



Physician-Assisted Suicide: It's Not Just About Dying Patients

It is often claimed that assisted suicide can be legalized for patients expected to die in six months, because these people “will die soon anyway.”

This is a remarkable claim. American legal traditions on equal protection have never allowed reducing or withdrawing penalties for helping to cause a person's death because he or she had a short life expectancy. For example, as Justice Thurgood Marshall once said on behalf of a unanimous U.S. Supreme Court, federal law rightly protects terminally ill cancer patients as well as others from drugs not determined by the Food and Drug Administration to be safe. *United States v. Rutherford*, 442 U.S. 544, 555-8 (1979). To say otherwise would undermine these patients' protection even against being killed against their will.

In any case, experience in Oregon and Washington as well as other countries shows that this agenda does not stay confined to those who would “die soon anyway”:

- Even with cancer, medical experts agree that predictions of death within a set time are notoriously unreliable. An expert cited by the Supreme Court even testified that “A patient can be said to be terminal only after he dies.” 442 U.S. at 557 note 14. This is even more true of the heart and lung illnesses, and chronic conditions like Parkinson's disease, that affect a growing percentage of patients dying under these laws.
- In Oregon and Washington, patients who decided not to take the prescribed lethal drugs have lived far longer than the predicted six months. Some who take the drugs do so years *after* they received them based on the prediction that they would die anyway within six months.
- As for those who take the drugs *within* six months, no one will ever know when they would have died – under these laws there is no autopsy, and death certificates are falsified to say that death *was* due to the underlying illness.
- Often these laws are not clearly confined to patients who will die soon even with treatment – and some proposals clearly include patients who will die soon only if left untreated, a far broader category. Many persons with disabilities would be “terminal” if deprived of medical and social support; they are rightly alarmed that they could easily become victims of these policies.
- The availability of assisted suicide has even led the Oregon Health Plan and private insurers to refuse patients' requests for life-extending treatment, offering to cover lethal drugs instead. These patients may well have lived if assisted suicide had *not* emerged as a cheaper substitute for real treatments.
- In countries like the Netherlands and Belgium, assisted suicide and euthanasia have steadily expanded to include people with disabilities, psychiatric patients, and even those who are only “tired of life.”

Sources: See documentation on the Oregon and Washington laws and this agenda's expansion beyond terminal illness at <http://bit.ly/pasfacts>.