Minnesota's Assisted Suicide Bill Has Serious Side Effects

No mental health evaluation required

Patients are not required to receive a psychological evaluation before the life-ending prescription is written. In some states, less than 2% of patients who die by assisted suicide receive a mental health referral.*

No witness required

Previous versions of the bill required two witnesses be present when the patient requests assisted suicide, but the current bill has removed that safeguard. Even more alarming, no witness is required when the patient takes the suicide drugs. Without supervision, patients can easily be coerced into ingesting the drug, or another person may administer the drug, leaving open the possibility for euthanasia.

No way to predict an accurate prognosis

Patients become eligible for assisted suicide if they are diagnosed with a terminal illness and given "six months or less" to live. But medical prognoses are based on averages and are not precise; in fact, they are often wrong, and we all know people who have outlived a terminal prognosis!

No safeguards for people with disabilities

Leading national disability rights groups recognize the many dangers this type of legislation poses to people with disabilities, including those with intellectual and developmental disabilities, who are most vulnerable to coercion and undue influence from doctors and family members.

*Oregon Death With Dignity Act 2018 Data Summary, p. 11

No doctor or nurse must be present

No doctor, nurse, or independently licensed aid worker is required to be present when the patient ingests the lethal dose. If something goes wrong, any physical or emotional complications must be handled solely by the patient and those witnessing the death.

No family notification required

The prescribing doctor must "recommend that the patient inform their family members," but nothing in the law requires it.

No safeguards against elder abuse

The legislation allows a beneficiary of the patient's estate to be one of the signers on the request for the lethal drugs. This leaves room for fraud and coercion against vulnerable elderly persons, especially if they are wealthy. Furthermore, since no medical professional needs to be present at the suicide, caretakers and relatives can administer the drugs.

No conscience protection for doctors

Doctors who do not wish to provide assisted suicide are still required to participate by referring their patients to a doctor who will write the lethal prescription. Medical institutions that do not want to participate in assisted suicide cannot opt out. Offering assisted suicide as a "treatment" option for terminally ill patients would under this law be considered part of the "standard of care," thereby requiring doctors to recommend it to their patients.

WARNING:

THESE ARE ONLY SOME OF THE FLAWS IN PROPOSED LEGISLATION IN MINNESOTA TO LEGALIZE ASSISTED SUICIDE (HF 2152/SF 2286)

A diverse coalition of doctors, nurses, advocates for people with disabilities, medical ethicists, elder-care workers, faith-based organizations, and others, has joined together to fight this predatory policy. We are committed to ensuring real care throughout life's journey. We believe that Minnesota should always prioritize care rather than hasten death.

Minnesota Alliance for Ethical Healthcare
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Ensuring real care throughout life's journey

THE TRUTH ABOUT ASSISTED SUICIDE

IT'S NOT WHAT IT SEEMS

The vast majority of our nation does not allow assisted suicide. But in recent years several states have legalized it as a form of "medical treatment," and now Minnesota is considering what has been called the most aggressive assisted suicide bill in the country.

It's NOT about choice.

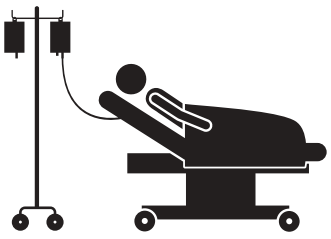
Those in favor of assisted suicide say it's about giving patients "one more option" to choose from. But patients already have autonomy and choice when it comes to their healthcare options at the end of life. No one ever has to undergo unwanted treatment. Offering assisted suicide as a "treatment" option, rather than giving people greater choice, can actually limit choice by pressuring elderly, disabled, or sick people to end their own lives rather than undergo treatment to extend or even save their life, or to improve their quality of life.

It's NOT about terminal illness.

While assisted suicide laws are usually passed with the promise that only the terminally ill will have access to it, the rules for who qualifies has been shown to expand over time. A growing number of people with disabilities, people with psychiatric illness, even people who are "weary of life" even though they could have decades of life ahead of them, are granted assisted suicide each year in places where it is legal.

It's NOT about suffering.

Data from Oregon shows that current pain is not even in the top five reasons why people choose assisted suicide. Rather, people tend to cite "fear of future pain" as a reason.* Competent medical professionals will tell you over and over again that we are very good at controlling pain, meaning in many cases, assisted suicide is a fear-based decision, rather than a true last resort for people who are suffering unbearably.



*Oregon Death With Dignity Act Data Summary 2018, p. 12.

It IS suicide.

Supporters of so-called "death with dignity" insist that this is not suicide. But studies show that in states where assisted suicide is legal, non-assisted suicides are on the rise, suggesting either that the law does not prevent people from committing suicide, or that it actually encourages others to do so.* This "suicide contagion" is alarming. It shows what supporters of assisted suicide want to deny: that this is suicide. We should prevent suicide, not prescribe it.

*Southern Medical Journal, "How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?" October 2015.

Please oppose the Minnesota End-of-Life Options Act (HF 2152/SF 2286).
For more information contact us at info@ethicalcaremn.org.

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