

“Medical Aid in Dying” Fact Check

The Problems with Physician Assisted Suicide (PAS)



While terms like “Medical Aid in Dying” and “Death with Dignity” are in common use, the American Medical Association’s (AMA) Council of Ethical and Judicial Affairs (CEJA) in 2018 ruled that **despite its negative connotations , the term “physician assisted suicide” describes the practice with the greatest precision.** [1]

Claim	Fact
PAS helps patients avoid unbearable pain	<ul style="list-style-type: none"> • Pain or fear of unbearable pain ranked 6th of 7 possible reasons patients in Oregon requested PAS. [2] • Only 31% of patients said this was a factor in their choice. [2]
PAS is only available to patients who are mentally capable	<ul style="list-style-type: none"> • Many of the reasons people request PAS (Unable to enjoy life 89%, Being a burden to others 46%) are signs of depression [3] but only 1% of applicants are sent for psychiatric evaluation. [2] • Extensive surveys of medical literature support depression as a major reason terminally ill people are suicidal.[4]
PAS allows a “peaceful death”	<ul style="list-style-type: none"> • PAS deaths are overdoses of barbiturates or opioids • Anti-nausea medicine is required to prevent regurgitating the drugs • Deaths have taken as long as 104 hours [2] • Complications ranging from seizures to regaining consciousness happen in 8% of cases [2]
PAS Laws safeguard against abuses	<ul style="list-style-type: none"> • Patients frequently need to “doctor shop” for a physician who will write the a lethal prescription but will have little insight into the patient’s background. [5] • There is no process to review the quality of the doctor’s assessment process. [5] • Patients may keep the prescription indefinitely • No doctor is required at the time of ingestion (59% of cases in Oregon had no doctor present) so the patient’s state of mind or susceptibility to coercion is unknown at the time of death. [2]
Legalizing PAS improves palliative care	<ul style="list-style-type: none"> • A literature study has called into question data used by Compassion & Choices that legalizing PAS improves palliative care. [6] • Sources indicate hospice utilization, pain control and over all palliative care was worse than average in states where PAS is legal. [6]
PAS will reduce the number of violent suicides / PAS does not have an impact on suicide rates	<ul style="list-style-type: none"> • Statistical analysis [7] has disproved claims [8] that legalizing PAS reduces violent suicide rate. • David Paton, co-author of the analysis, stated in a personal communication that “we find strong evidence that PAS laws increase total suicide rates (PAS and non-PAS combined)”
PAS will be confined to “mentally capable patients who can self administer”	<ul style="list-style-type: none"> • Advocates in Oregon are pushing to expand that state’s PAS law to include people with degenerative diseases and to include Alzheimer’s patients. [9] • In 2014, Compassion & Choices CEO stated, on the topic of euthanasia for people with dementia, “It is an issue for another day but is no less compelling.” [10]
Opponents of PAS are a religious minority who want to impose their views on others	<ul style="list-style-type: none"> • Since 2014, 27 state have defeated measures to legalize PAS, voting along non-partisan lines. [11] • Opponents of PAS include the multiple medical professional societies and numerous disability rights groups

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Sources

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- [2] Oregon Health Authority Public Health Division, Center for Health Statistics. Oregon Death with Dignity Act 2022 Data Summary. <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year25.pdf> Published March 8, 2023. Accessed September 30, 2023.
Note: All statistics quoted from this document are from 2022. These numbers are usually within 1-2% points of the average for the entire period the practice has been legal.
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