

PHYSICIAN ASSISTED SUICIDE AND EUTHANASIA (PAS/E)

Physician Assisted Suicide: the act of intentionally, knowingly, and directly providing the means of death to another person so that person can use that means to commit suicide. If the person who dies performs the last act, assisted suicide has occurred.

Active Euthanasia: the act of intentionally, knowingly, and directly causing the death of a patient. If someone other than the patient performs the last act, euthanasia has occurred.

Passive Euthanasia: the act of intentionally and knowingly causing the death of a patient through indirect means, i.e., withholding treatment.

Physician Assisted Suicide and Euthanasia (PAS/E): The Procedures

Common Methods

Prescription Methods: The most common method of physician assisted suicide (PAS), a physician prescribes a lethal dose of a sedative such as seconal. The patient typically ingests 9000 mg of this drug at once by swallowing 90+ pills or opening the capsules and mixing with a sweet liquid to mask the taste.¹⁸

Lethal Injections: A lethal dose of seconal or another barbiturate may be administered through lethal injection. An injection administered by a physician constitutes euthanasia. A self-administered injection constitutes PAS.¹⁹

In states where PAS is illegal, the Death with Dignity National Center recommends an individual "voluntarily stop eating and drinking" or use "palliative sedation." In the United States, an individual may legally refuse "treatment" which includes consumption of food and drink.

Why do we oppose?

Life is sacred from fertilization to natural death. The natural end of an individual's life is beyond that individual's control. Out of misguided compassion, assisted suicide and euthanasia offer death as a solution to the challenges of life. Unnatural death deprives an individual of opportunities for true "death with dignity" in the experiences of closure, reconciliation, healing, love, etc. often spurred on by the urgency of natural death.

"Since his days are determined and the number of his months is with You, and since You have set limits that he cannot exceed" (Job 14:5). While the Bible does not explicitly reference euthanasia or PAS, it confirms that God is the Author of Life (Job 33:4). As the Author of Life, God has the supreme rights of our lives and deaths. To take our own life is to reject God's supreme authority.

In the book of Samuel, a wounded Saul asks an Amalekite to end his suffering by killing him (euthanasia). When David hears of the Amalekite's deed, he sentences him to death. If euthanasia were morally acceptable, David wouldn't have reacted in such a way.

"Be strong and courageous, do not be afraid or tremble..., for the Lord your God

is the one who goes with you. He will not fail you or forsake you... And the Lord is the one who goes ahead of you... Do not fear, or be dismayed" (Deuteronomy 31:6,8). The Bible tells us to be strong when faced with suffering and to put our trust in God.

Physician Assisted Suicide and Euthanasia (PAS/E): The History and Prevalence

Early 1990s: Efforts to legalize physician assisted suicide and/or euthanasia in the United States began with the first euthanasia bill drafted in Ohio.²⁰

1997: Oregon was the first U.S. state to successfully legalize assisted suicide.

By 2015: 25 states and Washington, D.C. had considered physician assisted suicide bills.

Physician assisted Suicide in Oregon (between 1998-2015)²¹:

- 1,545 prescriptions written; 991 known deaths.
- 51.4% men; 48.6% women; median age: 71
- Most common reasons cited
 - Loss of autonomy (91.6%)
 - Activities of daily life not enjoyable (89.7%)
 - Loss of dignity (78.7%)
 - Inadequate pain control only (25.2%)

Pro-assisted suicide groups are using tactics strikingly similar to those used to advance legalized abortion.

Change the Terminology: instead of using the terms physician-assisted suicide and euthanasia, advocates are now using the language of medical aid in dying and death with dignity.



Manipulate the Truth: the definition of incurable illness has been stretched to include psychological disorders, like depression, in many cases. Medical professionals are being required to list underlying illnesses as cause of death rather than lethal drug doses.

Normalization: advocates are painting the unnatural ending of a human life as normal and common.

Political Pawns: advocates are seeking personal cases upon which to build cases to challenge regulations or enact new legislation favoring assisted suicide and/or euthanasia.

International data shows a direct relationship between acceptability of assisted suicide and euthanasia and their prevalence.

PAS and Euthanasia in the Netherlands:

- 208 annual cases of PAS and 5,308 annual cases of euthanasia reported in 2015²²
- 6.7% of all deaths occur by PAS or euthanasia
- 0.7% of PAS or euthanasia or PAS-related deaths are children; additional 2% of child deaths occur with family's explicit request to hasten death²³

PAS and Euthanasia in Belgium:

- 2013 data shows 1,807 reported cases of PAS²²
- The number of reported euthanasia cases

increase every year, .2% of deaths in 2003 to 1.7% of all deaths in 2013²⁴

- Top reasons for choosing PAS or euthanasia are losing bodily autonomy and being less able to engage in activities making life enjoyable

Physician Assisted Suicide and Euthanasia (PAS/E): The Law

Across the globe

Physician assisted suicide is legal in these countries and states/districts in the U.S.



Belgium



Canada



Columbia



Luxembourg



Germany



Netherlands



Switzerland



Australia



California



Colorado



Oregon



Vermont



Washington D.C.



Washington



Montana
(by court order)

Note these are countries with specific laws in place; this list does not account for those performing PAS without explicit laws.

Regulations dictating how and when physician assisted suicide may be performed, e.g., how many medical opinions must be provided, how much time must pass, physical or psychological nature of underlying illness, etc., differ across states, countries, and regions.

The following countries currently permit active euthanasia:



Belgium



Columbia



Luxembourg



Netherlands

State of Indiana

Physician assisted suicide is not currently legal in the State of Indiana. However, state legislation has been introduced three times advocating for a "Medical Aid in Dying" bill. Pro-assisted suicide lobbyists have eyes on our state and have actively sought to gain a foothold in northern Indiana.

"The individual who signs the patient's death certification shall list the underlying terminal illness as the cause of death."

- Language from proposed legislation in Indiana, which requires doctors to falsify vital records by listing an underlying illness rather than the true cause of death, deadly drugs prescribed by a physician.

Physician Assisted Suicide and Euthanasia (PAS/E): The Adverse Effects

Unique challenges defending life in the face of physician assisted suicide and euthanasia

Abortion involves violating ANOTHER individual's human dignity in the name of "choice." PAS/E involves violating one's OWN human dignity in the name of "choice."

Judge a tree by its fruits

Analyzing the impact of PAS/E lends valuable insight regarding the character of the problem.

Creates a deadly mix with for-profit health system: Public and private-sponsored health plans will pay for drugs to end one's life (only \$1.20, in some cases) but not for life-saving treatment. A culture is created in which the elderly are seen as burdens. A focus on "turning beds" is emphasized.

Invites coercion/pressure: This is especially prevalent in cases of elder abuse. There are no regulations regarding witnesses at the time of death, and 1 of 2 witnesses to the



initial request for PAS can be an heir. Those obliged to care have exerted undue pressure.

Includes dangerously broad definitions: Many laws mention a prognosis of six months with or without treatment. This subjective with regard to treatment; an illness such as diabetes might qualify.

Untreated pain is not a top reason for PAS: Pain is not the problem; a desire for control is. Most pain can be treated through palliative care.

Threatens improved palliative care: States with legal PAS have lowest rates of hospice utilization. PAS eliminates need to maintain proper palliative care and harms those who need it.

Publicity leads to more suicides: When PAS was legalized in Oregon, suicide rates climbed to 42% above the national average.

Fosters discrimination: Millions are spent offering protections to those who are "mainstream suicidal," while millions are spent encouraging PAS. This deprives the terminally ill from the same protections from suicide offered to others.

Operates through deception and secrecy: Cause of death is falsified (listed as underlying illness), and witnesses are not reported.

No psychiatric evaluation or treatment required: Screening for depression, etc. are not required. Less than 4% of PAS cases were referred for psychiatric evaluation in Oregon, while 95% of suicides have a diagnosable disorder.