

Assisted Suicide is Not Real Care

The **Minnesota Alliance for Ethical Healthcare** is a diverse coalition of doctors, nurses, advocates for persons with disabilities, medical ethicists, elder-care workers, faith-based organizations, and others committed to ensuring real care throughout life's journey. We believe that we should always advance care, not hasten death.

Assisted suicide can lead to society's devaluing of persons with disabilities, the elderly, the poor, and those who don't have proper care for mental illnesses.

- Assisted suicide can be **targeted to those who cannot afford real care and treatment**, as illustrated by widely reported cases in Oregon involving low-income patients who were denied treatment under the state health plan, but were offered lethal drugs.
- According to the Washington State Department of Health, 13% who used assisted suicide in 2015 cited financial implications of treatment and **52% stated they feared they were a burden** to their family, friends, and other caregivers.
- Of those who used assisted suicide in 2013 and 2014, **fewer than 3% were referred for psychological evaluation**, according to a report by the Oregon Public Health Division.



Healthcare is about health and care; assisted suicide undermines both.

-Teresa Tawil, APRN, CNP Geriatrics



"We become better people when we bear each other's burdens, not when we bury people because they are burdens."

-Elizabeth Bakewicz, JD, wife and mother living with brain cancer and chronic pain

- Studies have documented prejudice toward denying people with disabilities life-saving treatment, which raises the issue of whether there would be similar societal **pressure for disabled people to use assisted suicide**.

Apparent safeguards do not protect people from the risks of this lethal act.

- **Families need not be included or even informed.** Neither Oregon nor Washington require next of kin to be notified when a person requests drugs to commit suicide.
- **Lack of proper consent.** An analysis of 2005 medical reports in the Netherlands found that 23% of those given lethal drugs that year did not provide explicit consent.
- **Loose tracking of lethal drugs.** Of the people who received lethal drugs in Washington in 2015, 78% ingested the lethal drugs and 11% did not, according to a 2015 State Department of Health Report. It is unknown what the remaining 11% did with the lethal drug, or whether any of the drugs were transferred to others.
- **Normalization of suicide.** Oregon's non-assisted suicide rate was 42% higher than the national average in 2012, a decade after assisted suicide was legalized there, according to the Oregon Health Authority.

There is a better way...palliative care is real care.

- **Real care** that can be provided in partnership with regular medical treatment. It's not a decision of one or the other
- **Real relief** from physical and emotional symptoms. According to the National Cancer Institute, palliative care improves quality of life and improves level of comfort
- **Real savings** in healthcare costs, according to the *Journal of Clinical Oncology* and other recent research.



"Assisted suicide is a societal proclamation that my son Kylen's life has no worth, and that he and his peers with disabilities are better off dead."

-Kathy Jo Ware, nurse and mother of Kylen