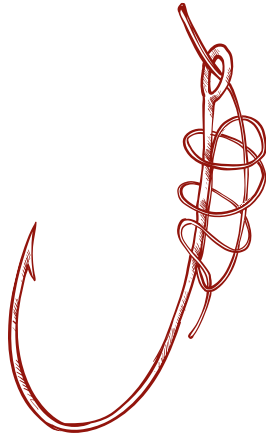


ASSISTED SUICIDE: THE BAIT AND SWITCH

How "Safeguards" Become Barriers

Legislators are persuaded by the bait of supposed "safeguards" for patients to enact laws to legalize assisted suicide. As has been witnessed over time, proponents then do a switch, claiming the "safeguards" they originally touted are now "barriers." Assisted suicide proponents are now willing to push the envelope to go well beyond what has been proposed and enacted. In addition, the original "safeguards" aren't safe and have not protected certain classes of patients.



1

LEGALIZE ASSISTED SUICIDE FIRST, AMEND THE LAW LATER

J.M. Sorrell, the Executive Director of Massachusetts Death with Dignity, speaking about the Massachusetts bill to legalize assisted suicide: "It models Hawaii, which was the other one that was a little bit more conservative than the others in terms of limitations and the hoops you have to go through to get medical aid in dying. Once you get something passed, you can always work on amendments later, so I'm working to be patient." (1)

2

ASSISTED SUICIDE FOR THOSE WITH DEMENTIA COMPELLING

Barbara Coombs Lee, former President of Compassion and Choices, regarding assisted suicide for people with dementia: "It is an issue for another day but is no less compelling." (2)

3

TERMINAL ILLNESS AND SIX MONTH PROGNOSSES SHOULD NOT BE THE ONLY CRITERIA FOR ASSISTED SUICIDE

A recent article published by the Hastings Center states: "Thus, the restriction of physician-assisted death to terminally ill patients should not necessarily be regarded as a permanent restriction." "The Harvard Model Law would allow physician-assisted death for people who have an intractable and unbearable illness as well as for people who are terminally ill. (3) Assisted suicide proponent Thaddeus Pope believes there will be an expansion of assisted suicide for non-terminal people with disabilities beyond the six month prognosis to twelve months or eliminating the monthly requirement altogether. (4)

4

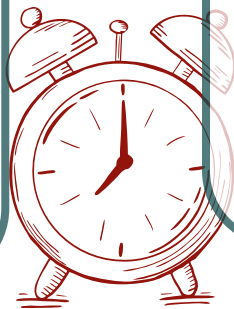
EXPAND ASSISTED SUICIDE TO ALLOW EUTHANASIA AND INCLUDE DEMENTIA PATIENTS

Broaden Choices of California is promoting a new, very expansive proposal which would: make eligible those with more than six months to live if their condition is grievous and irremediable; allow IV infusion of drugs – euthanasia; and allow a patient with mid-stage dementia to request lethal drugs (5).

5

WAITING PERIODS NOW CONSIDERED A MAJOR BARRIER

Waiting periods were initially proposed as a substantial "safeguard" so that the patient has a 15 day reflection period to consider an irreversible decision. States are now reducing the waiting period to mere hours or waiving them altogether. Compassion and Choices states: "While the waiting period was included with good intention, it has proven to create unnecessary suffering as it delays an already cumbersome process." (6)



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7

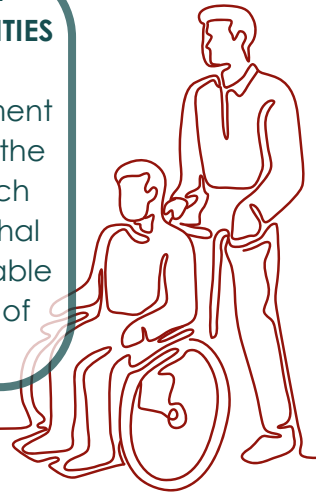
RESIDENCY REQUIREMENTS NOW CONSIDERED UNCONSTITUTIONAL

There is no longer a residency requirement in Oregon and Vermont is following suit. Lethal drugs can be taken to non-legal states by patients where what little "safeguards" there are no longer apply.

6

EXPAND CALIFORNIA LAW TO ALLOW EUTHANASIA FOR PATIENTS WITH DISABILITIES

A challenge filed in federal court in California would eliminate the requirement in California's assisted suicide law that the lethal drugs be self-administered, which would legalize euthanasia (7). With lethal injection available in the home, vulnerable people would be at even greater risk of being killed without their consent.



9

"SAFEGUARDS" DO NOT PROTECT PATIENTS WITH MENTAL CONDITIONS

Laws enacted to legalize assisted suicide define eligibility as a patient having a terminal illness with six months to live. Two patients in Colorado in their early 30s (9) and at least one patient in Oregon with anorexia nervosa (10), a mental and not a terminal condition, have died using lethal drugs. Lead assisted suicide proponent organization, Compassion and Choices, stated: "This law does not and was never intended to apply to a person whose only diagnosis is anorexia nervosa" (11).

8

ALLOW LESS QUALIFIED MEDICAL PROFESSIONALS TO PRESCRIBE LETHAL DRUGS

Physicians are often wrong in their prognoses that patients have only six months to live. States are now proposing to allow less-qualified Nurse Practitioners and Physician Assistants to have prescription authority, even though Medicare does not allow them to approve eligibility for hospice which is also based on a six month diagnosis. (8)

10

"SAFEGUARDS" DO NOT PROTECT PATIENTS WHO ARE NOT DYING AND COULD LIVE WITH TREATMENT

Assisted suicide is already available to persons with chronic or degenerative illnesses if they stop treatment. The most recent Oregon report includes deaths due to "anorexia, arthritis, arteritis, blood disease, complications from a fall, hernia, kidney failure, medical care complications, musculoskeletal system disorders, sclerosis and stenosis." It also includes "endocrine/metabolic diseases such as diabetes" (12).



If you or someone you know needs immediate help, call or text: 988