



Assisted Suicide: Unnecessary and Dangerous

Assisted suicide is illegal in the state of New York. However, a bill has been introduced in the New York State Legislature that would allow doctors to prescribe lethal doses of pills at the request of terminally ill patients whose doctors believe that they have six months or less to live. While proponents say that this bill provides “death with dignity” and “patient self-determination,” it is actually unnecessary and dangerous. New York must maintain its ban on assisted suicide. Here’s why.

The assisted suicide bill does not require screening or counseling for depression.

People who say that they wish to commit suicide are often clinically depressed. For those who receive terminal diagnoses, the stress and turmoil can lead to a depressive episode. Despite this, 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. The bill requires a mental health referral only if a physician believes that a patient may be unable to make informed medical decisions due to a mental condition.

The bill does not contain safeguards to prevent misuse of lethal drugs.

All of the bill’s so-called safeguards relate to requests for medication by patients. The legislation offers no

protections to ensure that patients are not being coerced into ingesting lethal drugs, or even to prevent another person from administering lethal drugs to a nonconsenting patient. Family members don’t have to be notified, and no medical professional is required to be present.

A terminal prognosis is difficult to predict.

Under the assisted suicide proposal, a patient would be eligible for assisted suicide if a doctor has diagnosed him or her with a terminal illness and has opined that he or she has six months or less to live. Yet even doctors will admit to the inability to accurately predict life expectancy. Medical prognoses are based on statistical averages, and virtually everyone knows someone who has outlived the odds. Legalizing assisted suicide could lead patients to end their lives when they might

otherwise have lived for several more years or even recovered from their illnesses.

Assisted suicide turns doctors into killers.

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

The assisted suicide bill lacks integrity.

The proposal would require doctors to lie on patients' death certificates by falsely stating that a patient's death was caused by his or her terminal illness, not by the ingestion of lethal drugs. Therefore, no accurate reporting to state officials would be possible.

Legalizing assisted suicide 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 hot-lines and extra safety precautions on bridges. It makes no sense to recognize suicide as a statewide public health concern while simultaneously promoting it as "dignified and humane" for certain populations.

Assisted suicide discriminates against people with disabilities.

Persons with serious chronic or terminal illnesses often become disabled as their diseases progress. Health professionals and others may incorrectly perceive that those patients have less "quality of life" than healthier persons do. While the rest of society receives suicide

prevention education and services from the state, this bill would direct suicide assistance toward certain disabled individuals. This double standard is a form of discrimination against persons with disabilities.

Assisted suicide is a slippery slope.

Once the government approves of assisted suicide for those with six-month terminal prognoses, it will become difficult, if not impossible, to limit assisted suicide to this group. In Oregon, where assisted suicide is already legal for this population, lawmakers have considered extending the availability of assisted suicide to patients with one year or less to live. In 2021, Canada amended its assisted suicide law to allow assisted suicide for persons whose illnesses are not terminal; during that year, assisted suicide accounted for 3.3% of all deaths occurring in Canada.

Assisted suicide creates financial incentives to limit care.

Assisted suicide is far less expensive than palliative and supportive care at the end of life. In Oregon, some patients noted that lethal doses of drugs were covered by their insurers while cancer treatments were not. While advocates call assisted suicide a matter of free choice, what kind of choice is it when life is expensive but death is free?

There are alternatives to assisted suicide.

Maintaining New York's ban on assisted suicide does not mean that terminally ill patients must die painful deaths. Almost all physical pain can be controlled through pain management and medication. Hospice care is underutilized in New York, and palliative medicine reduces suffering while providing comfort and comprehensive care.

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The New York Alliance Against Assisted Suicide is committed to preventing the legalization of assisted suicide in the Empire State.

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