doctor-assisted suicide is fundamentally incompatible with the physician's role as healer. It undermines the bond of trust between doctors and their patients. The way that doctors respond to their patients has a profound effect on their patient's views of themselves and their self-worth. Patients deserve doctors who will support them through their illnesses, not offer them a quick exit.

It sends the message that suicide is acceptable.

New York State rightly spends millions of dollars each year to prevent suicides with anti-bullying campaigns in schools, awareness training in prisons, toll-free hotlines and extra safety precautions on bridges. It makes no sense to recognize suicide as a statewide critical public health concern while simultaneously promoting it as "dignified and humane" for certain populations.

It discriminates against people with disabilities.

Patients with a terminal illness often become disabled as their disease progresses. Others may come to devalue their lives and see them as having less "quality." While the rest of society receives "suicide prevention" education and services, these persons – and only these persons – will be granted "suicide assistance." That is discrimination based on disability.

There are increasing financial incentives to limit care.

Assisted suicide is far less expensive than palliative and supportive care at the end of life. As insurance companies and governments seek to reduce health care spending, will they promote this option in order to reduce expenses and liability? In Oregon, some patients noted that lethal doses of drugs were covered by their insurer while cancer treatments were not. While advocates call assisted suicide "free choice," what kind of choice is it when life is expensive but death is free?



YOUR VOICE IS IMPORTANT...

CONTACT YOUR LEGISLATOR

"As your constituent, I urge you to oppose legislation that would legalize doctor-assisted suicide. Assisted suicide violates the physician's oath to heal and comfort their patients, and to do no harm. Death is not a medical treatment. This bill is particularly dangerous for some of the most vulnerable citizens of our state: the elderly, the poor, the depressed, and people living with disabilities. These people can be pressured into choosing death over life by health insurance decisions to fund the least costly treatment or by family members feeling over-burdened. The so-called safeguards that lawmakers say will protect against coercion are ineffective and unenforceable. I strongly urge you to oppose this bill (A.2694/S.3947) and all efforts to legalize 'medical aid-in-dying.' Please work instead to strengthen programs of hospice and palliative care for the terminally ill. Thank you for listening to the concerns of your constituency."

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