

# “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"><li>• Pain or fear of unbearable pain ranked 7<sup>th</sup> of 8 possible reasons patients in Oregon requested PAS. [2]</li><li>• Only 21% of patients said this was a factor in their choice. [2]</li></ul>
PAS is only available to patients who are mentally capable	<ul style="list-style-type: none"><li>• Many of the reasons people request PAS (Unable to enjoy life 88%, Being a burden to others 55%) are signs of depression [3] but less than 4% of applicants are sent for psychiatric evaluation. [2]</li><li>• Extensive surveys of medical literature support depression as a major reason terminally ill people are suicidal.[4]</li></ul>
PAS allows a “peaceful death”	<ul style="list-style-type: none"><li>• PAS deaths are overdoses of barbiturates or opioids</li><li>• Anti-nausea medicine is required to prevent regurgitating the drugs</li><li>• Deaths have taken as long as 104 hours [2]</li><li>• Complications ranging from seizures to regaining consciousness happen in 7% of cases [2]</li></ul>
PAS Laws safeguard against abuses	<ul style="list-style-type: none"><li>• 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]</li><li>• There is no process to review the quality of the doctor’s assessment process. [5]</li><li>• Patients may keep the prescription indefinitely</li><li>• 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]</li></ul>
Legalizing PAS improves palliative care	<ul style="list-style-type: none"><li>• A literature study has called into question data used by Compassion &amp; Choices that legalizing PAS improves palliative care. [6]</li><li>• Sources indicate hospice utilization, pain control and over all palliative care was worse than average in states where PAS is legal. [6]</li></ul>
PAS will reduce the number of violent suicides / PAS does not have an impact on suicide rates	<ul style="list-style-type: none"><li>• Statistical analysis [7] has disproved claims [8] that legalizing PAS reduces violent suicide rate.</li><li>• 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)”</li></ul>
PAS will be confined to “mentally capable patients who can self administer”	<ul style="list-style-type: none"><li>• 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]</li><li>• In 2014, Compassion &amp; 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]</li></ul>
Opponents of PAS are a religious minority who want to impose their views on others	<ul style="list-style-type: none"><li>• Since 2014, 27 state have defeated measures to legalize PAS, voting along non-partisan lines. [11]</li><li>• Opponents of PAS include the AMA, multiple medical professional societies and numerous disability rights groups</li></ul>

# "Medical Aid in Dying" Fact Check

## The Problems with Physician Assisted Suicide



### Sources

- [1] Sabin JE. Study Aid-in-Dying as End-of-Life Option (Resolution 15-A-16). The Need to Distinguish "Physician-Assisted Suicide" and "Aid in Dying" (Resolution 14-A-17) (Issue brief No. CEJA Report 2-I-18). American Medical Association, Council on Ethical and Judicial Affairs. <https://www.ama-assn.org/sites/default/files/media-browser/public/hod/i18-ceja2.pdf> Accessed January 12, 2019.
- [2] Oregon Health Authority Public Health Division, Center for Health Statistics. Oregon Death with Dignity Act 2017 summary data. <https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/documents/year20.pdf> Published February 9, 2018. Accessed January 22, 2019. [And 3 and 5 and 7 and 8 and 11]
- [3] National Cancer Institute at the National Institutes of Health. Feelings and Cancer. Cancer.gov. <https://www.cancer.gov/about-cancer/coping/feelings>. Accessed January 22, 2019.
- [4] USCCB Secretariat of Pro-Life Activities. Suicide and assisted suicide: the role of depression. <http://www.usccb.org/issues-and-action/human-life-and-dignity/end-of-life/euthanasia/upload/Suicide-and-Assisted-Suicide-The-Role-of-Depression.pdf>. Published June 1, 2017. Accessed January 31, 2019. The report contains multiple cited, peer reviewed references to the impact of depression on suicidal desires of terminally ill patients
- [5] Preston R. Physician-assisted suicide a clean bill of health? *Br Med Bull* 2017;123(1):69-77. doi:10.193/bmb/ldx021 [and 10]
- [6] Doerflinger RM. The effect of legalizing assisted suicide on palliative care and suicide rates: a response to Compassion and Choices. Charlotte Lozier Institute. <https://lozierinstitute.org/the-effect-of-legalizing-assisted-suicide-on-palliative-care-and-suicide-rates/>. Published March 3, 2017. Accessed January 22, 2019. [and 13]
- [7] Jones DA, Paton D. How does legalization of physician-assisted suicide affect rates of suicide? *South Med J* 2015;108(10):599-604. doi:10.14423/SMJ.0000000000000349.
- [8] Posner RA. Aging and Old Age. Chicago, IL: University of Chicago Press, 1997.
- [9] Kuznia R. In Oregon, pushing to give patients with degenerative diseases the right to die. Washington Post. [https://www.washingtonpost.com/national/in-oregon-pushing-to-give-patients-with-degenerative-diseases-the-right-to-die/2018/03/11/3b6a2362-230e-11e8-94da-ebf9d112159c\\_story.html?utm\\_term=.79550129b2a1](https://www.washingtonpost.com/national/in-oregon-pushing-to-give-patients-with-degenerative-diseases-the-right-to-die/2018/03/11/3b6a2362-230e-11e8-94da-ebf9d112159c_story.html?utm_term=.79550129b2a1) Published March 11, 2018. Accessed January 22, 2019.
- [10] Foster L. Compassion & Choices draws full house at Real Art Ways for panel discussion, film. CT News Junkie. Retrieved from <https://www.ctnewsjunkie.com/archives/entry/compassion-choices-draws-full-house-for-panel-discussion-film/> Accessed January 22, 2019.
- [11] Cunningham P. The Health 202: legalizing assisted suicide has stalled at every level. Washington Post. [https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2017/10/24/the-health-202-legalizing-assisted-suicide-has-stalled-at-every-level/59ee109330q045cba000973/?utm\\_term=.3b93433e98a](https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2017/10/24/the-health-202-legalizing-assisted-suicide-has-stalled-at-every-level/59ee109330q045cba000973/?utm_term=.3b93433e98a) Published October 24, 2017. Accessed January 22, 2019).