PHYSICIAN-ASSISTED SUICIDE: FATALLY FLAWED AND DANGEROUS TO NEW YORK PATIENTS

S.6471-Savino/A.4321-A-Paulin

Bill S.6471-Savino/A.4321-A-Paulin would make it legal for patients who may die within six months to obtain prescriptions for lethal drugs for the purpose of committing suicide. Such a policy would place New York patients at great risk of coercion, abuse, and denial of lifesaving treatment. For the following reasons, the New York Alliance Against Assisted Suicide urges strong opposition to this legislation.

- **Physician-assisted suicide creates an economic incentive for insurers to deny treatment to terminally-ill persons.** In Oregon and California (states that allow assisted suicide), patients have been denied coverage for treatments that could save their lives, but have been told that less-costly lethal drugs would be covered.

- **Physician-assisted suicide offers no guarantee of a peaceful, painless death.** One in five Dutch patients using standard barbiturates to commit suicide experienced complications. Those complications included vomiting, inability to finish the medication, longer-than-expected time to die, failure to induce coma, and awakening from coma.[1]

- **This bill could lead patients to take their own lives based upon inaccurate prognoses.** The bill bases eligibility for assisted suicide on a six-month prognosis, but a major study of physician prognoses in Chicago revealed that of 468 predictions, only 20% were accurate in predicting when death would occur. In another study, no group "accurately predicted the length of patient

[1] *See* https://www.nejm.org/doi/full/10.1056/NEJM200002243420805.

survival more than 50% of the time."[2] Oregon interprets eligibility to include treatable and curable conditions that do not receive treatment or are denied treatment.[3]

- **The bill does not require trained medical personnel to be present at the time the lethal drugs are taken, or at the time of death.** If a patient requests and obtains lethal drugs but has second thoughts about taking them, this loophole makes it possible for an heir or abusive caregiver to administer those lethal drugs without the patient's knowledge or consent.

- **The bill does not require patients with depression or other psychiatric disabilities to receive counseling before receiving a lethal prescription.** The bill only requires an attending physician to refer an assisted suicide-minded patient to a mental health professional for screening if the physician believes "that the patient may lack capacity to make an informed decision."

- **Stating that this bill is needed to help patients avoid pain is a false premise.** Inadequate pain control is NOT the primary reason—nor even among the top five reported reasons—why patients in Oregon and Washington request lethal drugs under the laws of those states.

- **Physician-assisted suicide laws may encourage suicide among persons who are not terminally ill.** The occurrence of suicide in the general population in Oregon was 40% above the national average during the 20-year period that assisted suicide has been legal in Oregon. A CDC report reveals that from 1999-2010, suicide among those aged 35-64 increased 49% in Oregon as compared to a 28% increase nationally.

- **Assisted suicide laws normalize assisted suicide as an acceptable response to being disabled over suicide prevention and better delivery of long-term services and supports.** Disabled and older people are already treated as having a lesser quality of life and less deserving of medical treatment and interventions. At its worst, an assisted suicide law creates a "duty to die" among people who might require assistance with daily living but are pressured or made to feel a burden physically, emotionally, and financially.

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2 *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070876/; https://www.ncbi.nlm.nih.gov/pubmed/18445863; and https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/610800.

3 *See* https://drive.google.com/file/d/1xOZfLFrvuQcazZfFudEncpzp2b18NrUo/view.