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**Current Bipartisan
Opposition to
Assisted Suicide**

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Bipartisan legislation recently emerged in the U.S. House of Representatives *against* assisted suicide and *for* real health care for Americans facing illness and the end of life. The concurrent resolution [H.Con.Res.80](#) expresses “the sense of the Congress that assisted suicide... puts everyone, including those most vulnerable, at risk of deadly harm and undermines the integrity of the health care system.” This resolution is a positive step towards educating Americans about the dangers of physician-assisted suicide and discussing true comprehensive health care – including palliative care, hospice, and life-extending treatments – for Americans facing the end of life.

The Congressional resolution, introduced by Rep. Brad Wenstrup (R-OH) and co-sponsored by five Democrats and five Republicans, also reflects the bipartisan opposition to assisted suicide in state legislatures. This year alone, [28 states](#) considered at least 48 bills to legalize doctor-prescribed suicide. As of this writing, none has passed due to opposition from both Democrats and Republicans. Of the four bills that made it to a vote in Hawaii, Maine, Nevada, and New Mexico, 24 percent of Democrats and 85 percent of Republicans voted against the legislation. More bipartisan opposition to assisted suicide was seen in Alabama. Fifty-four percent of Democrat and 85 percent of Republican lawmakers in the state voted to pass the [Assisted Suicide Ban Act](#) – now signed into law – which forbids anyone, including health care providers, from assisting in another person’s suicide. The action of providing “aid in dying” is now a class C felony in the state with a penalty of up to 10 years in prison for the assisting individuals, including health care providers.

In a joint statement on the Sense of Congress resolution, Rep. Wenstrup and co-sponsors explain their reason for [introducing](#) it: “Americans deserve better.”

Though it would not have the force of law, if passed, this “Sense of Congress” resolution would send a clear message that a united congress of Democrats and Republicans opposes subjecting the American people to the practice of assisted suicide and calls for expanded access to comprehensive health care at the end of life – including hospice and palliative care, at one’s home as well as in hospitals. A resolution of this kind is important for government agencies and other world leaders to know the policy position of Congress and to note possible statutory changes on the horizon.

The resolution explains the long standing policy of suicide prevention in America. It also explains Congress’s particular concern that assisted suicide poses the greatest risk of deadly harm to the elderly, those suffering from depression, persons with disabilities, and those who may be drawn to end their life due to financial or emotional pressure. These persons most need the equal protection of the law which allowing assisted suicide would deny them. The resolution also reiterates the current ban on federal funding for assisted suicide practice and promotion, as well as the U.S. Supreme Court’s decisions in *Washington v. Glucksberg* and *Vacco v. Quill* that there is no constitutional right to assisted suicide.

The majority of H.Con.Res.80 is devoted to explaining the many reasons why the Federal Government should oppose assisted suicide and should instead work to ensure persons have access to comprehensive care at the end of their lives. Here are a few examples:

- The resolution cites the Oregon Health Authority’s report where the top five reasons persons give for requesting the lethal drugs are social and psychological, such as “losing autonomy,” fearing “loss of dignity,” and being a “burden on family friends/caregivers.” Pain or fear of future pain is the second to last of all reasons cited. As CLI scholar Richard Doerflinger [points out](#), when a government legalizes assisted suicide, they are encouraging the false notions that these persons are burdens and are better off gone. The law affirms that their lives are not worth living, that they do not deserve protection of the law (not to mention real care, support, and love). Doerflinger writes that rather than legalizing assisted suicide, “The solution is to care for people in ways that assure them that they have dignity and it is a privilege, not a burden, to care for them as long as they live.” Doerflinger also explains that when a society affirms assisted suicide as a legal “choice,” this ends up putting pressure on its citizens to “do the right thing” and end their lives. This becomes a problem of understanding self-worth for all of society, as seen in the increase in the overall [suicide rates](#) (other than physician-assisted) steadily climbing in Oregon since 2000, three years after the enactment of legal assisted suicide. The state had a suicide rate 42% above the national average in 2012.
- The resolution mentions the lack of screening or treatment for psychological illnesses for patients who request assisted suicide in states where it is legalized. In 2016, at least 96 percent of patients who received the lethal drugs in [Oregon](#) did not receive a psychological or psychiatric evaluation. A [study](#) from 2008 showed that one in four patients who requested the lethal drugs were independently found to be clinically depressed.
- The resolution explains how current assisted suicide state laws do not require a medical attendant or qualified monitor to be present at the time the patient ingests the lethal drugs. Without an objective third party present, there is no way to ensure that the patient is protected from pressure from the physician, care taker, family member, or heir to ingest the drugs. It will be unknown whether the person was coerced or “helped” to ingest the drugs. There also is no psychological evaluation at the time the drugs are taken to ensure competency. Stories out of Oregon show the problems. There is [evidence](#) of an individual “shopping around” for a doctor who would likely prescribe the lethal drugs for a parent with dementia, of nurses giving the drugs to patients claiming they requested it, and a physician who caused the death of an unconscious patient by injecting a paralyzing drug. None of these have faced legal ramifications.

- The resolution mentions problems of the broad interpretations of state assisted suicide laws. Oregon’s annual report shows that interpretation of “terminal disease” has been used to [allow](#) persons with benign tumors and diabetes to receive the lethal medication. States allowing assisted suicide base an individual’s eligibility on his medical prognosis of “six months or less to live.” Yet this has been interpreted to allow prescribing the drugs to patients with no known illness or who had been given a prognosis of months to live years before.
- The difficulty or impossibility of accurately predicting how long a person will live when diagnosed with a terminal illness is also noted by the resolution. For example, [Michael Freeland](#) was given six months to live and received his lethal medication. He did not take it and instead received treatment for his depression and pain management. Michael died naturally *two years later* after reuniting with his daughter.
- The resolution explains the problem of the price of lethal drugs being much less costly than palliative care, hospice, or lifesaving treatment, and the financial pressure this creates in end-of-life decision-making. It points out the threat this poses to poor and vulnerable persons. Sadly, this has already occurred in Oregon and the famous cases of [Randy Stroup](#) and [Barbara Wagner](#) speak for themselves. Both were denied chemotherapy for their terminal cancer but were offered funded lethal dosages by Oregon’s version of Medicaid. Signed into law two years ago this month, California’s [“End of Life Option Act”](#) was first introduced during their special session on health care financing. Already in this state, [insurance companies](#) have denied coverage for lifesaving procedures but are *suggesting* assisted suicide, which they do cover. This is a personal aspect of the resolution for [Congressman Wenstrup](#). Twenty-three years ago, his younger sister was diagnosed with leukemia and needed a bone marrow transplant to have a chance at life. Her insurance company initially refused to cover the treatment and agreed to pay for a portion of it only after she appealed. Having paid the remaining balance out of pocket, Rep. Wenstrup’s sister was able to receive the bone marrow transplant and today is perfectly healthy, married, and has two children. Assisted suicide cuts off life and cuts off [cures](#), and the poor are most in danger.
- The resolution describes the difficulty many are facing due to lack of availability of palliative care, hospice, and in-home care and the need for the Federal Government to work to ensure that this care is accessible.

Disability rights and patient rights advocacy organizations have [praised](#) the resolution. Diane Coleman, President/CEO of [Not Dead Yet](#), supported the bill, saying, “As Americans with disabilities, we are on the front lines of the nation's health care system that often devalues old, ill, and disabled people. So we are grateful for this Sense of Congress

that explains the dangers of mistake, coercion, and abuse under a public policy of assisted suicide." [Dr. William F. Toffler](#), an Oregon physician and National Director of [Physicians for Compassionate Care Education Fund](#), aptly noted that, "The solution to suffering is not to end the life of the sufferer; rather society's focus at the end of life should be to alleviate suffering by improving access to hospice and palliative care whenever it is needed."

Decades of assisted suicide in [Oregon](#), not to mention [Europe](#), have demonstrated the abuse, coercion, and dehumanization that come with this practice. Allowing assisted suicide has been shown to negatively affect patients' access to affordable treatment including lifesaving options and much-needed comfort and relief from pain in their final days. States can also use assisted suicide as a means to cut health care costs and even limit population. Despite the overwhelming evidence of the negative effects at the personal and societal level, a [well-funded campaign](#) to spread assisted suicide is relentlessly seeking legal endorsement in state after state. In [six states and D.C.](#), physicians can prescribe patients lethal dosages of medications and are protected by law from a charge of homicide if they claim that the patient consented to having "aid in dying." Yet it is important to note that despite more than 200 state legislative proposals to legalize assisted suicide since 1994, [most attempts have been rejected](#).

Legalizing assisted suicide would introduce serious and unnecessary anxiety into the physician-patient relationship, with patients not knowing if their best interests would be respected. It can leave patients without affordable access to pain management, hospice, and lifesaving treatment. Terminally ill persons can be made to feel as if they are a burden and should choose the "heroic" option and end their lives. The reality is, they have inherent value and dignity, and our country's laws should not send the message that their lives are not worth living. Persons at the end of life deserve access to the best health care – to ease suffering and when possible restore health. Assisted suicide offers none of this. The co-sponsors of this resolution are correct: Americans deserve better.

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