



THE TRUTH ABOUT PHYSICIAN-ASSISTED SUICIDE: IT'S **NOT** AS DIGNIFIED AS IT SEEMS

Physician-assisted suicide (PAS) — currently legal in only 9 states plus the District of Columbia — has been branded as a compassionate way for terminally ill patients to choose when and how they die.¹ The reality is, the effects of PAS on patients and families are not compassionate or dignified at all.



LAWMAKERS WIDELY REJECT IT

In 2019, a total of 19 states considered PAS legislation. Only **TWO** passed the bill into law.²

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, **758** people have filled their prescriptions and decided not to end their lives, leaving tens of thousands of highly addictive barbiturates unaccounted for since the legislation passed.³

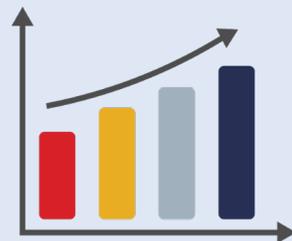


TAXPAYERS FOOT THE BILL

Taxpayers in Oregon and California pay for the lethal drugs and doctor visits. California's Medi-CAL program budgeted **\$2.3 million taxpayer dollars** for the first fiscal year PAS was legal. President Bill Clinton prohibited using federal funds to subsidize PAS, but some states still use their taxpayers dollars to cover the doctor visits and lethal drugs.⁴

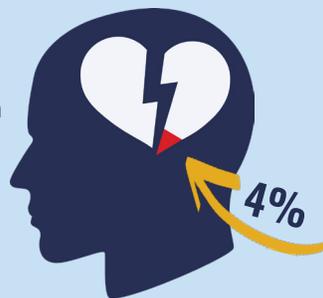
IT AFFECTS OVERALL SUICIDE RATES

Since 2000, in Oregon — the first state to legalize PAS — the overall suicide rate has increased every year. Currently, Oregon's suicide rate exceeds the national rate for every age group, with suicides among older Oregonians being **more than 40% higher**.⁵ Just reading about PAS can serve as a trigger for those contemplating suicide.⁶



MENTAL HEALTH CONDITIONS ARE IGNORED

Only 4% of patients who died in Washington state from PAS 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.⁷



IT'S IMPERSONAL

These lethal drugs are often administered by physicians who barely know their patients. More than half of patients who died from lethal PAS drugs in Oregon only knew their doctor for **3 months or less**.⁸



MARYLAND

AGAINST PHYSICIAN ASSISTED SUICIDE

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MarylandagainstPAS



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SERIOUS SIDE EFFECTS OF MARYLAND'S PAS LEGISLATION

Legislation being considered by the Maryland General Assembly to legalize physician-assisted suicide (PAS) is fatally flawed. The bill's dangerous 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 who is untrained in mental health is not sufficient.

NO EDUCATION ON PROPER USE OR DISPOSAL OF MEDICATION

Pharmacists aren't required to counsel patients on proper ingestion methods or disposal of the lethal drugs. If patients don't use the drugs, they may dispose them improperly, potentially sending large amounts of barbiturates into Maryland's drinking water supply.⁹

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.^{10, 11}

NO FAMILY NOTIFICATION REQUIRED

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

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 death. Patient's may be coerced into ingesting the drug, or another person may administer it, leaving serious potential for abuse.

NO WAY TO ENSURE ACCURATE PROGNOSIS

Patients can request PAS if diagnosed with a terminal illness and given 6 months or less to live. But, medical prognoses are based on oft-incorrect averages, which patients frequently outlive.

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 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 also allows for insurance fraud, mandating that the patient's cause of death not be listed as suicide.

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 lethal doses of secobarbital and pentobarbital, the same drugs commonly used to administer the death penalty.

NO DOCTOR OR NURSE REQUIRED PRESENT

Typically, no doctor, nurse or 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 death.



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 forces to fight this predatory policy, protect our state's most vulnerable citizens, and ensure every Marylander has a compassionate end-of-life experience.