



FAMILY ISSUE FACT SHEET

No. 2008-17 (February 2008)

HB 2387- Physician-Assisted Suicide / “Aid-in-Dying”

EXECUTIVE SUMMARY

“Aid-in-dying” legislation allows a physician to prescribe a lethal dose of medication to patients deemed terminally ill. Hidden by a complex set of regulations, such as patient written and oral consent, counseling on alternative interventions, consultation with multiple physicians, and mental competency requirements, House Bill 2387 seeks to legalize physician-assisted suicide in Arizona. This would not only violate over 2,000 years of ethical medical practice but also would further damage current end-of-life medical care and fracture patient-physician relationships.

BACKGROUND

Holland was the first country to sanction physician-assisted suicide in 1984.¹ Today, that practice has devolved into involuntary euthanasia and infanticide. In 2005, 1.7% of all deaths in the Netherlands were the result of euthanasia, and 0.4% of all deaths were the result of lethal drugs *not* at the explicit request of the patient.² Another 7.1% of all deaths involved continuous deep sedation in conjunction with medical decisions that “possibly hastened death.”³ A 2008 article criticizes doctors in the Netherlands for leaving babies born with spina bifida without treatment.⁴

Oregon is the only U.S. state with statutory physician-assisted suicide. Between October 1997, when the law took effect, and 2006, at least 292 individuals committed suicide with the aid of their physicians in Oregon.⁵ The U.S. Supreme Court upheld the law in 2006 on the basis that Congress did not intend the Controlled Substances Act to prevent the use of drugs for euthanasia.

HB 2387 goes further than the Oregon law by allowing another person to administer the lethal medicine if the patient is unable to administer it to himself.

TALKING POINTS

- **Physician-assisted suicide violates over 2,000 years of ethical medical practice.** The original Hippocratic Oath requires a doctor to state that he or she “will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect.”
- **Most in the current medical establishment oppose physician-assisted suicide.** The American Medical Association, the Arizona Medical Association, and the American Nurses Association oppose physician-assisted suicide.⁶ All three organizations stress comprehensive and compassionate end-of-life care that provides comfort and pain-relief.
- **Physician-assisted suicide ignores the larger problems with current end-of-life care.** Physicians have the tools necessary to provide patients with good palliative care. In Oregon,

46% of patients whose doctors “implemented at least one substantive palliative intervention, such as control of pain or other symptoms...or a trial of antidepressant medication” changed their minds about assisted suicide.⁷ Physician-assisted suicide is not the solution to current palliative care problems.

- **Physician-assisted suicide destroys the patient-physician relationship.** Once physicians have the power to kill patients, patients will not be able to truly trust doctors. The distrust between physicians and patients in Holland is striking. In the early 1990s, the Dutch Patients’ Association started distributing medical alert cards for members to carry requesting that “no treatment be administered with the intention to terminate life.”⁸
- **The suffering of a terminally ill patient impedes rational consent.** The requirement that a patient requesting lethal medication be free from a “psychiatric or psychological disorder or depression causing impaired judgment” is virtually impossible to assure, according to statistics and psychiatric definition. Studies show that nearly 95% of people who commit suicide suffer from a diagnosable mental disorder.⁹
- **Physician-assisted suicide is frequently a permanent solution to a temporary situation.** Terminally-ill patients often suffer from treatable depression. One study showed that 80% of completed physician-assisted suicides had a treatable depressive disorder.¹⁰
- **Physician-assisted suicide is an “easy out” for physicians, insurance companies, and governments who do not want to provide long-term care.** Patients will be viewed as financial and emotional burdens, and pressure from healthcare institutions, society, and relatives will coerce patients into choosing suicide as their “duty.”¹¹

CONCLUSION

“Aid-in-dying” legislation violates long-standing medical practice, damages the patient-physician relationship, and ignores the larger problems with current end-of-life care. Enacting this legislation takes Arizona down a slippery slope in regards to the significance of human life and should be opposed.

¹ The Dutch courts approved of the practice in 1984, and a law was officially passed in 2002. Derek Humphrey, *Assisted Suicide Laws Around the World* (March 1, 2005), http://www.assistedsuicide.org/suicide_laws.html.

² Agnes van der Heide, et al., *End-of-Life Practices in the Netherlands under the Euthanasia Act*, 356 *New Eng. J. Med.* 1957, 1960 (2007).

³ *Id.*

⁴ T.H. Rob de Jong, *Deliberate Termination of Life of Newborns with Spina Bifida, a Critical Reappraisal*, 24 *Childs Nervous Sys.* 13 (2008).

⁵ Oregon Public Health Division, *Summary of Oregon’s Death with Dignity Act – 2006* (March 2007), <http://oregon.gov/DHS/ph/pas/docs/year9.pdf>.

⁶ American Med. Ass’n Code of Ethics R. E-2.211; Arizona Med. Ass’n, *2007 Legislative Report* at 10, http://www.azmedassn.org/publications/Leg_Report.pdf; American Nurses Ass’n Code of Ethics for Nurses Provision 1.3.

⁷ Linda Ganzini, et al., *Physicians’ Experiences with the Oregon Death with Dignity Act*, 342 *New Eng. J. Med.* 557, 560 (2000).

⁸ Wesley J. Smith, *Going Dutch? The US Appears to be Following Holland’s Lead on Euthanasia*, *Nat’l Rev.* (Oct. 10, 1994), available at http://findarticles.com/p/articles/mi_m1282/is_n19_v46/ai_16294520.

⁹ Burk J. Balch and Randall K. O’Bannon, National Right to Life, *Why We Shouldn’t Legalize Assisting Suicide* (February 2003), <http://www.nrlc.org/euthanasia/asisuid1.html>.

¹⁰ Linda Ganzini and M.A. Lee, *Psychiatry and Assisted Suicide in the United States*, 336 *New Eng. J. Med.* June 19, 1997 - Vol. 336, No. 25

¹¹ See, e.g., Ezekiel J. Emanuel and Margaret P. Battin, *What Are the Potential Cost Savings from Legalizing Physician-Assisted Suicide*, 339 *New Eng. J. Med.* 167 (1998).