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SENATE JUDICIARY  
Exhibit No. 8  
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Bill No. SB 202

## Legalizing Physician-Assisted Suicide Is Too Dangerous

Legalizing physician-assisted suicide (PAS) is not about giving patients the right to die but about giving physicians the right to kill. Suicide is tragic but not illegal. Verbal engineering always precedes social engineering, so pro-suicide groups are trying to wrap the respectability of the medical profession around something society has tried to prevent for many years. They've also cloaked the word "suicide" in the camouflage of good words like "compassion," "choice" and so-called "death with dignity." Dignity is not found in a handful of lethal pills.

Assisted suicide should not be legal because it is DANGEROUS.

- **It is Dangerous for PHYSICIANS**

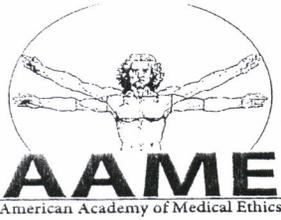
- It destroys trust which is the foundation of the doctor-patient relationship. That's why major medical associations adamantly oppose it.
- It takes no great skill to kill, but it does to provide superb end-of-life care. A medical student could go to medical school only half-day to learn to do it.
- It is the easy option for a busy, stressed or frustrated physician.
- It gives too much power as the physician is judge, jury and assistant executioner. They could convince a patient this is a reasonable step by just how they describe their diagnosis and prognosis.
- It assumes physicians are perfect moral agents. If we couldn't control Jack Kevorkian when it was illegal, what makes us think we can control 700,000 physicians when it is?

- **It is Dangerous for FAMILIES**

- Families don't have to be informed. They can be left with guilt, anger and sadness.
- It will cause family dissension as some oppose it and others encourage it.
- It opens the door to the worst form of elder abuse by the self-centered, exhausted care providers or greedy relatives.

- **It is Dangerous for PATIENTS**

- The "right to die" will become the duty to die for senior citizens, as some bioethicists already advocate. Not wanting to be "a burden," the elderly will take their own lives.
- Mental and physical suffering preclude rational decision-making. The U.S. Supreme Court stated the obvious, "the competent terminally-ill person seeking suicide is largely fiction." No mental evaluation is required.
- Most people commit suicide due to depression which is extremely common but treatable in the terminally ill.
- In an economically challenged healthcare system, the cheapest form of healthcare for any illness is a handful of lethal medications.



- **It is Dangerous for SOCIETY**

- There is a slippery slope. When society states that some lives are “not worthy to be lived” because of subjective suffering, and those people have a “right to die” -
  - Doesn't someone with a chronic illness who will suffer more or longer than the terminally ill deserve this “right?”
  - Rights demand duties. Don't we have the duty to provide PAS to those who can't swallow the pills?
  - 20 percent of patients taking lethal pill dosages don't die. Shouldn't we let doctors give lethal injections (voluntary euthanasia) so it is done compassionately?
  - What if a patient can't give consent because they are mentally incompetent or too young? Shouldn't we let someone else do this (non-voluntary euthanasia) for their benefit?
  - Psychiatric illness causes suffering, so don't those patients need this “benefit?”

In Europe, countries have taken the “logical step” and answered “Yes” to all these questions. They went from physician-assisted suicide to voluntary euthanasia, to non-voluntary and then involuntary euthanasia. The right was given to the terminally ill, then the chronically ill, the mentally ill, the disabled and finally those not ill at all.

- The so called safeguards don't work.
  - Studies show that physicians only get a second opinion from other physicians they know who will endorse their decision.
  - It is impossible to accurately predict a patient will only live six months.
  - Physicians under PAS laws are immune from malpractice.
  - Proposed laws cloak PAS under a shroud of secrecy. Only positive information is published and there is no possibility of examining how well it is working.

The better alternative is to: train more palliative care physicians; modify laws to allow adequate pain/symptom control at the end of life; encourage better identification and treatment of depression; promote hospice; and mobilize faith communities and others to provide emotional and relational end-of-life support to struggling patients and families.

H.L Mencken summed it up, “*There is always an easy solution to every problem—neat, plausible and wrong.*” Legalizing physician-assisted suicide is wrong. The evidence is clear it is TOO DANGEROUS.

1. SB 202 provides guidelines, safeguards, and procedures to ensure that the rights of the patient, doctors, and attending witnesses are protected.
2. SB 202 codifies the rights provided by the Baxter ruling and enhances the Baxter ruling so that patients will have the necessary autonomy to control their end-of-life decisions.
3. The majority of Montanans agree that they have the right to a dignified death and they want their end-of-life choices protected. SB 202 will provide these protections.
4. Oregon's 17-yr experience shows that death-with-dignity gives patients peace of mind when they face the end of life. Montanans want the same rights as Oregonians and the peace of mind to know it is possible to avoid uncontrollable pain and suffering at the end of life.
5. Doctors should have the ability to support their patient's end-of-life choices. Patients-not their doctors- decide for themselves whether to choose aid-in-dying. The patient should be free to make this decision without restriction by government.
6. I strongly urge a yes vote on SB 202.

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