



LIFE: AT THE HEART OF THE LAW.

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## **Legalizing Physician-Assisted Suicide is too Dangerous**

Legalizing physician-assisted suicide (PAS) is not about giving patients the right to die but about giving physicians the right to kill. Suicide is tragic but not illegal. Verbal engineering always precedes social engineering, so pro-suicide groups are trying to wrap the respectability of the medical profession around something society has tried to prevent for many years. They've also cloaked the word "suicide" in the camouflage of good words like "compassion," "choice" and so-called "death with dignity." Dignity is not found in a handful of lethal pills.

### **Assisted suicide should not be legal because it is DANGEROUS.**

#### **It is Dangerous for PHYSICIANS**

- It destroys trust which is the foundation of the doctor-patient relationship. That's why major medical associations adamantly oppose it.
- It takes no great skill to kill, but it does to provide superb end-of-life care. A medical student could go to medical school only half-day to learn to do it.
- It is the easy option for a busy, stressed, or frustrated physician.
- It gives too much power to physicians to be judge, jury, and assistant executioner. They could convince a patient this is a reasonable step just by how they describe the diagnosis and prognosis.
- It assumes physicians are perfect moral agents. If we couldn't control Jack Kevorkian when it was illegal, what makes us think we can control 700,000 physicians when it is?

#### **It is Dangerous for FAMILIES**

- Families don't have to be informed. They can be left with guilt, anger, and sadness.
- It will cause *family dissension* as some oppose it and others encourage it.
- It opens the door to the worst form of *elder abuse* by the self-centered or exhausted care providers or greedy relatives.

#### **It is Dangerous for PATIENTS**

- The "*right to die*" will become *the duty to die* for senior citizens, as some bioethicists already advocate. Not wanting to be "a burden," the elderly will take their own lives.
- *Mental and physical suffering preclude rational decision-making.* Under all existing and proposed physician-assisted suicide laws, no mental or psychological evaluation is required before a doctor may help the patient commit suicide.
- *Most people commit suicide due to depression* that is extremely common but treatable in the terminally ill.
- In an economically challenged healthcare system, the *cheapest form of healthcare* for any illness is a handful of lethal medications.

## It is Dangerous for SOCIETY

- *There is a slippery slope.* When society states that some lives are “not worthy to be lived” because of subjective suffering, and those people have a “right to die,” then
  - Doesn’t someone with a chronic illness who will suffer more or longer than the terminally ill deserve this “right”?
  - Rights demand duties. Don’t we have the duty to provide PAS to those who can’t swallow the pills?
  - What if they don’t die? In the Netherlands, one in six patients approved to commit suicide didn’t die from the lethal pills, so doctors killed them with injections. Why not here?
  - What if a patient can’t give consent because they are mentally incompetent or too young? Shouldn’t we let someone else do this (non-voluntary euthanasia) for their benefit?
  - Psychiatric illness causes suffering, so don’t those patients need this “benefit”?

In Europe, countries have taken the next “logical” step and answered “Yes” to all these questions. They went from physician-assisted suicide to voluntary euthanasia, to non-voluntary and then involuntary euthanasia. The right was given to the terminally ill, then the chronically ill, the mentally ill, the disabled and finally those not ill at all.

- The so-called *safeguards don’t work.*
  - Studies show that physicians only *get a second opinion from other physicians they know will endorse their decision.*
  - It is impossible to accurately predict a patient will only live six months.
  - Physicians under PAS laws are immune from liability for malpractice.
  - Proposed laws cloak PAS under a shroud of secrecy. Only positive information is published and there is no possibility of examining how it is actually working.

**The better alternative:** train more palliative care physicians; modify laws to allow adequate pain/symptom control at the end of life; encourage better identification and treatment of depression; promote ethical hospice; and mobilize faith communities and others to provide emotional and relational end-of-life support to struggling patients and families.

H.L Mencken summed it up, “*There is always an easy solution to every problem—neat, plausible and wrong.*” Legalizing physician-assisted suicide is wrong. The evidence is clear it is TOO DANGEROUS.

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