HEALTH & SCIENCE

Doctor-Presubscribed Suicide

Jason Negri, M.S., J.D., of the Patients' Rights Council, recommends that the term Doctor-Prescribed Suicide be used instead of Physician-Assisted Suicide or Medical-Aid-in-Dying, as it more accurately describes the process. His seminar on May 21st sponsored by the Long Island Coalition for Life Educational Trust was extremely informative.

One of the most glaring misunderstandings is that a patient takes "a pill" and slips away peacefully. However, a massive dose of drugs is required – 90 to 100 pills. A doctor writes the prescription, but is not usually present when the individual ingests the pills. A therapeutic dosage for Seconal or Nembutal (barbituates) is 100 -200mg. A doctor-prescribed suicide dose is 90 to 100 times the usual therapeutic dose – 9000 to 10,000mg. Individuals often require "help" from a family member or friend to complete the process.

Negri warned that the Assisted Suicide/Euthanasia movement in the United States today is similar to the abortion movement pre-Roe (prior to 1973). Prior to the very public assisted suicide of Brittany Maynard in 2014, there were 5 to 8 states a year considering doctor-prescribed suicide. Negri stated that this year there are 28 states with proposed legislation.

Wesley Smith, in the Spring 2017 issue of the Life Legal Defense Foundation's *Lifeline* magazine stated that the "greatest efforts [are] focused in Hawaii, Massachusetts, New York and New Jersey. While this issue mostly plays out at the state level, there is potential for the debate to go federal. In 1997, the United States Supreme Court ruled 9-0 that there is no constitutional right to assisted suicide. I believe advocates would like to try again for an assisted suicide *Roe v. Wade* – such as they recently achieved in Canada – but they would need around twenty states to legalize in order to make another go at it. Opponents of assisted suicide could strike a body blow by amending the Controlled Substances Act to prohibit the use of federally regulated drugs in the intentional ending of life. Indeed, during the Bush years, the Department of Justice interpreted the CSA to that effect, but that interpretation was deemed invalid by the United States Supreme Court, for failure to follow proper administrative procedures. It is worth noting, however, that the Court ruled that Congress *could* pass such a prohibition. Perhaps some intrepid congressperson or senator will take up that important cause."

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, reported at LifeNews.com (6/5/17) on a Canadian study that examined the reasons behind euthanasia cases in four major hospitals in the Toronto area. "The results of the study demonstrate that the main factor behind euthanasia deaths relates to existential distress. Indeed, the primary reason given by patients concerned the loss of autonomy – and not the unbearable pain that was conveniently sold to us from the beginning. Other reasons included fear of becoming a burden to those around them, fear of losing one's dignity, or the fact of no longer appreciating one's life. In other words, the Canadian picture continues a portrait well known in other parts of the world, in which the same motives are evoked to request assisted suicide. This pattern also confirms what we already knew: euthanasia is primarily a question of how we relate to others and how society views vulnerable people. Moreover, when loss of autonomy is evoked as an indignity that deserves death, we should first see it as a petty social judgment that affects all persons who suffer from a disability or a serious illness. Furthermore, we have the duty to fight this pernicious and intolerable verdict."

Margaret Somerville reported at MercatorNet.com (5/22/17) that Dutch professor Dr. Theo Boer, a former member of one of Holland's five Euthanasia Regional Review Committees (2005-2014) will soon publish a study which shows, in Boer's words, "the assumption that euthanasia will lead to lower suicide rates finds no support in the numbers. The percentage of euthanasia deaths of the total mortality rate tripled from 1.3% in 2002 to 4.08% in 2016. During that same period, the suicide numbers did not go down: From being 1,567 in 2002, they went up to 1,871 in 2015, a rise of 19.4%. The suicide rates reached a relative low of 1,353 in 2007, compared to which the 2015 numbers constitute a rise of 38.3%. This is even more significant given the fact that from 2007 on euthanasia started becoming available to people with chronic diseases – psychiatric diseases, dementia, and others…For the sake of comparison, I have looked at the suicide rates of some countries which are close to the Netherlands in terms of ethnicity, age, religion, and language, but which, with the exception of Belgium, lack the option of euthanasia. If the suicide numbers in the Netherlands have gone up, one would expect, at least a similar increase in the suicide numbers would occur in countries without the option of euthanasia. However… the Netherlands of all countries show the biggest increase in the suicide numbers."

The national disability rights group **Not Dead Yet** countered the recent May 9th Albany lobby day for assisted suicide proponents by wearing hot pink *Not Dead Yet – The Resistance* t-shirts. The Albany Times Union reported "Opponents of aid in dying have said that if legislation is approved, medical research, health care providers and the disabled could be negatively impacted. Opponents also have warned that without proper oversight, there is potential for abuse by those who want to end the burden of caring for a terminally ill loved one." Adam Prizio, manager of governmental affairs for the Center for Disability Rights, and Not Dead Yet's attorney in the friend-of-the-court brief filed in the NY assisted suicide case that was heard in the NYS Court of Appeals in late May stated, "There's no way to open this door just enough. No matter where you open it, some number of people with disabilities will be killed through coercion, through abuse, or through insurance companies trying to save money."

Schadenberg concluded, "In the face of this real ideological scourge, we must continue to promote a benevolent and inclusive vision that values those who are made vulnerable by sickness, old age, or disability by giving them the means to live with dignity and to be accompanied and comforted until their last breath."

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