



ASSISTED SUICIDE: FATALLY FLAWED

FAQs for ASW

1. **What is physician-assisted suicide? How does physician-assisted suicide differ from euthanasia?**

Physician-assisted suicide is when a patient ends his or her life by self-administering a poisonous mixture of drugs provided by a physician. Euthanasia is when a physician directly administers poisonous drugs to a patient or withholds life-saving treatment with the intention of bringing about the death of that patient. In other words, in physician-assisted suicide the physician is an accomplice to the patient's act of killing themselves; in euthanasia, the physician is the actor that kills the patient.

2. **Where is physician-assisted suicide legal?**

Physician-assisted suicide is legal in Oregon, Washington, Vermont, California, New Mexico, Montana, Maine, New Jersey, Hawaii, Colorado, and the District of Columbia. It is also legal in 10 countries.

3. **Where is physician-assisted suicide illegal?**

Physician-assisted suicide was made constitutionally illegal in West Virginia through a ballot initiative in the 2024 election. West Virginia is currently the only state to make physician-assisted suicide expressly illegal.

4. **Is physician-assisted suicide safe?**

No, physician-assisted suicide by definition is not safe because it always results in the death of a person.

Moreover, the drugs used in physician-assisted suicide have been proven to cause seizures, vomiting, and other complications¹ for patients as well as long-term adverse effects² on the mental health of those who participate in the practice, such as physicians and family members.

5. **Who can get physician-assisted suicide? Aren't there effective guardrails in place?**

The 3 main criteria for eligibility in physician-assisted suicide laws across the country are: one must 1) be 18 years or older, 2) have received a terminal prognosis of 6 months or less to live, and 3) be judged to have the mental capacity to make informed decisions. Though advocates for physician-assisted suicide claim that these are strict enough guardrails in place that limit eligibility to a small group of people, evidence shows that multiple states have prescribed poison to individuals who were not suffering from a terminal illness, but rather chronic diseases such as arthritis and diabetes. Furthermore, most people with disabilities are eligible under the legal criteria previously listed solely because without the proper care, their disability would render them terminal. Finally, every single state in which PAS is legal has amended at least one guardrail, which has both loosened eligibility criteria and caused the number of PAS deaths to increase every single year.

6. What are the main reasons people support the legalization of physician-assisted suicide?

Supporters of physician-assisted suicide tend to fall in three groups. The first group is driven largely by empathy or ignorance of the key issues; they cannot bear to tell a suffering person who wants physician-assisted suicide that this desire, while understandable, is wrong. Otherwise, they simply have not looked closely at the subject and lack an overview of the key issues. The second group is smaller and typically consists of individuals who have seen or are experiencing tremendous suffering at the end of life. These individuals earnestly seek deliverance from their suffering, whether it be physical, mental, or spiritual. They believe physician-assisted suicide is their best way out. The third group is the smallest, but one of the most active and influential. They believe that suicide is a completely rational and even admirable act that all individuals should be empowered to make if they see fit. Members of this group include some of the pioneers of eugenics, euthanasia, and physician-assisted suicide.

7. What's wrong with a patient committing suicide if they are dying anyway and don't want to suffer?

Every person is born with innate dignity and should be celebrated as being an integral part of humanity, especially in times of suffering. If we give people the "right to die," then we are communicating to others that life only has value up to a point, and that when things get tough or people become burdensome, suicide is the proper response. And of course, many instances of miraculous or inexplicable recovery exist. Thus, it is of the utmost

importance to value life at every stage, instead of hastening death.

8. Does everyone who is prescribed physician-assisted suicide drugs use them?

No, not everyone who is prescribed poisonous physician-assisted suicide drugs uses them. In fact, in 2022 out of the 1,328 people that were prescribed physician-assisted suicide drugs in California, over 30% ended up not using them³, which means that hundreds of Californians have dangerous and untracked poison sitting at home.

9. Are there financial incentives to physician-assisted suicide?

It is much cheaper⁴ for insurance companies to pay for a patient's one-time prescription for physician-assisted suicide, than to pay for long-term, life-saving treatment.

10. Why wait to die if a doctor has given you a prognosis?

Though doctors go to great lengths to become experts in their field, this does not give them the ability to predict the future. In fact, Oregon data shows that multiple people outlived their six-month terminal prognosis, with one patient outliving it by over 5 years. Studies have even shown that physician prognosis at the end of life can have an accuracy rate of as low as 20%⁵.

11. Shouldn't I be allowed to choose how I die?

People understandably want to avoid pain and have autonomy at the end of their lives. However, by promoting physician-assisted suicide, people come to believe that they only have the choice of pain (unwanted/ ineffective treatment) or poison (physician-assisted suicide/euthanasia).

By legalizing physician-assisted suicide, we put aside other end-of-life treatment options such as good pain management, avoiding unwanted treatment, and other comfort care options that are meant to improve the life of the patient while maintaining their humanity, rather than eliminating the person altogether, which has never been the purpose of good medicine.

12. Is physician-assisted suicide contrary to the Hippocratic Oath?

Yes, physician-assisted suicide is expressly contrary to the Hippocratic Oath which states, *“I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan.”*

13. Is the slippery slope real?

Yes, overwhelmingly so; the fact that this remains a common question shows the lengths to which physician-assisted suicide advocates have influenced public discourse with their advocacy. No matter how you define ‘slippery slope,’ it exists; from increasing annual deaths to the removal of guardrails to the lax enforcement of protocols.

14. Shouldn’t people be given the option of physician-assisted suicide in order to avoid unbearable suffering at the end of life?

Suffering is not the same as pain – one can be pain free and still experience immense suffering due to mental distress. A sprained ankle or a bee sting cause the same amount of physiological impact on two people, yet one may hardly notice the pain while

another may experience anxiety over it. As such, suffering is impossible to quantify. Nevertheless, no one should be forced to suffer severe pain, whether one is eight or eighty years old. With the advancement of painkillers and palliative care, pain is almost always treatable and patients can receive total, if not almost total relief from pain at the end of life. Finally – and this is critical – unbearable pain has never been even close to the main reason individuals choose PAS based on the annual reporting from Oregon and Washington.

15. Isn’t opposition to physician-assisted suicide just rooted in people’s desire to impose their religious beliefs on society?

First of all, some of the most zealous opponents of physician-assisted suicide legislation are disability rights organizations, many of which are considered “progressive.” That said, this question is a strawman. Yes, the world’s leading religions of Christianity, Islam, Hinduism, Buddhism, and Judaism (with over 6 billion adherents worldwide) oppose physician-assisted suicide on moral grounds. But the claim that “I ought to do what I want with my life, even if that means killing myself,” is also a moral claim. Accusing people practicing a specific religion of moralizing is hypocrisy. Life and death issues are moral issues, whether you like it or not – all claims are moral claims.

Notes

1. Oregon Death with Dignity Act, 2023 Data Summary, <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year26.pdf>
2. Stevens, Kenneth R. "Emotional and Psychological Effects of Physician-Assisted Suicide and Euthanasia on Participating Physicians." *Issues in Law & Medicine*, U.S. National Library of Medicine, <https://pubmed.ncbi.nlm.nih.gov/16676767>
3. California End of Life Option Act 2022 Data Report - CDPH, https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CDPH_End_of_Life%20Option_Act_Report_2022_FINAL.pdf
4. Richardson, Bradford. "Assisted-Suicide Law Prompts Insurance Company to Deny Coverage to Terminally Ill California Woman." *The Washington Times*, The Washington Times, 20 Oct. 2016, <https://www.washingtontimes.com/news/2016/oct/20/assisted-suicide-law-prompts-insurance-company-den>
5. Life Expectancy Estimates, Center for Public Representation, <https://www.centerforpublicrep.org/wp-content/uploads/Life-Expectancy-Studies-Crisis-Std-of-Care-for-Covid-19-6.30.20.pdf>