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What is Assisted Suicide (AS)? It is Suicide in the practice of individuals obtaining prescriptions (prescribed by doctors or other medical practitioners) of lethal doses of medication to cause their deaths. In states that allow this, a patient must be determined to have a terminal illness defined as incurable and irreversible and will cause death within six months.

Proponents say assisted suicide is "medical aid in dying." They change the verbiage so that legislators will not believe they are voting for assisted suicide.

How is assisted suicide done? The prescription from a practitioner is given to a patient for a pharmacist to fill. The patient can then take the entire prescription at their time of choosing.

Currently, the drug cocktails evolve as patients experience increased times to die. So, these combinations below are experimental:

- DDMP2 is a combination of diazepam, digoxin, morphine sulfate and propranolol.
- DDMA was introduced as a combination of diazepam, digoxin, morphine sulfate, and amitriptyline.
- DDMA-Ph is DDMA above with phenobarbital added.

Death by these combinations does not always happen quickly. Reports have shown patients taking up to 19 hours and more to die. Deaths are not always peaceful or without complications.

How is "terminal illness" defined? Terminal illness or disease means an incurable and irreversible disease/illness that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

That sounds clear enough, however, the problem is that studies have shown that it is very difficult to accurately predict when death will occur. A patient determined to have a disease that will cause death within six months can live for years.

In a number of states having legal assisted suicide, practitioners are approving patients getting prescriptions who are NOT terminal. The reasons include anorexia, arthritis, arteritis, blood disease, complications from a fall, hernia, sclerosis…and more.

Depression. State laws, like Oregon, require practitioners to refer for consultation if in their opinion, a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

If a patient had any one of these, assisted suicide cannot be granted.

However, Oregon studies going back to 1998 found that 25% of patients requesting AS were depressed, but only 3.3% were referred for psychiatric evaluation.

If depression is treated, these patients may not consider AS.

Reasons why patients with serious illness choose to <u>think</u> about suicide. Studies by Oregon over years:

- Loss of autonomy (91%)
- Decreased ability to engage in enjoyable activities (90%)
- Loss of dignity (73%)
- Becoming a burden on others (48%)
- Losing control of bodily functions (44%)
- Inadequate pain control or concern about it (27%)

States that allow legal Assisted Suicide – 11 and D.C.

Oregon (first state for over 25 years); Washington State, Colorado, Vermont, California, Hawaii, New Jersey, Maine, New Mexico and Montana (by the Montana Supreme Court), the District of Columbia **and** as of 2025 Delaware

Key Problems with Oregon and other States' Laws

1) Practitioners don't have to have expertise in the conditions of the patient
2) Second doctor (or practitioner) can be in same office practice as the first doctor.
3) Terminal disease definition too broad
4) Practitioner Referral for patient psychiatric evaluation is not often done
5) One of the two witnesses who signs patients' request can be an heir
6) No requirement that practitioner knows patient for a length of time
7) Allows for doctor/practitioner shopping – If family practitioner refuses to grant request, a patient can find another practitioner to agree, again without knowing the patient
8) Cause of death is to be falsified – death certificate must state cause of death as the underlying cause NOT the suicide
9) Study shows that about 82.4% of 714 practicing U.S. doctors view the significantly disabled as having a worse "quality of life" than nondisabled people.

10) There is broad criminal and civil liability immunity for prescribers
11) A patient can be alone when taking the drugs – no practitioner or family need be present even though serious complications to the patient can occur
12) Death does not always come fast –it could be hours or even a day before death occurs

Insurance companies have been known to refuse coverage for the more expensive lifesaving treatments but cover the cheaper drugs for assisted suicide:

- Barbara Wagner: Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon. (https.//www.youtube.com/watch?v=2rrNVesLuFg)
- Randy Stroup: Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon. (https.//www.youtube.com/watch?v=fKOT3oujULI)
- Stephanie Packer: Denied payment for lifesaving treatment and, when asked, was told by her California insurance company that they would pay for lethal drugs for only a $1.20 co-pay. (https.//www.facebook.com/cbcnetwork/videos/10154641061607079/)
- Patients of Dr. Brian Callister: Denied payment for lifesaving treatments and offered payment for lethal drugs by insurance companies in Oregon and California, even though the patients had not requested them. (https.//www.youtube.com/watch?v=CWrpr_5e4RY)

- Canadian officials estimated that assisted suicide and euthanasia could reduce annual spending by between $34.7 and $138.38 million compared to $1.5 million spent on lethal drugs. (3 Aaron J. Trachtenberg, MD DPHil; Braden Manns; MD MSc, "Cost Analysis of Medical Assistance in Dying in Canada, CMAJ 2017 Jan 23; 189(3); E101-E105. https//www.ncbi.nim.nih.gov/pmc/articles/PMC5250515/)

Disability Rights Concerns:

The disabled see biases against those with disabilities

Help for the disability community to remove consideration of assisted suicide would best happen if there were more wrap around services including but not limited to:

a) Legislation to provide support in transitioning out of nursing homes
b) Medicaid waivers to cover community housing
c) Legislation to provide better aid in transportation
d) Legislation to provide better aid in jobs
e) Legislation to provide a larger monthly personal needs allowance