



Physician-Assisted Suicide: It's Not About Autonomy

Supporters of physician-assisted suicide say they are promoting personal autonomy: A freedom to “choose the time and manner of death.” They are only giving people a choice. But that claim falls apart on inspection:

When other people want to kill themselves, we don't offer them “choice.” We provide suicide prevention, whether they ask for it or not. By saving their lives, we uphold their intrinsic worth as human beings – and their opportunity to make future choices.

By offering one class of people suicide “assistance” instead, lawmakers make their own choice that these people are not worth saving from suicide as others are. Society in effect says to vulnerable patients: If and when you ever want to take your own life, please know in advance that we can't think of any reason why you shouldn't. That is not a neutral offer – it places society's thumb on the scale in favor of death.

The way these laws are crafted in Oregon, Washington and other states underscores how the patient's free choice is not their primary concern:

- Although seriously ill patients, like people generally, most often feel suicidal due to depression and similar conditions, about 96% of those receiving lethal drugs never receive a psychological evaluation to detect such conditions that interfere with true voluntary choice.
- Supporters say a request for these drugs is not necessarily a choice for death; many people never ingest them, and the choice whether to take the drugs is made later. But at the time *that* choice is made, there is *no* assessment of depression, voluntariness or coercion, and generally no health professional present.
- Typically, witnesses signing onto the request for these drugs can include an heir to the patient's estate, and an employee of the care facility that may have its own economic incentives.
- In Oregon and California, providers of health coverage are denying payment for potentially life-extending treatments and suggesting assisted suicide instead.
- In the Netherlands and other countries that have accepted this agenda for a longer time, it has become routine to give lethal drugs to patients who never asked for them.

Sources: See documentation on the Oregon and Washington laws, the role of depression, and the move from voluntary to involuntary euthanasia at <http://bit.ly/pasfacts>.