



Preventing the spread of euthanasia and assisted suicide.

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Preventing the spread of euthanasia and assisted suicide. (USA)

- ▶ American Medical Association
- ▶ Opinion 2.211 - Physician-Assisted Suicide
- ▶ Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (eg, the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).



Preventing the spread of euthanasia and assisted suicide. (USA)

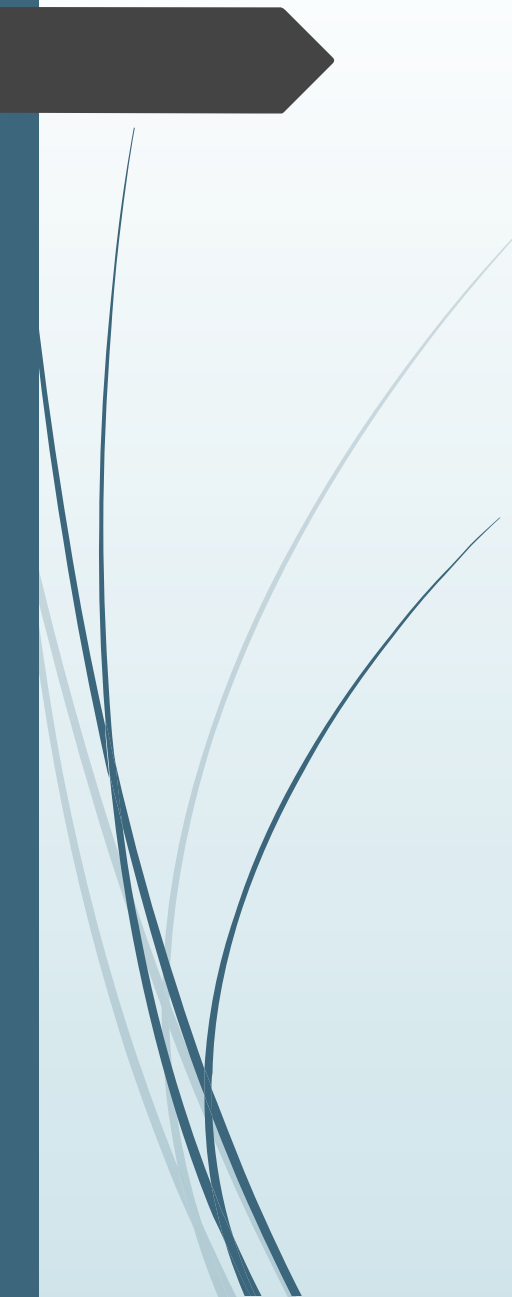
- ▶ Opinion 2.211 - Physician-Assisted Suicide
- ▶ It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

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Preventing the spread of euthanasia and assisted suicide. (USA)

- ▶ American Medical Association
- ▶ Opinion 2.21 – Euthanasia

- ▶ Euthanasia is the administration of a lethal agent by another person to a patient for the purpose of relieving the patient's intolerable and incurable suffering.

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Preventing the spread of euthanasia and assisted suicide. (USA)

- ▶ Assisted suicide is legal in California, Colorado, Hawaii, Maine, New Jersey, Oregon, Vermont, Washington State and the District of Columbia.
- ▶ Assisted suicide is permitted in Montana based on the Baxter court decision which created a defense of consent.
- ▶ Assisted suicide bills are currently being debated in Arizona, Indiana, Iowa, Kansas, New Mexico, New York, and North Dakota and bills to expand existing assisted suicide laws are being debated in Hawaii and Washington State.

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Preventing the spread of euthanasia and assisted suicide. (USA)

- ▶ The media and the assisted suicide lobby want you to think that there is a tidal wave of support to legalize assisted suicide.
- ▶ In 2017, assisted suicide bills were introduced and defeated in 26 states, last year there were 20 assisted suicide bills, all defeated.
- ▶ In the past few years four states strengthened their assisted suicide laws. They were Idaho, Georgia, Louisiana and Arizona.
- ▶ The courts continue to maintain that there is no right to assisted suicide.

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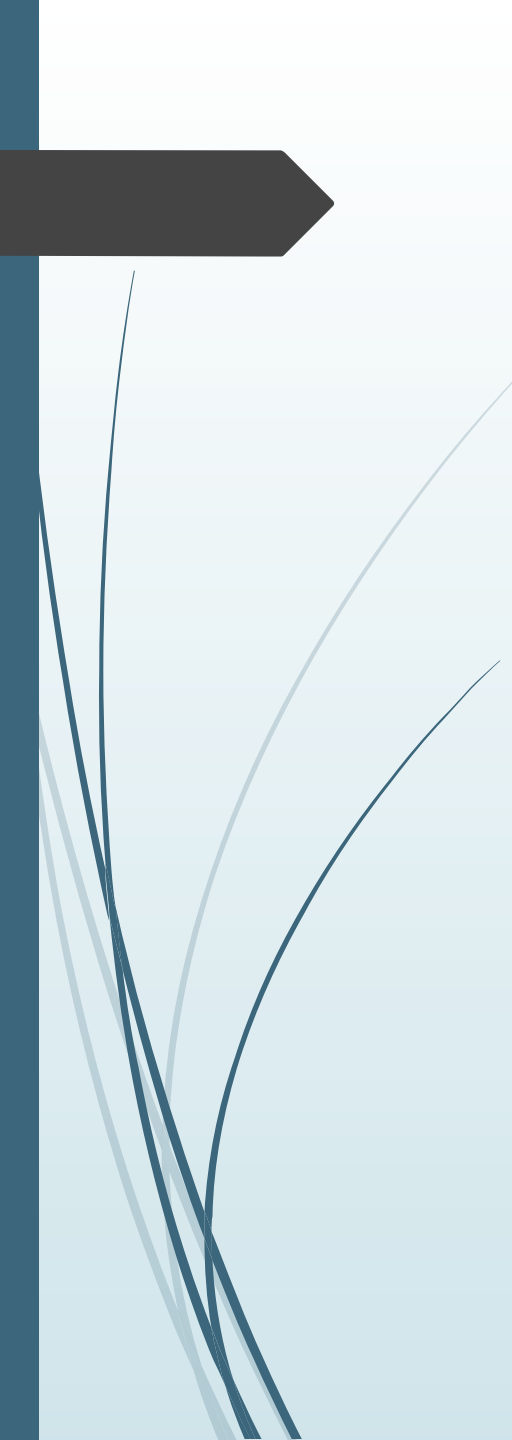
Preventing the spread of euthanasia and assisted suicide. (USA)

- How do the assisted suicide laws work?
- 1. A person must request the lethal dose.
- 2. A doctor must examine the person to determine if the person qualifies.
- 3. A second doctor must ensure that the prognosis and decision for assisted suicide is correct.
- 4. The person must pick-up the lethal dose from the pharmacy. Once the lethal dose is obtained from the pharmacy, there is no further oversight.
- 5. Once the person dies, the physician who wrote the prescription must submit a report.



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- ▶ According to the 2019 Oregon assisted suicide report, there were 188 reported assisted suicide deaths up from 178 in 2018.
- ▶ In 2019, the ingestion status was unknown in 58 deaths. The ingestion status was unknown in 43 deaths in 2018. (101 over two years). When the ingestion status is unknown, the person may have died by assisted suicide.
- ▶ The time of death ranged from 1 minute to 47 hours.
- ▶ 1 patient was referred for a psychological or psychiatric evaluation.
- ▶ 1 physician was referred to the Oregon Medical Board for failure to comply with the law.



Preventing the spread of euthanasia and assisted suicide. (Washington State)

- ▶ Washington State assisted suicide data.
- ▶ The Washington State report indicates that there were almost 25% more assisted suicide deaths in 2018. The report indicates that there were:
 - ▶ 203 reported assisted suicide deaths, up from 164 in 2017,
 - ▶ 267 lethal prescriptions dispensed, up from 212 in 2017,
 - ▶ 29 known natural deaths,
 - ▶ 16 where the death status was pending.
 - ▶ 19 unknown deaths.



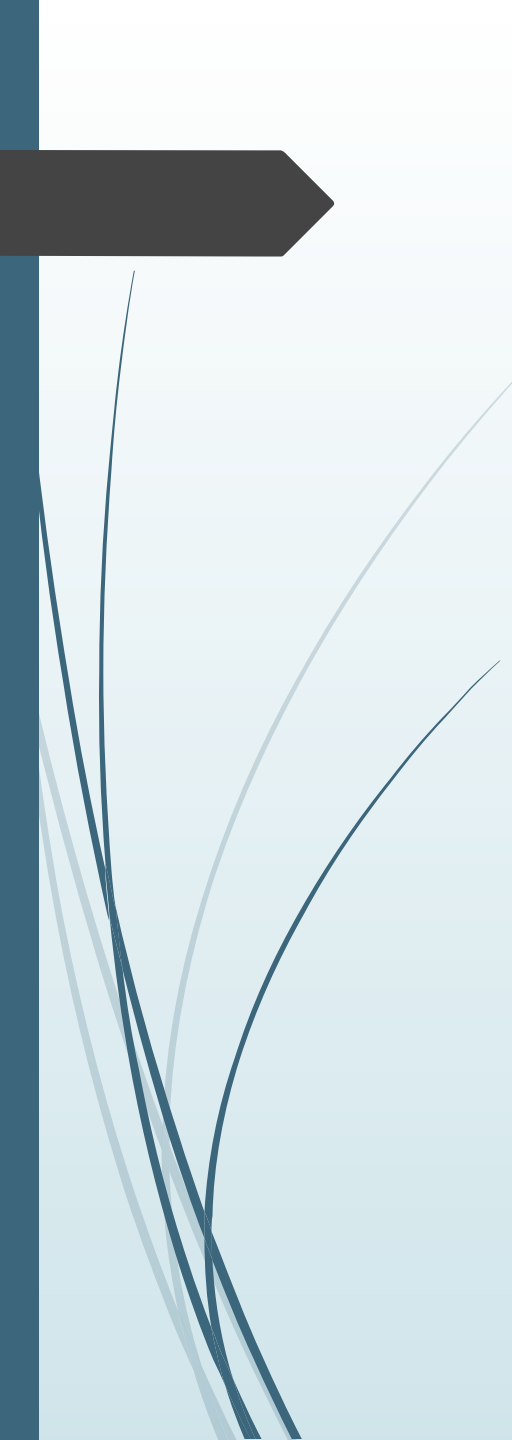
Preventing the spread of euthanasia and assisted suicide. (Washington State)

- The “19 unknown deaths” may be unreported assisted suicide deaths.
- There were more complications in Washington State in 2018, likely related to the new lethal drug cocktail experiments.
- The report states that 8 people reportedly experienced complications which was up from 4 in 2017. Also, 62 people died more than 90 minutes after taking the lethal drugs and the range of time to die ranged from 7 minutes to 30 hours.



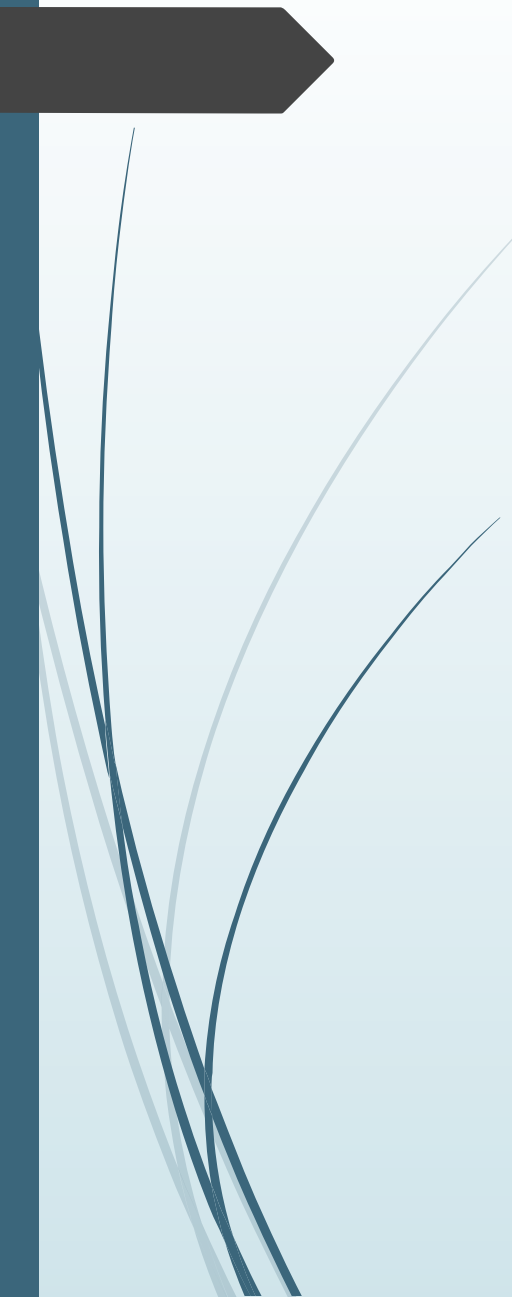
Preventing the spread of euthanasia and assisted suicide.

- ▶ The lethal drug cocktails that were developed to lower the cost are known to cause side-effects. The Seattle Times reported in March 2017:
- ▶ The first Seconal alternative turned out to be too harsh, burning patients' mouths and throats, causing some to scream in pain.
- ▶ The second drug mix, ... has led to deaths that stretched out hours in some patients — and up to 31 hours in one case.



Preventing the spread of euthanasia and assisted suicide.

- ▶ An article published in the Atlantic (January 2019) stated:
- ▶ An advocacy organization called End of Life Washington briefly advised prescribing a drug mixture with the sedative chloral hydrate to about 70 patients. “We know this is going to put you to sleep, and we’re pretty sure it’s going to kill you,” Robert Wood, a medical director at the organization, says they told the patients. It worked, but with a tragic catch: In a few cases, the chloral hydrate burned people’s throats, causing severe pain just at the time they expected relief.



Preventing the spread of euthanasia and assisted suicide.

- ▶ The Medical Express reported on September 8, 2020:
- ▶ “A little-known secret, not publicized by advocates of aid-in-dying, was that while most deaths were speedy, others were very slow. Some patients lingered for six or nine hours; a few, more than three days.”
- ▶ Assisted suicide is not what it appears to be.
- ▶ Many people support assisted suicide based on the fear of dying a bad death, assisted suicide can cause a bad death.



Preventing the spread of euthanasia and assisted suicide. (Washington State)

- ▶ House Bill (HB) 1141 Expands Assisted suicide in Washington State.
- ▶ House Bill 1141 is sponsored by the same State Representative who sponsored House Bill 2419 in 2020.
- ▶ HB 2419 asked the State government to fund a study to be conducted at the University of Washington to determine how to expand the State assisted suicide law, also known as the death with dignity act.
- ▶ HB 2419 passed but the Governor vetoed the bill as a measure to save money during the COVID crisis.



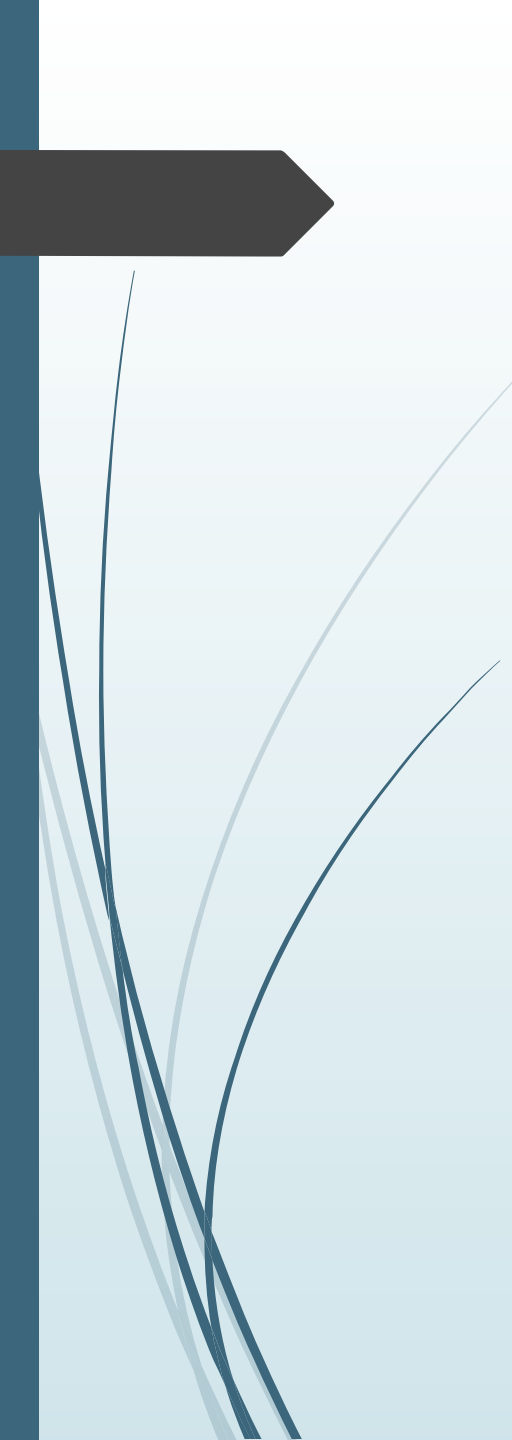
Preventing the spread of euthanasia and assisted suicide. (Washington State)

- ▶ HB 2419 sought to examine the following:
- ▶ (a) A lack of awareness of the Washington death with dignity act and its provisions;
- ▶ (b) Burdens for qualified patients to meet the 15-day waiting period;
- ▶ (c) Concerns that inhibit the participation of health care providers in the provisions of this chapter;
- ▶ (d) Hospital, medical, hospice, and long-term care providers' policies that restrict the participation in and the distribution of information about the provisions of this chapter;



Preventing the spread of euthanasia and assisted suicide. (Washington State)

- (e) Limited geographic access to compounding pharmacies or other pharmacies that dispense medications under this chapter;
- **(f) Restrictions based on the requirement that the medications under this chapter be self-administered; (euthanasia).**
- (g) Lack of insurance coverage for the services and medications necessary to participate in the provisions of this chapter;
- (h) The need for improvements to the data collection system; and
- (i) Any other barriers identified in the course of performing the study.



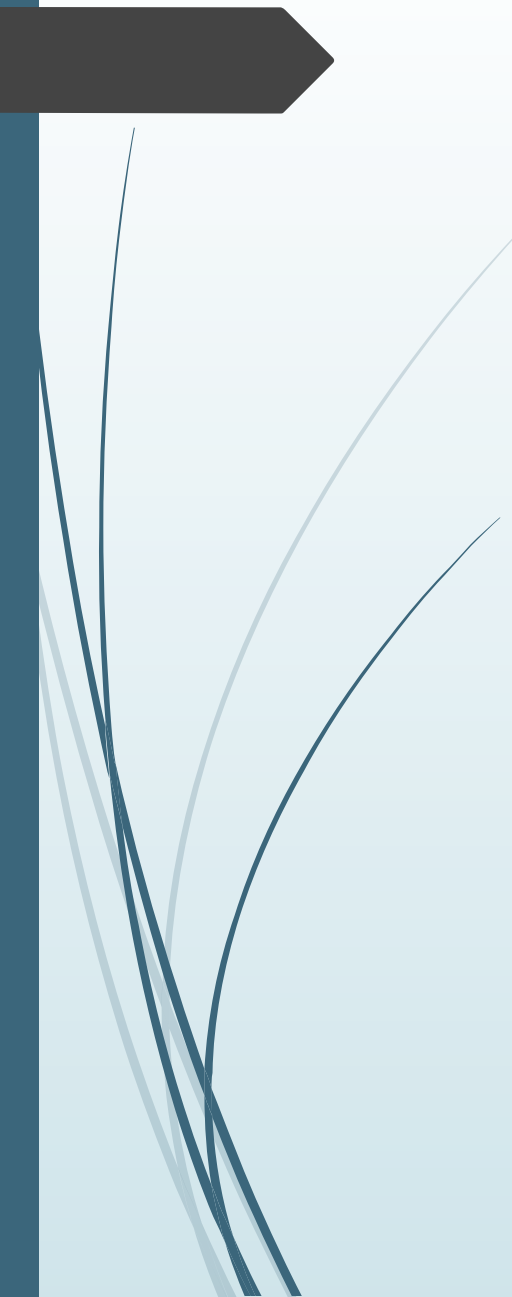
Preventing the spread of euthanasia and assisted suicide. (Washington State)

- Expands the list of who can prescribe lethal drugs by changing physician to "qualified medical provider." "Qualified medical provider" is defined as a physician, or a licensed physician assistant, or a osteopathic physician, or and advanced registered nurse practitioner. This lessens the qualification to approve and prescribe lethal drugs.
- Expands the list of who is legally able to counsel a person, when the qualified medical provider questions the ability to consent. Those who would be qualified to offer counseling would include: a state licensed psychiatrist or, psychologist, independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered nurse practitioner.

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Preventing the spread of euthanasia and assisted suicide. (Washington State)

- Eliminates the 15 day waiting period and replaces it with a 72 hour waiting period before the second request is made. The 72 hour waiting period can be waived if the qualified medical provider believes that the person may be dying, allowing for a Same Day Death.
- Studies with people who are dying conclude that the Will to Live fluctuates. Removing the waiting period removes choice at the end of life.
- A person's bad day becomes the last day.

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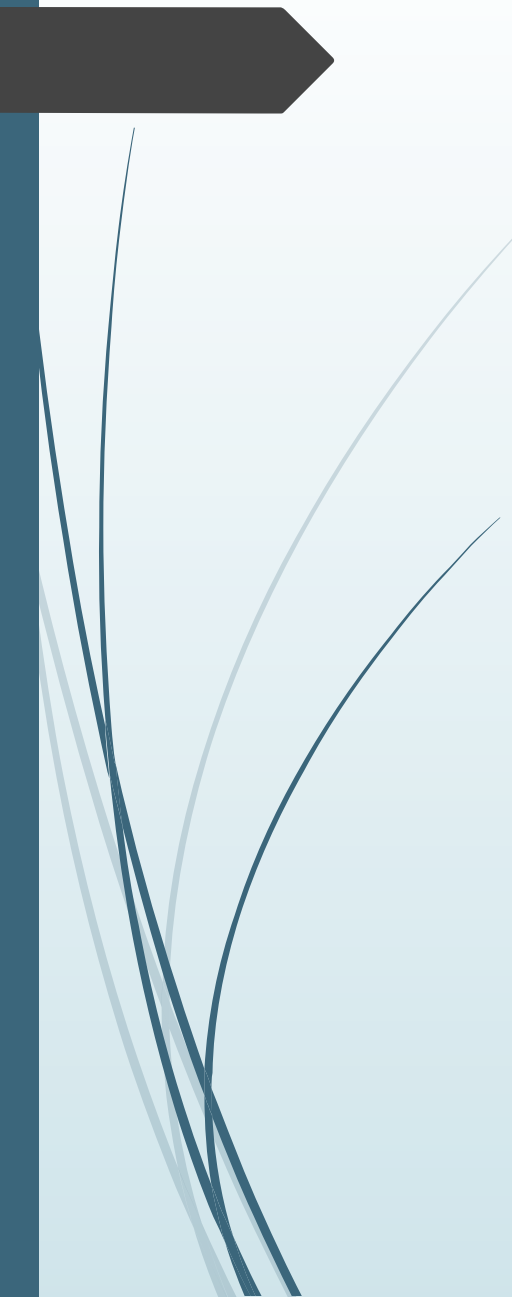
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- ▶ HB 1141 allows the lethal assisted suicide drugs to be delivered to the person, rather than requiring the lethal drugs to be picked up by the person who is approved or the physician who approved.
- ▶ We have heard a lot of news about delivery packages being stolen. This provision allows access to the lethal drugs.
- ▶ HB 1141, if passed, will not only affect Washington State, but rather it would open the door to expanding assisted suicide in the US.



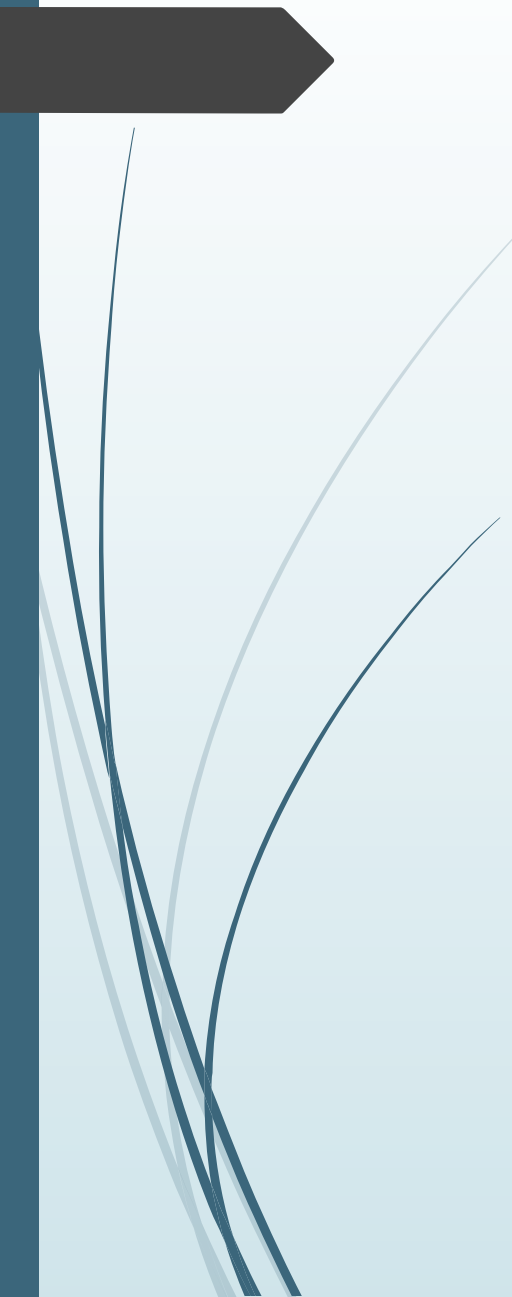
Preventing the spread of euthanasia and assisted suicide. (Washington State)

- ▶ The existing approval and reporting system already denies effective oversight of the law. The law already allows the same physician to approve assisted suicide, who then prescribes the assisted suicide drugs. The same physician is then required to report the assisted suicide.
- ▶ This self-reporting system that protects physician who participates in assisted suicide and makes effective oversight of the law impossible.
- ▶ Now the self-reporting system will be “Qualified medical providers.”

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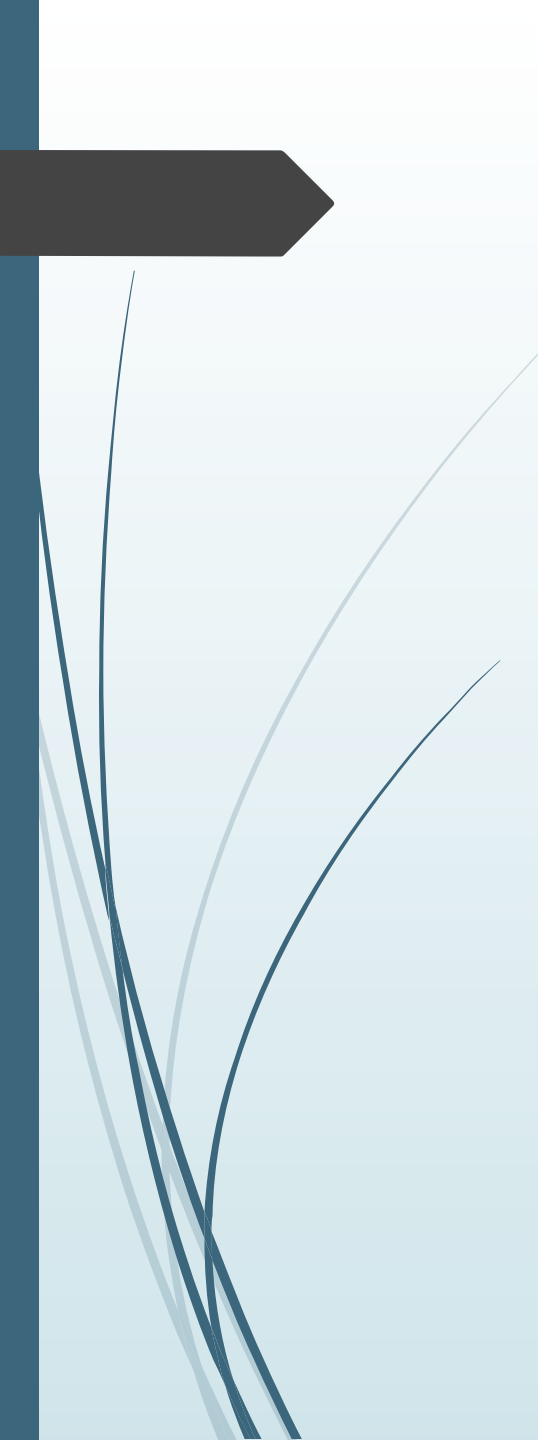
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- ▶ The assisted suicide promoters and practitioners developed the lethal drug cocktail by doing human trials rather than animal trials first. The team appeared concerned with the lethal efficacy and cost of the lethal cocktail as opposed to the possible negative consequences with the use of these drugs.
- ▶ Were these human trials done with the full consent of the participants?

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Preventing the spread of euthanasia and assisted suicide.

- ▶ Oregon Governor Kate Brown, in July 2019, signed Bill SB 0579 into law. This bill, essentially, eliminates the 15 day assisted suicide waiting period. This expansion of assisted suicide allows a person who is approved for assisted suicide to die within days, and if depressed, the patient loses the opportunity to change their mind.



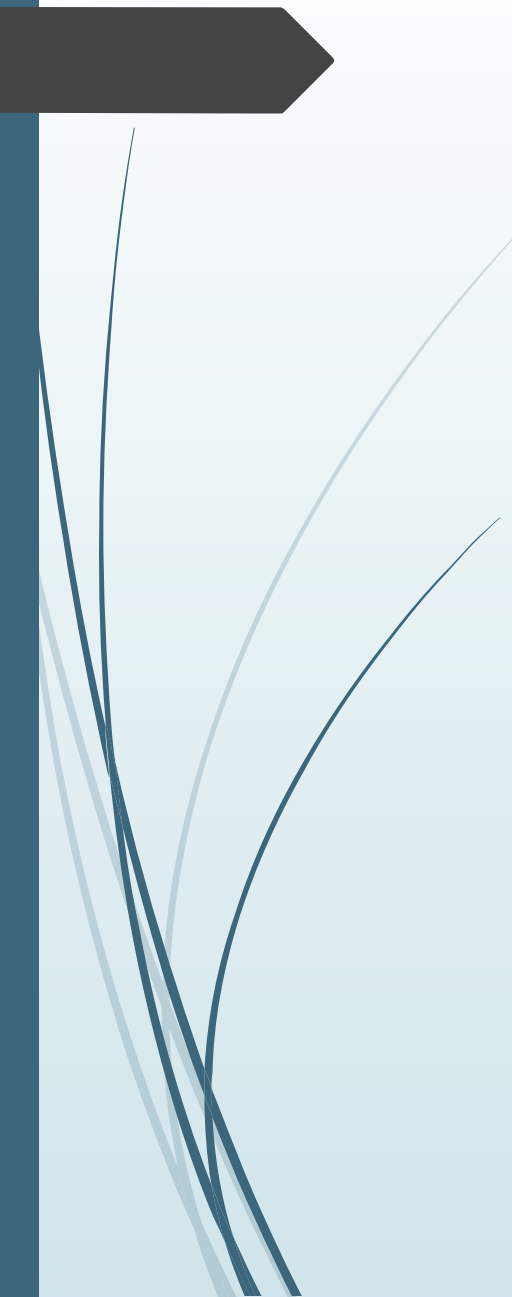
Preventing the spread of euthanasia and assisted suicide. (Hawaii)

- ▶ In the final paragraph of the 2019 assisted suicide report the Hawaii Department of Health recommends the following changes to the assisted suicide law:
- ▶ Waiver of any waiting periods if the attending provider and consulting provider agree that patient death is likely prior to the end of the waiting periods.
- ▶ Given access to health care providers is limited, the DOH recommends authorizing advance practice registered nurses to serve as attending providers for patients seeking medical aid in dying.
- ▶ Bill SB 323 seeks to expand the Hawaii assisted suicide law.

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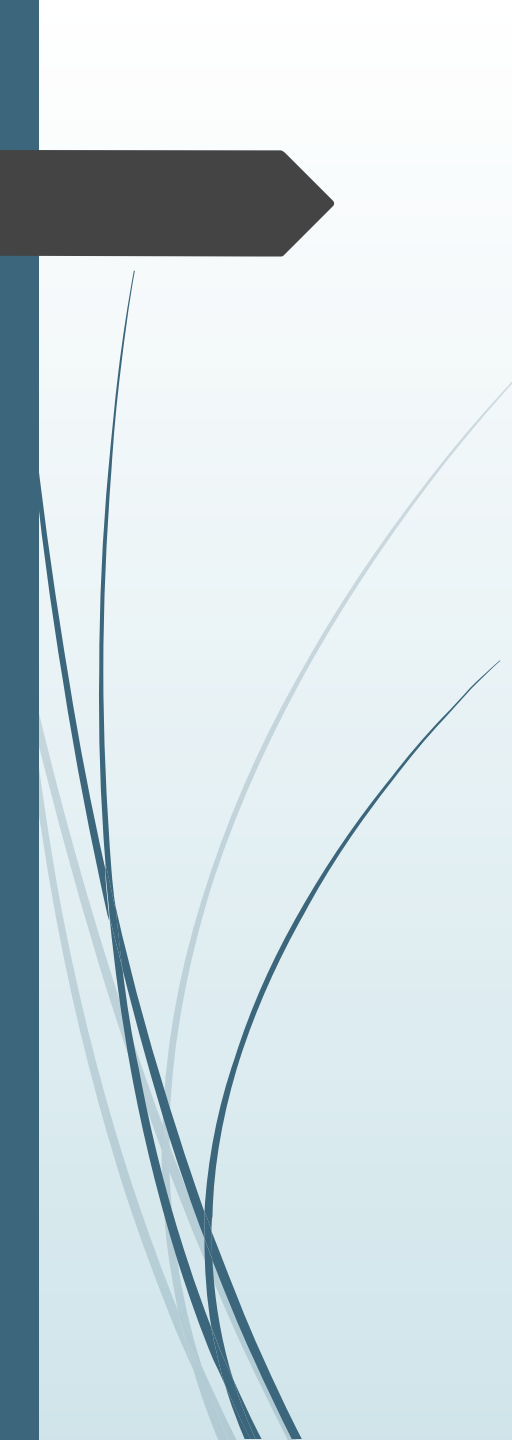
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- The New Mexico assisted suicide bills HB 47 and SB 308 use the expanded definition of who can approve and prescribe lethal drugs. These bills require "health care providers" that are defined as: physicians, or licensed physician assistants, or osteopathic physicians, or nurses registered in advanced practice.
- These bills expand the list of who can approve and prescribe lethal drugs to increase the availability of assisted suicide providers and enable lesser trained health care providers to approve and prescribe lethal assisted suicide drug cocktails (controlled substances).

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- ▶ These bills expand the list of who may counsel a person, when a "health care provider" questions the ability of a person to consent. Counselors include: state-licensed psychiatrist, psychologist, master social worker, psychiatric nurse practitioner or professional clinical mental health counselor.
- ▶ Section 3 (G): waives the requirement that a person's condition be confirmed by a second health care provider if the requester is enrolled in a hospice program.



Preventing the spread of euthanasia and assisted suicide.

- ▶ These bills do not require a 15 day waiting period but only requires a 48 hour waiting period that can be waived if the health care provider believes that the person may be imminently dying.
- ▶ These bills technically allow a same day death. A person could request assisted suicide on a "bad day" and die the same day.
- ▶ Studies prove that the “will to live” fluctuates.
- ▶ Clearly, the assisted suicide lobby is trying to expand assisted suicide laws in the US.

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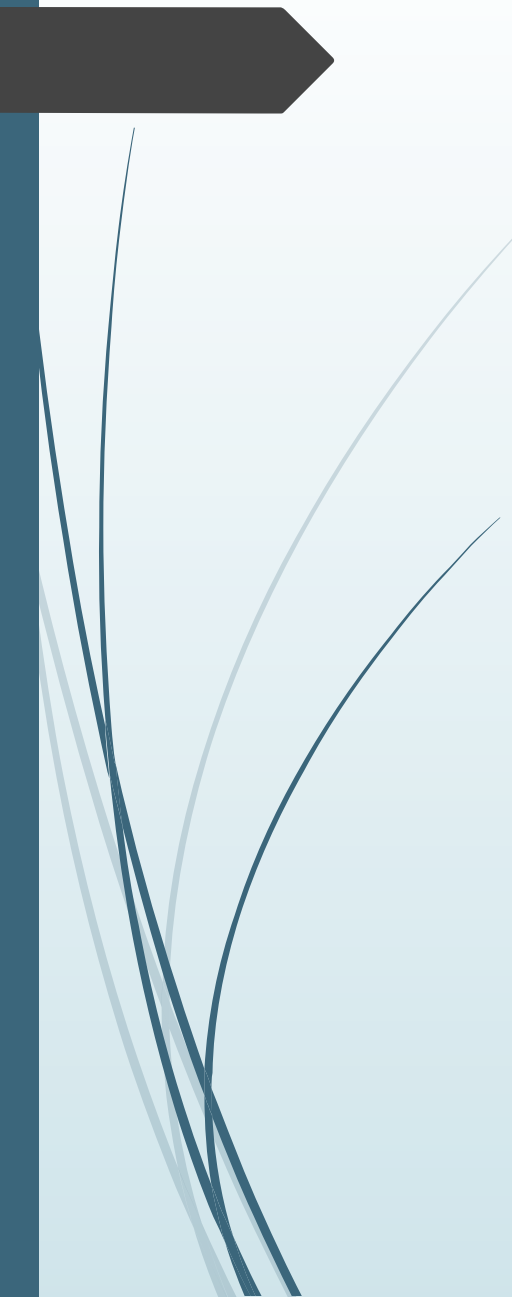
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- ▶ Assisted suicide bills in Arizona, Indiana, Iowa and Kansas are similar to traditional Oregon style assisted suicide bills.
- ▶ Clearly these bills are written in a tighter manner with the hope of passing the bill and then expanding the law in the future.
- ▶ New York has an assisted suicide study bill and an assisted suicide legalization bill. You only need to study assisted suicide if you intend to legalize it.



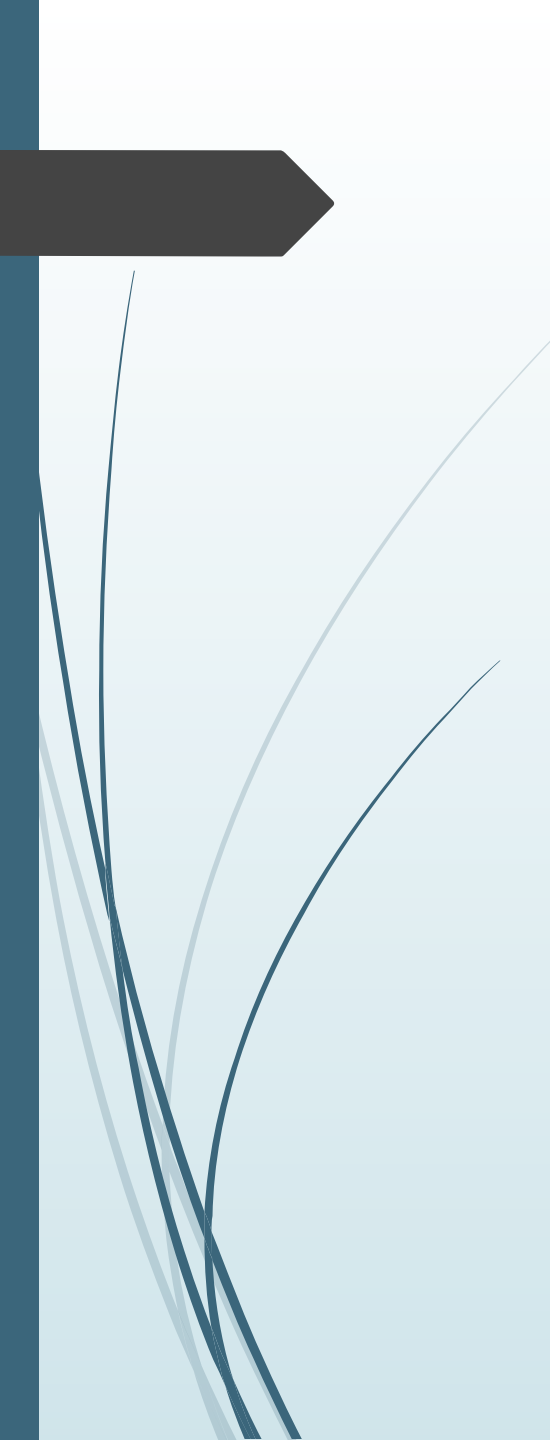
Preventing the spread of euthanasia and assisted suicide.

- ▶ Fighting assisted suicide.
- ▶ **We need to call it what it is.** Using terms such as aid in dying, physician-assisted death, doctor prescribed death, doesn't help us.
- ▶ We oppose assisting a suicide because these laws allow one person to be directly involved with causing the death of another person.
- ▶ Creating exceptions to homicide and manslaughter are bad ideas.
- ▶ Note: The term aid in dying is used for both euthanasia and assisted suicide.

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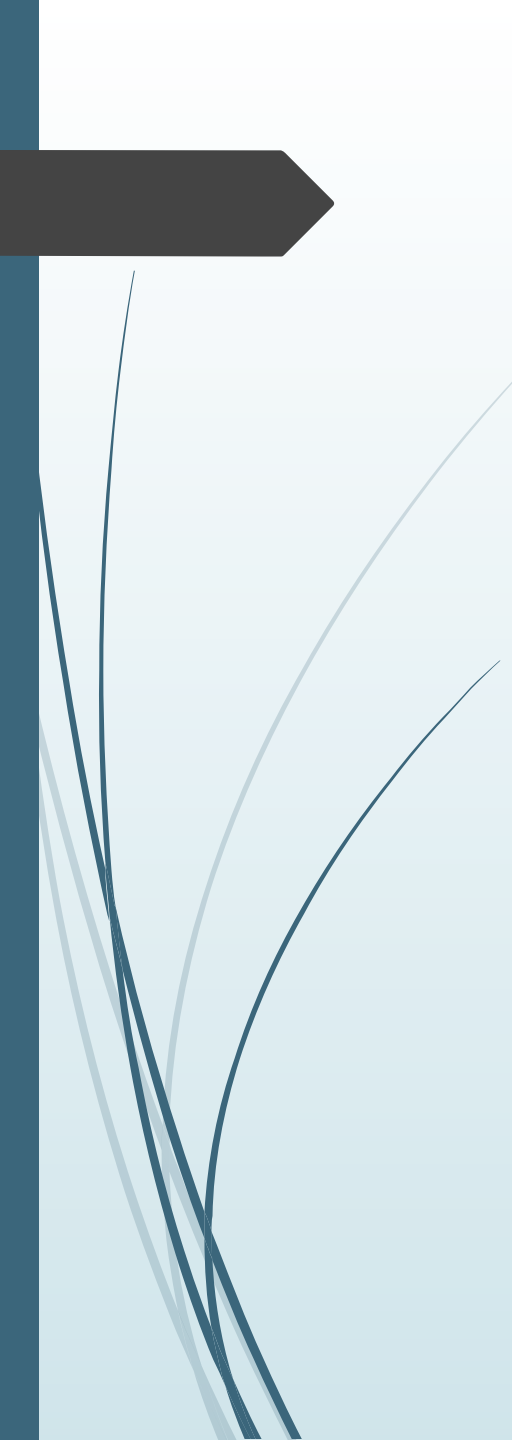
Preventing the spread of euthanasia and assisted suicide.

- ▶ We need to talk about what it is.
- ▶ The other side claims that these are “deaths with dignity.”
- ▶ They describe them as peaceful, quick and painless.
- ▶ We know that many of these deaths are not peaceful, quick or painless.
- ▶ Caring not killing.



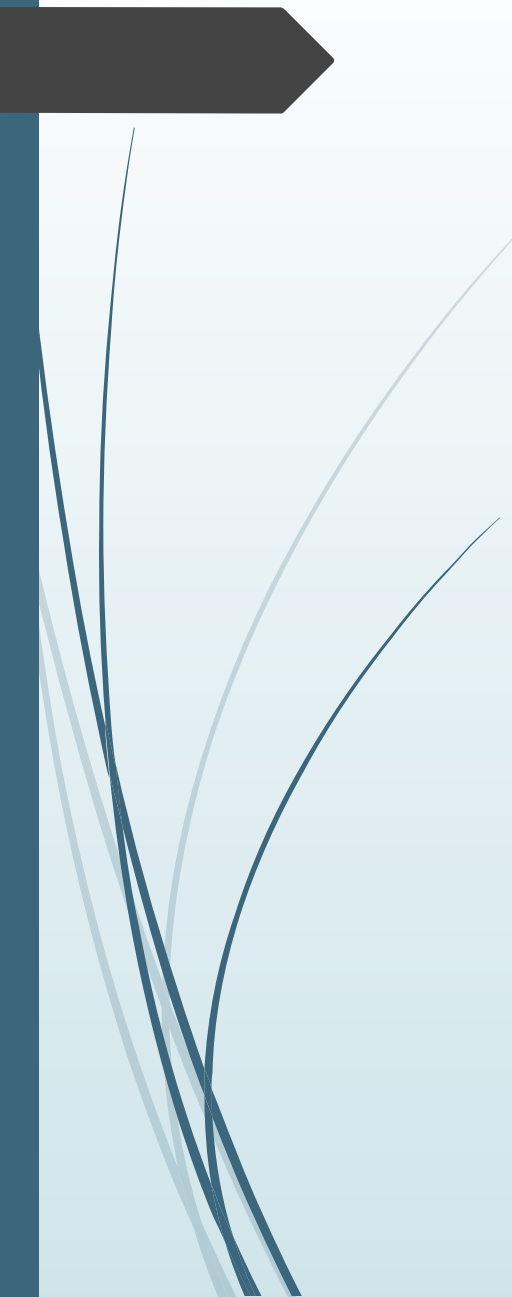
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- ▶ We should not focus on palliative care.
- ▶ Assisted suicide advocates also “support” palliative care, they just don’t have a problem with assisting a suicide.
- ▶ Focusing on palliative care causes us to also focus on pain and symptom management. Even though palliative care can be excellent, no one wants to experience pain or distressing symptoms.
- ▶ **Focus on what assisted suicide is, not why it is unnecessary.**



Preventing the spread of euthanasia and assisted suicide.

- ▶ Talk about the lethal drug experiments.
- ▶ Death by lethal drugs may not be dignified, quick or peaceful.
- ▶ These experiments were inappropriate, very likely unethical, and caused people to suffer.
- ▶ Nuremburg ethics clearly prohibit human experimentation without proper consent.
- ▶ They had consent to prescribe the lethal drugs, but did they have consent for human experimentation?

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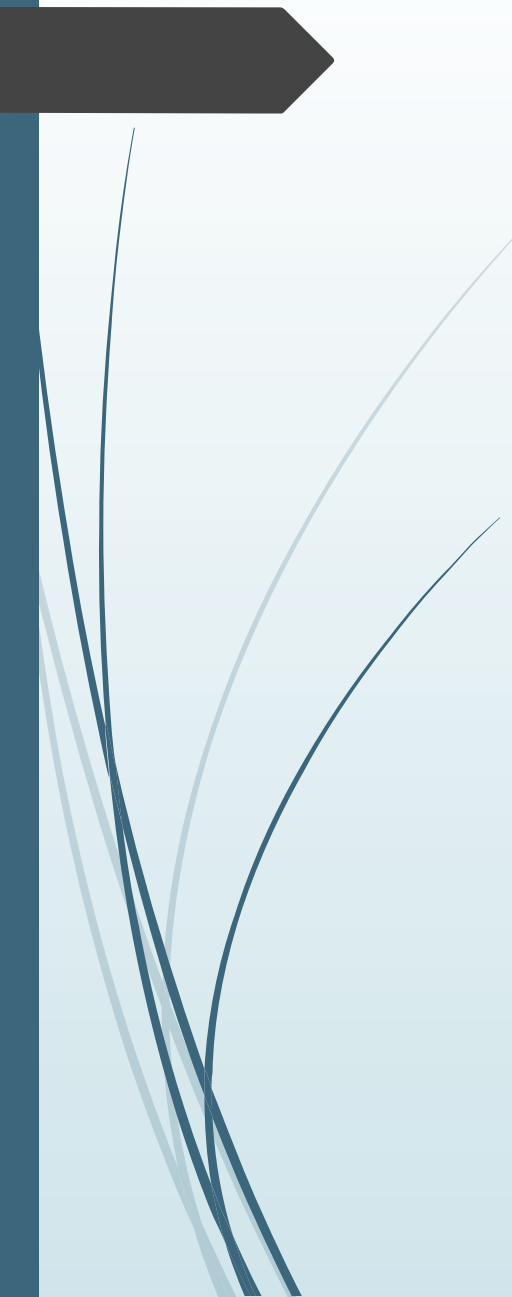
Preventing the spread of euthanasia and assisted suicide.

- ▶ Work with people from all political points of view.
- ▶ There is not one silver bullet to prevent the passage of a euthanasia or assisted suicide bill.
- ▶ People with disabilities have personal experience that needs to be heard by politicians.
- ▶ Encourage people to work together but never discourage people from working on their own.

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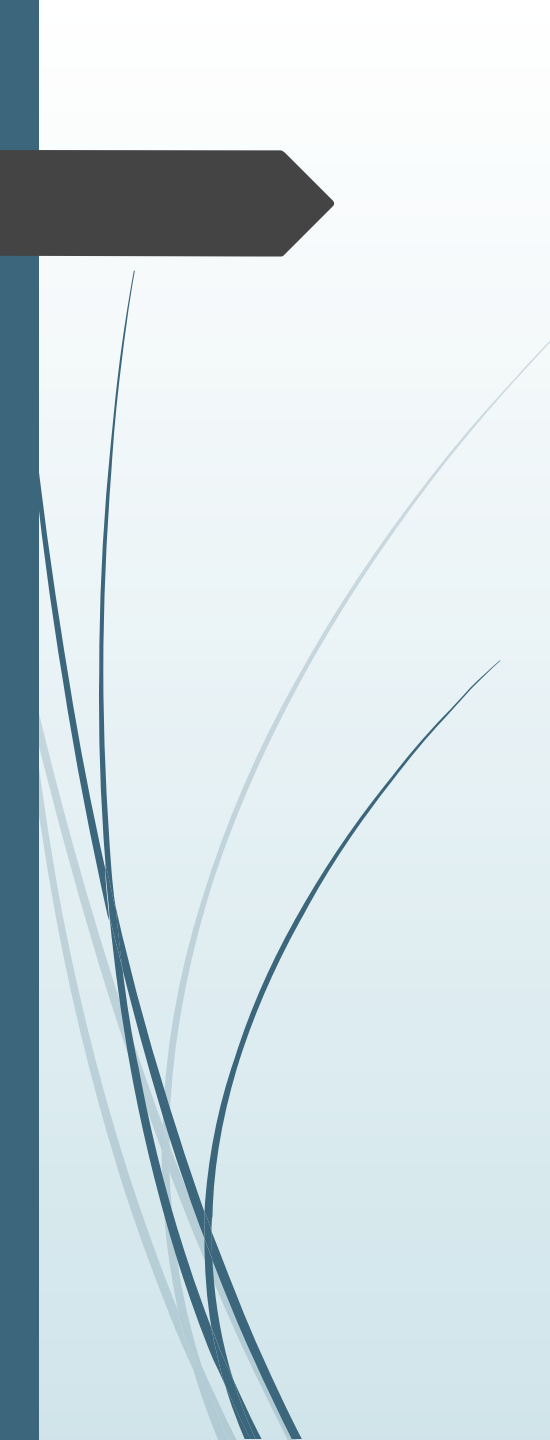
Preventing the spread of euthanasia and assisted suicide.

- ▶ Don't hesitate to talk about the changes to the law in Canada.
- ▶ Canada legalized euthanasia and assisted suicide in June 2016 (medical assistance in dying) known as MAiD.
- ▶ Less than 4 years after legalizing the Canadian government introduced Bill C-7 which eliminates the requirement that a person be terminally ill, eliminates the 10 day waiting period, allows MAiD for someone who was previously approved but is not incompetent.

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Preventing the spread of euthanasia and assisted suicide.

- ▶ Like the Netherlands and Belgium, Canada is talking about expanding euthanasia for children, for incompetent people who made an advanced request, for people with Alzheimer's/dementia and for people with mental illness.
- ▶ In November, 2020, Canada's Justice Minister told a Senate Committee that he wanted to expand euthanasia to include people with mental illness.



Preventing the spread of euthanasia and assisted suicide.

- ▶ Trampling on conscience rights
- ▶ The BC government is defunding the Delta Hospice Society on February 24, 2021 because they refuse to kill their patients by euthanasia.
- ▶ In Ontario, doctors must provide an “effective referral” for euthanasia.
- ▶ Effective referral means a referral for the purpose of the act. This requires conscientious objectors to be directly involved in the act.

Euthanasia Prevention Coalition

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