

Why the Disability Community Opposes Physician-Assisted Suicide

- 1. People with disabilities already have a hard time accessing healthcare.** Clearly, we face accessibility, transportation, and insurance obstacles. In addition, however, those of us with severe and obvious disabilities are too often thought of by medical practitioners as having reached a final stage, where death might be expected in the near future. Many providers unconsciously believe that our quality of life is not as good as theirs, and that ending our lives could be the compassionate course. The last thing we need is for medical staff to have in the back of their minds, “Maybe it’s time for ‘Aid in Dying.’”
<https://scopeblog.stanford.edu/2017/09/18/barriers-in-health-care-for-people-with-disabilities-its-not-what-you-think/>
- 2. Assisted suicide is a deadly mix with a cost-cutting healthcare system.** Public and private insurers have an incentive to save money by denying treatment, even when it means patients will die sooner. This danger disproportionately affects disabled people, and will increase if assisted suicide becomes legal. It is no coincidence that Barbara Coombs Lee was an executive with a health maintenance organization (HMO) when she drafted Oregon's assisted suicide law.
<https://notdeadyet.org/2019/11/federal-study-finds-qalys-restrict-access-to-lifesaving-healthcare-for-people-with-disabilities.html>
- 3. Most people who ask for assisted suicide are fearful of disability, not pain.** Oregon’s annual data summaries consistently show that less than one-third of people seeking to use the Death with Dignity Act are motivated by pain or even fear of pain. Again in 2019, the overwhelming majority cite as their reasons: being less able to engage in activities that made life enjoyable (90.4%), loss of autonomy (86.7%), and loss of dignity (72.3%). That is where we need to place our healing efforts, not on hastening death.
<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>
- 4. Suicide prevention and suicide assistance cannot exist side-by-side.** By definition, physician-assisted suicide targets old, ill, and disabled people. When young, healthy, non-disabled people say they want to die, society does everything possible to restore their hope. When people with disabilities or terminal illnesses express a wish to die, it is considered a reasonable choice. Passing this legislation would transform that choice into a reality and even an expectation. Assisted suicide is out of step with Connecticut's suicide prevention policies and its tradition as a leader against discrimination.
<https://pdfs.semanticscholar.org/196b/2ab9f5a29e2e41e7958d35c055a26d5f4386.pdf>
- 5. There is no way to restrict the growth of assisted suicide.** Supposedly, assisted suicide legislation applies only to people whose illness is expected to lead to death within six months. Oregon's law makes no distinction between conditions where nothing more

can be done and those that are treatable. Consider people who have insulin-dependent diabetes, HIV/AIDS, or who are otherwise healthy but rely on mechanical ventilation. Without treatment, these conditions soon result in death, qualifying under the law.

<https://drive.google.com/file/d/1xOZfLFrvuQcaZfFudEncp2p2b18NrUo/view>

6. **There is no way to monitor abuse.** Advocates for assisted suicide frequently say the practice has been going on for years without any evidence of abuse. In reality, abuses cannot be found because there is no mechanism for identifying or investigating them. Even Dr. Katrina Hedberg of the Oregon Department of Human Services was quoted in a DHS press release as saying, “We are not given the resources to investigate [assisted-suicide cases] and not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves.” Nevertheless, many questionable practices have come to light. With no witness required at the time of death, there is no way of knowing what happened on that last day. Did the person die voluntarily, or were they threatened or made to feel like a burden to their loved ones and the society?

<https://dredf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/>

Disability rights organizations in opposition to assisted suicide include:

<ul style="list-style-type: none">▪ American Disabled for Attendant Programs Today (ADAPT)▪ Association of Programs for Rural Independent Living (APRIL)▪ Autistic Self Advocacy Network (ASAN)▪ Connecticut Council on Developmental Disabilities▪ Council of Canadians with Disabilities▪ Disability Policy Consortium▪ Disability Rights Education and Defense Fund (DREDF)	<ul style="list-style-type: none">▪ Justice For All (JFA)▪ National Council on Disability (NCD)▪ National Council on Independent Living (NCIL)▪ Not Dead Yet (NDY)▪ Not Dead Yet UK campaign▪ TASH▪ United Spinal▪ The World Association of Persons with Disabilities (WAPD)▪ The World Institute on Disability (WID)
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AT FIRST GLANCE, ASSISTED SUICIDE MAY LOOK LIKE A GOOD IDEA, BUT ON SECOND THOUGHT, IT’S BAD PUBLIC POLICY.

To learn more, go to <http://www.notdeadyet.org/assisted-suicide-talking-points>
<http://dredf.org/public-policy/assisted-suicide/>

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