



KNOW THE FACTS

Physician-Assisted Suicide

Legislation has been introduced in the Maryland General Assembly (**SB 418/HB 404**) that would allow doctors to legally prescribe a lethal dose of drugs at the request of a patient who has been deemed mentally competent and who has received a terminal diagnosis. The legislation, referred to by its proponents as “death with dignity” is unnecessary, flawed, and lacks safeguards.

No doctor or nurse is present

In almost all cases, patients will ingest the lethal dose at home, often alone, without a doctor or nurse with them in case something goes wrong.

The lethal drugs are picked up at your local pharmacy

Patients pick up their lethal prescription at their local pharmacy. In most cases, this lethal dose is up to 100 individual pills of secobarbital.

No family notification is required

While the prescribing physician is required to “recommend” that the patient inform family members of his or her intention, there is nothing in the law requiring this notification. There is also no requirement for a doctor – or anyone for that matter – to be present when the patient takes a lethal prescription.

There are no safeguards to ensure that a patient is not coerced at the time of death into ingesting the drug, or even to prevent another person from administering the drug, leaving open serious potential for abuse.

CALL TO ACTION

The Maryland Catholic Conference is a member of a broad-based coalition, **Maryland Against Physician Assisted Suicide**, formed to fight this bill.

www.StopAssistedSuicideMD.org

Find tools to help defeat this dangerous legislation

www.MdCatholic.org/JoinCAN

Sign up to receive alerts to contact your legislators

Patients aren't required to receive a screening for depression

The bill does not require doctors to screen patients for depression before providing a lethal prescription. Mental health professionals argue strongly that an overwhelming number of suicides could have been avoided with the right therapeutic intervention. And, they know that the stress and turmoil caused by difficult medical diagnoses can trigger a depressive episode – a separate medical condition that can be treated.

The legislation opens the door for those who are suffering from depression – or even those who are overwhelmed for a short period of time – to choose a lethal course of action.

It's impossible to accurately predict a terminal diagnosis

Patients can request physician-assisted suicide if a doctor has diagnosed them with a terminal illness that will result in six months or less to live. Even doctors will admit such a prognosis is nearly impossible to accurately predict.

The inability to accurately predict life expectancy is among the most compelling reasons to oppose physician-assisted suicide. Medical prognoses are based on statistical averages, which are often incorrect in determining what will happen to an individual patient. We all know someone who has outlived their prognosis, sometimes by several years. The widow of Sen. Ted Kennedy, Victoria Reggie Kennedy, publicly opposed a recent statewide referendum in Massachusetts attempting to legalize physician-assisted suicide. While doctors predicted her husband had only two to four months to live, she noted, "Teddy lived 15 more productive months," giving her and his family "15 months of cherished memories." (*"Question 2 insults Kennedy's memory," Cape Cod Times, Oct. 27, 2012*)

Lethal drugs are cheaper than life-prolonging treatment options

Consider the 2008 case of Oregon resident and cancer patient, Barbara Wagner. Upon learning that her cancer diagnosis was treatable with a new drug, Wagner attempted to obtain the life-prolonging treatment via the Oregon Health Plan. The Oregon Health Plan rejected her request, stating that the \$4,000-per-month cancer-treatment drug was not covered by her insurance, but advised that the \$100 "physician aid in dying" prescription was fully covered by her plan. Wagner's story is one of multiple documented cases in which the state health care plan covered life-ending drugs instead of possible disease treatments.

The bottom line is that physician-assisted suicide fundamentally alters the economics of medical care, by authorizing a lethal prescription that is oftentimes significantly cheaper than life-prolonging options. This dynamic inevitably threatens society's most vulnerable populations, particularly, the sick and elderly.

Which states currently allow physician-assisted suicide (PAS)?

Since January 1994, there have been more than 175 legislative proposals in 35 states to legalize Oregon-style laws. All but four states, Oregon, Washington, Vermont and California have adamantly rejected the legalization of physician-assisted suicide. In addition, through judicial processes, it is legal in Montana, and is before the court in New Mexico.

There is no human life that is more sacred than another — every human life is sacred — just as there is no human life qualitatively more significant than another.

POPE FRANCIS

Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

AMERICAN MEDICAL ASSOCIATION

Why does the Catholic Church oppose PAS?

The Catholic Church teaches that physician-assisted suicide gravely violates the sacred value of all human life, particularly of those who are vulnerable due to illness, age or disability, and undermines the medical profession's healing mission. "A choice to take one's life is a supreme contradiction of freedom, a choice to eliminate all choices. And a society that devalues some people's lives, by hastening and facilitating their deaths, will ultimately lose respect for their other rights and freedoms." (*To Live Each Day with Dignity, USCCB*)

What does the Church teach about caring for patients at the end of life?

The Church does teach that we should take reasonable steps to sustain our lives, including the use of beneficial medical treatments, and of effective means for conveying nourishment and fluids. "Respect for life does not demand that we attempt to prolong life by using medical treatments that are ineffective or unduly burdensome. Nor does it mean we should deprive suffering patients of needed pain medications out of a misplaced or exaggerated fear that they might have the side effect of shortening life." (*Ibid.*)

What other groups oppose PAS?

The *American Medical Association*, the *American College of Physicians*, the *American Nurses Association*, the *National Hospice and Palliative Care Organization*, the *National Council on Disability*, and numerous other medical, palliative care, and disability organizations oppose physician-assisted suicide. The National Hospice and Palliative Care Organization, reflecting its members' extensive experience in caring for patients facing a terminal illness, states: "When symptoms or circumstances become intolerable to a patient, effective therapies are now available to assure relief from almost all forms of distress during the terminal phase of an illness without purposefully hastening death as the means to that end." (*Commentary and Resolution on Physician Assisted Suicide, NHPCO, 2005*)

What has Pope Francis said about PAS?

"In many places, the quality of life is related primarily to economic means, to 'well-being,' to the beauty and enjoyment of the physical, forgetting other more profound dimensions of existence — interpersonal, spiritual and religious. In fact, in the light of faith and right reason, human life is always sacred and always 'of quality.' There is no human life that is more sacred than another — every human life is sacred — just as there is no human life qualitatively more significant than another, only by virtue of resources, rights, great social and economic opportunities." (*Translated from Pope Francis' speech to the Association of Italian Catholic Doctors on November 15, 2014*)

