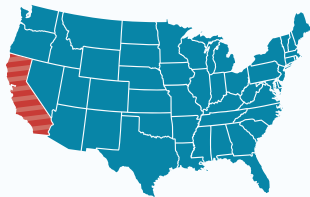


# THE TRUTH ABOUT PHYSICIAN-ASSISTED SUICIDE:

## **Rx** IT'S NOT AS DIGNIFIED AS IT SEEMS **Rx**

Physician-Assisted Suicide (PAS) — currently legal in only six states and the District of Columbia — has been branded as a compassionate way for terminally ill patients to choose when and how they die. The reality is, the effects of PAS on patients and families aren't compassionate or dignified at all.



### LAWMAKERS WIDELY REJECT IT

Over the past two years, twenty-nine states have considered PAS legislation. Only ONE passed the bill into law.<sup>1</sup>

### LETHAL ADDICTIVE DRUGS GO UNUSED

If a patient fills the lethal prescription — typically 100 pills — but decides against taking it, there are no safeguards to ensure the drugs stay out of the hands of children and prescription drug dealers. In Oregon, 468 people have filled their prescription and decided not to end their lives, leaving tens of thousands of highly addictive barbiturates unaccounted for.<sup>2,3</sup>



### TAXPAYERS FOOT THE BILL

Taxpayers in Oregon and California pay for the lethal drugs and doctor visits. California's Medicaid program has budgeted \$2.3 million taxpayer dollars for the first fiscal year PAS is legal. President Bill Clinton prohibited using federal funds to subsidize PAS, leaving states to foot the bill.<sup>4</sup>



### IT AFFECTS OVERALL SUICIDE RATES

Since passing a PAS law in 1997, Oregon has seen a 49.3% increase in non-assisted suicides. PAS laws make suicide socially acceptable. As a result, Oregon's overall suicide rate is 41% higher than the national rate. Just reading about PAS can serve as a trigger for those contemplating suicide.<sup>5</sup>

### MENTAL HEALTH CONDITIONS ARE IGNORED

Only 4% of patients who died from PAS in Washington state were referred for a mental health evaluation. Suicidal patients aren't given resources they deserve, like being screened for depression by a mental health care provider.<sup>6</sup>



### IT'S IMPERSONAL

These lethal drugs are often administered by physicians who barely know their patients. More than half of patients who died from the lethal drug in Washington state only knew their prescribing physician for six months or less.<sup>7</sup>

<sup>1</sup> Legislation is currently pending in the District of Columbia. <sup>2</sup> Washington State Department of Health, Death with Dignity Act Frequently Asked Questions. <sup>3</sup> www.deathwithdignity.org/faqs. <sup>4</sup> The American Presidency Project, "Statement on Signing the Assisted Suicide Funding Restriction Act of 1997". <sup>5</sup> European Commission, Press Release, 12/20/2011. <sup>6</sup> www.medscape.com/viewarticle/742070\_3. <sup>7</sup> Washington State Department of Health, Death with Dignity Act Report 2015, pg. 11.

**MARYLAND**

AGAINST PHYSICIAN ASSISTED SUICIDE



www.stopassistedsuicidemd.org



www.facebook.com/MarylandagainstPAS



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# Serious Side Effects of Maryland's PAS Legislation

Legislation being considered by the Maryland General Assembly, which would legalize physician-assisted suicide (PAS), is fatally flawed. The bill's dangerous and careless provisions make it bad policy for Maryland, and wrong for Maryland citizens.

## NO MENTAL HEALTH EVALUATION REQUIRED

There is no requirement that a patient receive a psychological evaluation before the life-ending prescription is written. A screening from a doctor untrained in mental health is not sufficient.

## NO EDUCATION ON PROPER USE OR DISPOSAL

Pharmacists aren't required to counsel patients on proper ingestion methods or disposal of the lethal barbiturates. If patients don't use the drugs, they may dispose of them improperly, sending large amounts of barbiturates into Maryland's drinking water supply.<sup>1</sup>

## NO DRUG TAKE-BACK PLAN

The same drugs being used in PAS now were once widely distributed on the black market and abused by prescription drug addicts in the 1970s. Barbiturates are highly addictive and can cause life-threatening withdrawal, coma, or death. As Maryland continues to fight prescription drug addiction, reintroducing large amounts of these drugs – with no controls in place to collect unused pills – will strain already depleted law enforcement and addiction treatment resources.<sup>2,3</sup>

## NO WAY TO PREVENT INSURANCE FRAUD

The bill doesn't recognize a long-held "contestability period" policy of life insurers that protects against fraudulent policy purchase practices. This overrides any industry safeguards that exist. The bill allows for insurance fraud, mandating the patient's cause of death not be listed as suicide.

## NO WITNESS REQUIRED AT DEATH

The bill requires two witnesses to be present at the patient's request for the suicide, but none at the time of the suicide. Patients may be coerced into ingesting the drug, or another person may administer the drug, leaving serious potential for abuse.

Patients can request PAS if diagnosed with a terminal illness and six months or less to live. But, medical prognoses are based on often-incorrect averages, and patients frequently outlive them.

## NO WAY TO PREDICT AN ACCURATE PROGNOSIS

## NO SAFEGUARDS FOR THE DISABLED

Maryland's leading disability rights groups recognize the many dangers the bill poses to those with intellectual and developmental disabilities, such as falling prey to undue influence from doctors or family members, resulting in a lack of true informed consent.

## NO FAMILY NOTIFICATION REQUIRED

The prescribing physician must "recommend" that the patient inform family members of his or her intention, but nothing in the law requires it.

## NO ID NECESSARY FOR PICKUP

Patients pick up their lethal drugs at a local pharmacy. Maryland law doesn't require people to show ID at the time of pick-up, so virtually anyone can acquire up to 100 individual pills of secobarbital and pentobarbital, the drugs commonly used to administer the death penalty.

## NO DOCTOR OR NURSE IS PRESENT

Typically, no doctor, nurse, or independently licensed aid worker is present when the patient ingests the lethal dose. If something goes wrong, any physical or emotional complications must be handled solely by the patient and those witnessing the death.



<sup>1</sup> EPA.gov, 04/27/2012, "Safe Disposal of Medicine"  
<sup>2</sup> WebMD, "Barbiturate Abuse"

## WARNING: THESE ARE ONLY SOME OF THE FLAWS IN MARYLAND'S PHYSICIAN-ASSISTED SUICIDE LEGISLATION

A broad coalition of stakeholders, including disability advocates, elder abuse lawyers, members of the medical community, patient advocates, and faith-based organizations, known as "Maryland Against Physician Assisted Suicide," have joined together to fight this predatory policy, protect our state's most vulnerable citizens, and ensure every Marylander has a compassionate end-of-life experience.



MARYLAND

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