STOP ASSISTED SUICIDE

FACTS

ABX2-15 PROTECTS EVERYONE BUT THE PATIENT

Assisted suicide legislation has been attempted over 100 times in the past 20 years but is only legal in 4 states. Legislators and voters alike know assisted suicide is bad for healthcare.

There is no requirement that anyone be with the patient at the time the medication is taken. Sometimes, the medication leads to complications, pain, severe discomfort, or does not result in death.

Six-month "terminal" prognoses are arbitrary. Very often patients outlive that prediction and sometimes overcome their illnesses completely.

ABx2-15 does not require that a patient inform family members of the request for overdose medication to commit suicide.

Legalizing suicide for the terminally ill and disabled, while offering anti-suicide resources for the rest of the population, teaches that the lives of the ill and disabled do not matter to our society.

There must be two witnesses to a patient's request for overdose medication for suicide. One can be an heir and one can be a representative of the nursing home or medical care provider. There is no safeguard against coercion.

Suicide requests are most often a result of depression or mental illness, in people with terminal illness, the same as the rest of the population. Suicidal depression passes. Many people who attempt suicide regret it immediately. 90% do not end up taking their own life.

Overdose amounts of medication can arrive at a patient's home through the mail with no safeguard as to who accepts the package or whether the ill or disabled person ingests the medication through his or her own will or is given it by someone else.

ASSISTED SUICIDE IN CALIFORNIA

SB 128, a bill that would have legalized assisted suicide, passed the CA Senate in 2015 but was stalled in the Assembly Health Committee for lack of support. Bill supporters reintroduced assisted suicide in a Special Session as ABx2-15. This bill was rushed through both the CA Assembly and Senate with fewer committee reviews and less debate than a regular session requires. Fast-tracked as it was, Governor Brown signed ABx2-15 into law, stating "I was left to reflect on what I would want in the face of my own death." A referendum has been filed to overturn the law, which is currently stayed. Signatures are now being collected to qualify the "Referendum to Overturn Aid-in-Dying Law" for the Nov 2016 ballot.

MYTHS

Doesn't assisted suicide allow people to die with dignity?

Assisted suicide is not a dignified death. It is neither as predictable nor as controllable as its advocates pretend. It can be as horrific as a public execution. (In fact, the drugs commonly used are similar to those used in the execution of condemned prisoners.) True dignity means making the most of life even amid severe limitations, suffering, and sorrow. No one teaches bravery better than people who face death squarely and always make what they can of the life that they have.

Don’t people who choose assisted suicide die when they want, surrounded by family?

Only patients who have a terminal prognosis, prediction of fewer than 6 months to live, can avail of physician-assisted suicide. But, many, many patients given this prognosis live longer than 6 months. It is not an exact science. Rather than fortifying caring relationships, physician-assisted suicide erodes the trust between patients and medical personnel, between family members and their would-be-heirs. It preys upon the weakness, confusion, and insecurity of people who are disabled and disadvantaged. It tells all suffering people that their lives are worthless.

Don't terminally ill people who choose assisted suicide simply practice personal autonomy at the end of life?

Suicidal wishes among any members of our society should be treated with counseling and suicide prevention, the terminally ill included. When their pain, depression and other problems are addressed, there is generally no more talk of suicide. If we respond to the terminally ill by offering them lethal drugs, we have made our own tragic choice as a society that some people’s lives do not matter. Patients who are poor, disabled, or do not have access to quality healthcare are the most vulnerable to coercion, however subtle, that assisted suicide is the best and least costly option.

Doesn't assisted suicide benefit patients and their families?

Suicide is often presented as the best available option, but it is not. It is simply the cheapest and the most economically beneficial to insurance corporations, the state, and medical institutions. Quality palliative care, which offers physical and emotional relief from pain and suffering, is covered by insurance, widely available, and affirms the true dignity of each person rather than treating them as a burden.

If you’re against physician-assisted suicide, don’t choose it for yourself! Why not make it available for people who want it?

In the European countries with a long history of physician-assisted suicide, the practice has devolved rapidly. Originally voluntary, it was soon applied by proxy permission — and, now, often by doctor’s orders. When the journalist Nat Hentoff interviewed elderly in the Netherlands, many confessed they no longer sought medical care for minor illnesses because “the doctors are very persuasive.” Physician-assisted suicide makes patients more vulnerable — and makes manipulation deadly. It puts patients in a potentially adversarial relationship with their doctors. Though it begins as a voluntary, optional treatment, it has too often become the treatment of choice — the doctor’s choice and the bureaucrat’s, if not the patient’s.

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For more information, resources and to sign up for the latest updates on California’s battle against Assisted Suicide, visit:

www.AHardPill.org