

# Compassionate care. Not suicide.

Our friends and family matter to us. That's why it's so hard to understand how some lawmakers in Maryland are advocating our state legalize — even encourage — suicide for those we love.



## Say NO to physician assisted suicide in Maryland.



### Violates medical ethics to save lives and do no harm.

The **major medical associations oppose** physician assisted suicide. It's contrary to medical ethics codes.



### No accountability for lethal, addictive drugs.

The **lethal drugs are not monitored**. Many prescriptions go unused<sup>1</sup>, leaving opioids, barbiturates and other drugs to fall into the hands of teens or prescription drug dealers.



### Sends the wrong message that suicide is ok.

State leaders focus on suicide prevention<sup>2</sup> - except when it comes to physician assisted suicide by the elderly or ill - including those with mental illness. That's confusing and wrong.



### Lacks real safeguards to protect people.

Where it's legal, safeguards like **waiting periods are being shortened or waived**.<sup>3</sup> Reporting is limited and people are dying with no doctor present over hours or days via lethal multi-pill drug "cocktails."



### Makes people feel like a burden.

About half of those dying by assisted suicide **didn't want to be a "burden"** on their families or caregivers.<sup>4</sup> Individuals report pressure to die via physician assisted suicide vs. getting treatment for cancer, mental health needs, dementia, or even because they were homeless or suicidal.



### Leaves vulnerable people at risk.

Disability groups are fighting physician assisted suicide because it says their lives are not worth living. **Just 4%** of individuals who died from physician assisted suicide in Washington state **were referred for a mental health evaluation** before being prescribed lethal drugs.<sup>5</sup> Drugs have even been prescribed for eating disorders.<sup>6</sup>

<sup>1</sup>Oregon Death with Dignity Act 2022 Data Summary; California End of Life Option Act 2022 Data Report; <sup>2</sup>health.maryland.gov/bha/suicideprevention; <sup>3</sup>California SB380 (2021); <sup>4</sup>Oregon Death with Dignity Act 2022 Data Summary; <sup>5</sup>Washington State Department of Health, Death with Dignity Act Report 2019; <sup>6</sup><https://bit.ly/coloradosun03142022>

**MARYLAND**

**AGAINST PHYSICIAN ASSISTED SUICIDE**



MarylandagainstPAS



StopPASmaryland stopassistedsuicideMD.org

# 10 REASONS PHYSICIAN-ASSISTED SUICIDE IS WRONG FOR MARYLAND

1

## No mental health evaluation required

There is no requirement that a person receive a psychological evaluation before a life-ending prescription is written. A doctor untrained in mental health is not sufficient to evaluate state of mind.

2

## No disposal plan for unused, addictive drugs

Some drugs being used in physician-assisted suicide (barbiturates or valium and morphine) are highly addictive and can cause life-threatening withdrawal, coma or death. Introducing large amounts of these drugs — with no controls in place to collect unused pills — will strain public health and addiction treatment resources.

3

## No counseling on how to use the drugs

Pharmacists aren't required to counsel a person on proper ingestion methods: crush up to 100 pills, add liquid and then drink this lethal mixture in 30 seconds. One of the lethal cocktails is known to burn your throat and is hard to keep down. Even then, death may not come for hours or days.

4

## No protection against insurance fraud

The bill mandates the cause of death be listed as natural causes, not the suicide drugs, bypassing industry standards. The bill also doesn't recognize a long-held "contestability period" policy of life insurers designed to protect against fraudulent policy purchases.

5

## No safeguards against coercion

The bill requires two witnesses to be present for a person's request for suicide, but not at the time of the suicide itself. People may be coerced into ingesting these drugs, or another person may administer the drug. This leaves serious potential for abuse.

6

## No way to accurately diagnose life expectancy

Individuals can request physician-assisted suicide if diagnosed with a terminal illness and given six months or less to live. But, medical prognoses are based on oft-incorrect averages, which people frequently outlive.

7

## No safeguards for the disabled

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. This results in a lack of true informed consent.

8

## No family notification required

The prescribing physician must "recommend" that a person inform family members of his or her intention - but nothing in the law requires notification.

9

## No ID required to pick up lethal drugs

The lethal drugs are picked up 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 pills of the same drugs commonly used in executions.

10

## No requirement for medical supervision

Typically, no doctor, nurse, or independently licensed aid worker is present when a person ingests the lethal dose. If something goes wrong, you are on your own to deal with any physical or emotional complications.

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**WARNING: PHYSICIAN-ASSISTED SUICIDE IS DEADLY**

We are disability advocates, elder abuse lawyers, members of the medical community, patient advocates and faith-based organizations. We are the Maryland Against Physician Assisted Suicide coalition. Join us. [www.stopassistedsuicidemd.org](http://www.stopassistedsuicidemd.org)