



ASSISTED SUICIDE: FATALLY FLAWED

Disability Discrimination

“Loss of dignity” is one of the top reasons¹ people choose physician-assisted suicide (PAS). Proponents of PAS seem to measure dignity by either how much someone “contributes” to society or by whether someone *feels* dignified. But if all humans are born with inherent dignity, how does one lose that dignity? Indeed, PAS devalues vulnerable groups such as the elderly, and those with disabilities, all of whom could be considered “undignified,” by this definition.

We all share in dignity by the fact that we are human. In straying from this truth, we put a price tag on others. By saying that someone has lost her dignity, we really are saying that she has lost her humanity, her intrinsic value. Assisted suicide begs the question, is life only valuable up to a point? And if so, where do we draw the line?

Assisted suicide violates the Americans with Disabilities Act (ADA) and “safeguards” fail to protect those with physical or mental disabilities

In 1990, President George H.W. Bush signed the Americans with Disabilities Act (ADA) to advance equality for people with disabilities in the United States. Though the ADA has made great progress for the country’s disabled community, the legalization of assisted suicide raises issues at odds with the law’s initial intent.

Every national disability organization² opposes the legalization of PAS, because all who qualify are considered disabled according to the ADA’s definition of disability³. This disproportionately targets the disabled, a textbook case of discrimination. In fact, documented



CASE STUDY:

A report by Eat Breathe Thrive⁴ found that at least sixty people internationally have been killed by assisted suicide and euthanasia due to their eating disorders. 89.8% of anorexia patients that use treatment focusing on weight restoration recover – it is not a terminal disease.

examples⁵ exist of assisted suicide for treatable diseases⁶ such as diabetes, arthritis, and anorexia. Supposed guardrails like psychiatric referrals simply don’t work – Oregon, for example, issues⁷ almost no psychiatric referrals year after year, despite overwhelming evidence⁸ that chronic disease causes heightened rates of mental health conditions⁹.



Bias in Big Healthcare

Individuals with disabilities require frequent interactions with the healthcare system, which increases the likelihood they can be coerced into taking their own lives simply by exposure to this discriminatory system. After all, a 2021 survey¹⁰ showed that 82% of healthcare professionals believed that people with severe disabilities already have a lower quality of life than those without disabilities. This preconceived bias within the medical community causes many people with disabilities to distrust the health care system, as they feel devalued before they even enter the examination room. The push for legalized PAS boils down to a fear of disability.

It Is Cheaper to Kill You than to Care for You

In 2017, the Canadian Medical Association Journal found¹¹ that Medical Assistance in Dying (MAiD) in Canada could save the Canadian government anywhere from \$35.7 million to \$138.8 million in annual health care spending. However, this is not the first time in history that cost-saving considerations have been used to justify assisted suicide. For example, the Nazis promoted euthanasia under the guise of similar economic benefits using their T4 program which took the lives of 250,000 people.

Further, public and private providers already have perverse incentives to maximize savings through denial of care to individuals with costly conditions or illnesses; there have been various examples¹² of this. Medicaid alone spent \$23 billion on health care for people with disabilities in 2018 and estimates show

CASE STUDY:

In 2020, Michael Hickson¹³, a quadriplegic African American man from Austin, was diagnosed with Covid-19. Due to his status as a quadriplegic, his physicians deemed his life to be one of “low quality,” even though he had a loving wife and children, and they refused to offer him lifesaving treatment. Michael died after not receiving the necessary treatment he needed, against the wishes of his family.

CASE STUDY:

Stephanie Packer¹⁴, a thirty-four-year-old woman from California, was diagnosed with scleroderma in 2016 and was given three years to live. Determined to beat the disease, for her own sake and that of her four children, Stephanie requested a new treatment method hoping that it would improve her condition. To her surprise, her insurance provider denied her request and instead offered her assisted suicide at the cost of a \$1.20 copay.

that caring for family members with disabilities can exceed \$20,000 annually. People with disabilities should not face the consequences of physician-assisted suicide as a result of our broken healthcare system and rising prices.

Notes

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