

The State of Euthanasia and Physician-Assisted Suicide in the U.S.



Credit: David Hills

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Family Research Council
Washington, D.C.
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“Bring out your dead!”
“I’m not dead yet!”



Monty Python and the Holy Grail, 1975
<https://www.youtube.com/watch?v=UPatfgoNBRo>



Judging the Morality of Actions

1. Object Chosen
2. Intention
3. Circumstance

- An act is good when the object, the intention, and the circumstances are *all* good.
- We can never do evil so that good may come out of it.
- One cannot *intend* the death of another in order to alleviate suffering. Death can never be the goal, as this constitutes a grave evil.
- Hippocratic Oath, 4th century B.C.: “Never do harm to anyone. I will give no deadly medicine to anyone if asked, nor suggest any such counsel...”

Euthanasia vs. Physician-Assisted Suicide

An action or omission that of itself or by *intention* causes death in order to alleviate suffering. Both are morally unacceptable. Taking the life of someone or taking one's own life is a grave evil.

Who administers the lethal dose of medication?

- **Euthanasia:** Physician or another third party administers the medication in order to kill the person (Illegal in all 50 states).
- **Physician-Assisted Suicide:** Patient self-administers the medication and determines whether and when to do this in order to kill himself/herself. The physician helps by prescribing or dispensing controlled substances in lethal quantities that hasten death (Legal in 3 states: OR, WA, VT).

Active vs. Passive Euthanasia

- **Active:** The physician or another third party actively does the killing. Death is *intended*.
- **Passive:** The physician or another third party lets the patient die. Death is *intended*.



Voluntary vs. Involuntary Euthanasia

- **Voluntary Euthanasia:** The ending of one life by another at the patient's request.
- **Involuntary Euthanasia:** A physician ending the life of a patient incapable of giving or refusing consent, and thus without his or her consent.

Advance Directives

- **Advance Directive:** A legal document expressing an individual's healthcare decision preferences, to be used in circumstances where he or she becomes incapacitated or unable to make those decisions. Types:
 - **Living Will:** A declaration, signed and witnessed (notarized), instructing physicians and healthcare providers as to what treatments to withhold, withdraw, or provide if the person is in a terminal condition and unable to make the decision to consent to or refuse certain medical treatment.
 - **Durable Power of Attorney for Health Care:** A document, signed and witnessed (notarized), designating an agent to make healthcare decisions for the person if the person is temporarily or permanently unable to do so.
 - **Combination Advance Directive:** Provides a designated agent with specific instructions to follow in making healthcare decisions if the patient is unable to do so.

Proportionate (Ordinary) vs. Disproportionate (Extraordinary) Means

- **Proportionate (Ordinary)**- Offers a reasonable hope of benefit, does not entail an excessive burden or imposes excessive expense on the family or the community.
 - Nutrition and hydration (even artificially) is ordinary and proportionate means of preserving life, and is therefore morally *obligatory*.
 - It always represents a natural means of preserving life, not a medical act. Feeding does not treat a disease. It meets a basic human need. Without hydration and nutrition, a person will die in a short period of time regardless of his or her medical prognosis.
- **Disproportionate (Extraordinary)**- Does not offer a reasonable hope of benefit, entails an excessive burden, or imposes an excessive expense on the family or the community. Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted.

“Persistent Vegetative State” (PVS) Diagnosis

- Back door to removal of nutrition and hydration
- People in the PVS state can reasonably be expected to live indefinitely if given nutrition and hydration. Providing it is an obligation.
- A man, even if seriously ill or lacking his highest functions, is and always will be a man, and retains his human dignity in its fullness.

A study released on Feb. 3, 2014 revealed that some patients who were believed to be in a PVS were actually able to understand and communicate. Through the use of functional magnetic resonance scanning (fMRI), researchers in the United Kingdom estimated that a percentage of those patients suffering from profound brain injuries possessed the capacity to comprehend and communicate in limited ways.



History of Euthanasia/ Assisted-Suicide Movement in the U.S.

- **1938:** Euthanasia Society of America (ESA) was founded in NY. Goal: “Right” to kill “mental defectives” and “incurables”.
- **1939:** ESA made first attempt to legalize euthanasia unsuccessfully.
- **1967:** ESA leaders established the Euthanasia Educational Council.
- **1968 and 1973:** Rev. Walter Sackett introduced unsuccessful “right to die” legislation in FL.
- **1974:** Joseph Fletcher, father of “Situation Ethics”, became president of ESA.
 - Situation Ethics: There are no fixed moral laws. Ethics based on circumstances, not morality.
- **1975:** ESA changed its name to the Society for the Right to Die (SRD).
- **1976:** SRD has 2 groundbreaking successes: CA “Natural Death Act” became law and NJ Supreme Court decided the first “right to die” case, ruling in favor of a “constitutional right to privacy” which includes a patient’s decision.

- **1980:** Hemlock Society was founded by Derek Humphry, who killed his ill wife by poisoning her. Hemlock's goal: to promote death-on-demand without restrictions. Named after the poison, hemlock, which the ancient Greeks used for state-assisted suicide. Humphry wrote a book on his wife's killing, *Jean's Way (1978)*, and another book, *Final Exit (1991)* on how to commit suicide.
- **1980:** The World Federation of Right to Die Societies (WFRTDS) founded.
- **1984:** WFRTDS strategizes ways to get people to accept removal of food and fluids as pathway to "alleviate" suffering through lethal injection.
- **1985:** Second National Voluntary Euthanasia Conference, sponsored by the Hemlock Society.
- **1987:** NJ- Nancy Ellen Jobs killed by dehydration.
- **1989:** Hemlock Society moved from California to Oregon, planning to place a PAS initiative on the Oregon ballot.

- **1990:** Jack Kevorkian hooked up Janet Adkins to his “self-execution machine” in MI, embarked on a killing spree.
- **1990:** U.S. Supreme Court decided its first “right to die” case, Cruzan v. Missouri Dept. of Health.
- **1990:** Congress enacted the “Patient Self-Determination Act” forcing all health care facilities to promote advance directives.
- **1991:** The Society for the Right to Die became “Choice in Dying”.
- **1993:** Compassion in Dying (CID) was founded in WA.
- **1994:** OR “Death with Dignity Act” passed.
- **1994:** Every state has enacted an advance directive- major win for “right to die” movement.
- **1998:** MI passed law making assisted suicide a crime. Others followed suit.
- **1999:** After assisting 130 deaths, Kevorkian was convicted and sentenced to 10-25 years behind bars.

- **2000:** Choice in Dying (ESA, SRD) dissolved and became Partnership for Caring (PFC).
- **2003:** Hemlock Society became End of Life Choices.
- **2004:** In November, Compassion In Dying (now headquartered in Oregon) and End-Of-Life Choices (formerly the Hemlock Society, headquartered in Denver, Colorado) **merged to become Compassion & Choices.**
- **2005:** Terri Schiavo died of dehydration in FL hospice.

(American Life League)

Why the push for Euthanasia and Physician-Assisted Suicide?

- Active interest groups like Compassion & Choices, strategically paving the way at the state level for acceptance of euthanasia and physician-assisted suicide.
- Population Crisis
 - Longer life expectancy
 - Aborted population
 - Declining birth rate
- Disrespect for human life at one stage of human development (unborn) leads to disrespect for human life at other stages of human development (elderly, dying).
 - Common thread: **Vulnerability** of the victims, including persons who are young, disabled, sick, or dying.
- Economic factors

Life Expectancy Increasing

- A child born in 2011 could expect to live 78.7 years, about 30 years longer than a child born in 1900.
- In 2011, persons reaching age 65 had an average life expectancy of an additional 19.2 years.

CDC, National Vitals Statistics Reports

Life Expectancy

Table 22. Life expectancy at birth, at age 65, and at age 75, by sex, race, and Hispanic origin: United States, selected years 1900-2010

Specified age and year	Both sexes	At 65 years		At 75 years	
At birth					
1900 ^{2,3}	47.3	1950 ³	13.9		
1950 ³	68.2	1960 ³	14.3		
1960 ³	69.7	1970.....	15.2		
1970.....	70.8	1975.....	16.1	1980.....	10.4
1975.....	72.6	1980.....	16.4	1981.....	10.6
1980.....	73.7	1981.....	16.6	1982.....	10.7
1981.....	74.1	1982.....	16.8	1983.....	10.6
1982.....	74.5	1983.....	16.7	1984.....	10.7
1983.....	74.6	1984.....	16.8	1985.....	10.6
1984.....	74.7	1985.....	16.7	1986.....	10.7
1985.....	74.7	1986.....	16.8	1987.....	10.7
1986.....	74.7	1987.....	16.9	1988.....	10.6
1987.....	74.9	1988.....	16.9	1989.....	10.9
1988.....	74.9	1989.....	17.1	1990.....	10.9
1989.....	75.1	1990.....	17.2		
1990.....	75.4	1991.....	17.4	1991.....	11.1
1991.....	75.5	1992.....	17.5	1992.....	11.2
1992.....	75.8	1993.....	17.3	1993.....	10.9
1993.....	75.5	1994.....	17.4	1994.....	11.0
1994.....	75.7				
		1995.....	17.4	1995.....	11.0
1995.....	75.8	1996.....	17.5	1996.....	11.1
1996.....	76.1	1997.....	17.7	1997.....	11.2
1997.....	76.5	1998.....	17.8	1998.....	11.3
1998.....	76.7	1999.....	17.7	1999.....	11.2
1999.....	76.7				
		2000.....	17.6	2000.....	11.0
2000.....	76.8	2001.....	17.9	2001.....	11.2
2001.....	77.0	2002.....	17.9	2002.....	11.2
2002.....	77.0	2003.....	18.1	2003.....	11.3
2003.....	77.2	2004.....	18.4	2004.....	11.5
2004.....	77.6	2005.....	18.4	2005.....	11.5
2005.....	77.6	2006.....	18.7	2006.....	11.7
2006.....	77.8	2007.....	18.8	2007.....	11.9
2007.....	78.1	2008.....	18.8	2008.....	11.8
2008.....	78.2	2009.....	19.1	2009.....	12.1
2009.....	78.5	2010.....	19.1	2010.....	12.1
2010.....	78.7				

Life Expectancy Increasing

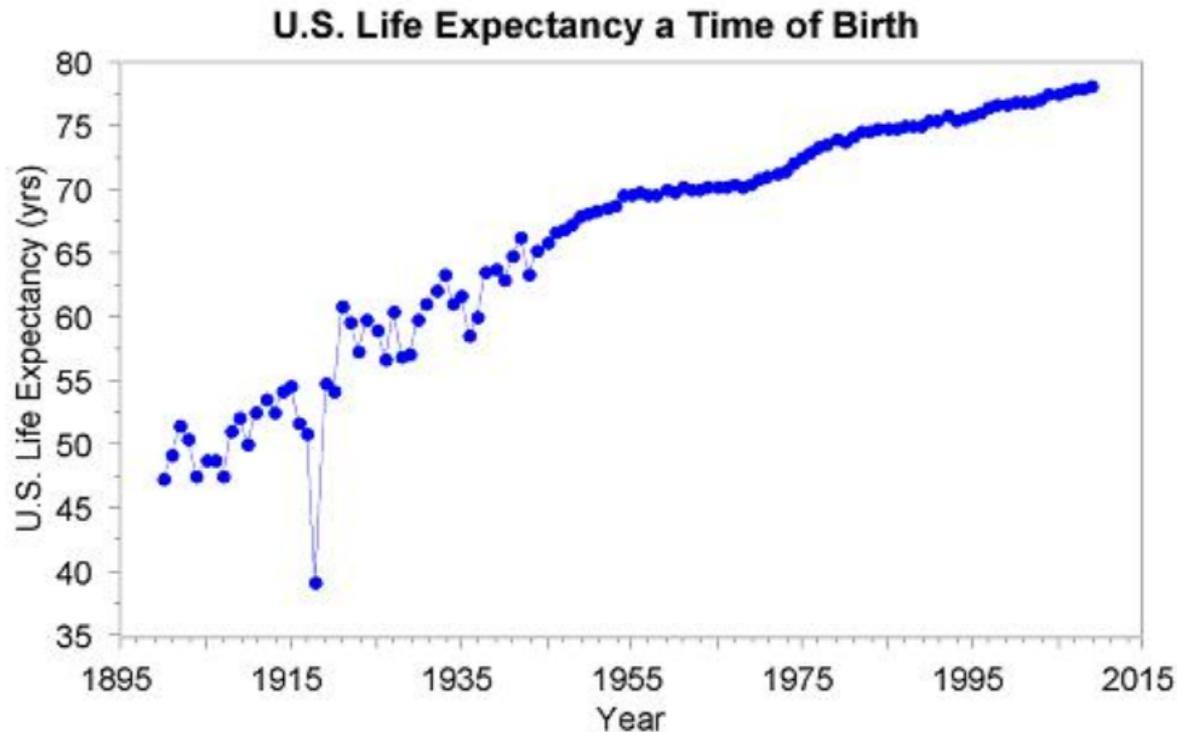


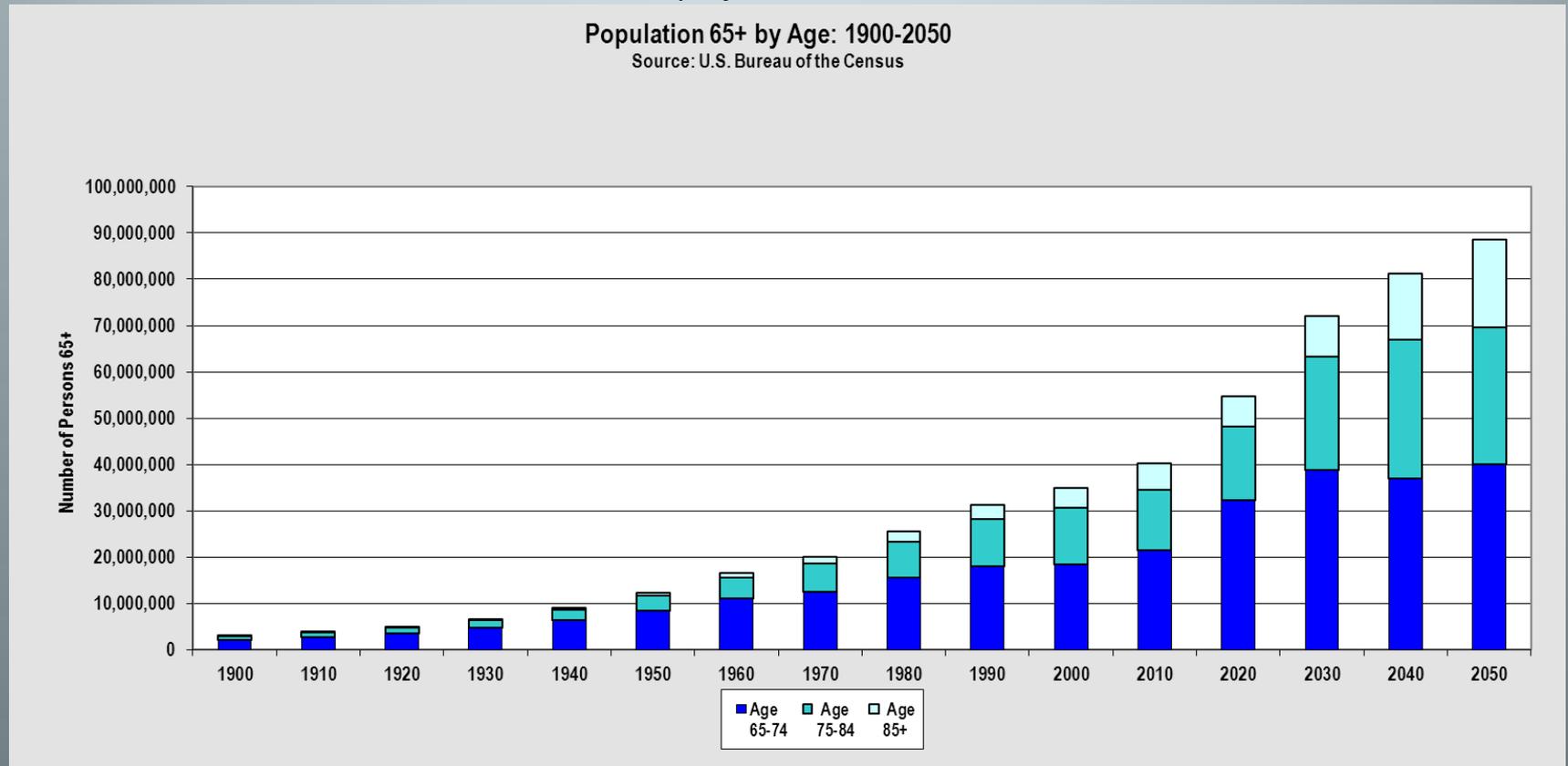
Figure 1. Life expectancy at birth in the U.S., 1900–2009 (source: [Centers for Disease Control](#))

Population Crisis: Aging Population in the U.S.

- Since 1900, the percentage of Americans 65+ has more than **tripled** (from 4.1% in 1900 to 13.7% in 2012), and the number has increased over **thirteen times** (from 3.1 million to 43.1 million). The older population itself is increasingly older. In 2012, the 65-74 age group (24 million) was more than **10 times larger** than in 1900; the 75-84 group (13.3 million) was **17 times larger** and the 85+ group (5.9 million) was 48 times larger.
- People 65+ represented 12.4% of the population in the year 2000 but are expected to grow to be 19% of the population by 2030.
- The population 65 and over has increased from 35.5 million in 2002 to 43.1 million in 2012 (a 21% increase) and is projected to increase to 79.7 million in 2040.
- The 85+ population is projected to increase from 5.9 million in 2012 to 14.1 million in 2040.
- About one in every seven, or 13.7%, of the population is an older American.
- Baby boomers are between 50-68 years old in 2014.

Chart of Population 65 and over by age: 1900 to 2050

This chart shows the large increases in the population 65 and older from 3.1 million people in 1900 to 35 million in 2000 and projected to 72 million in 2030.



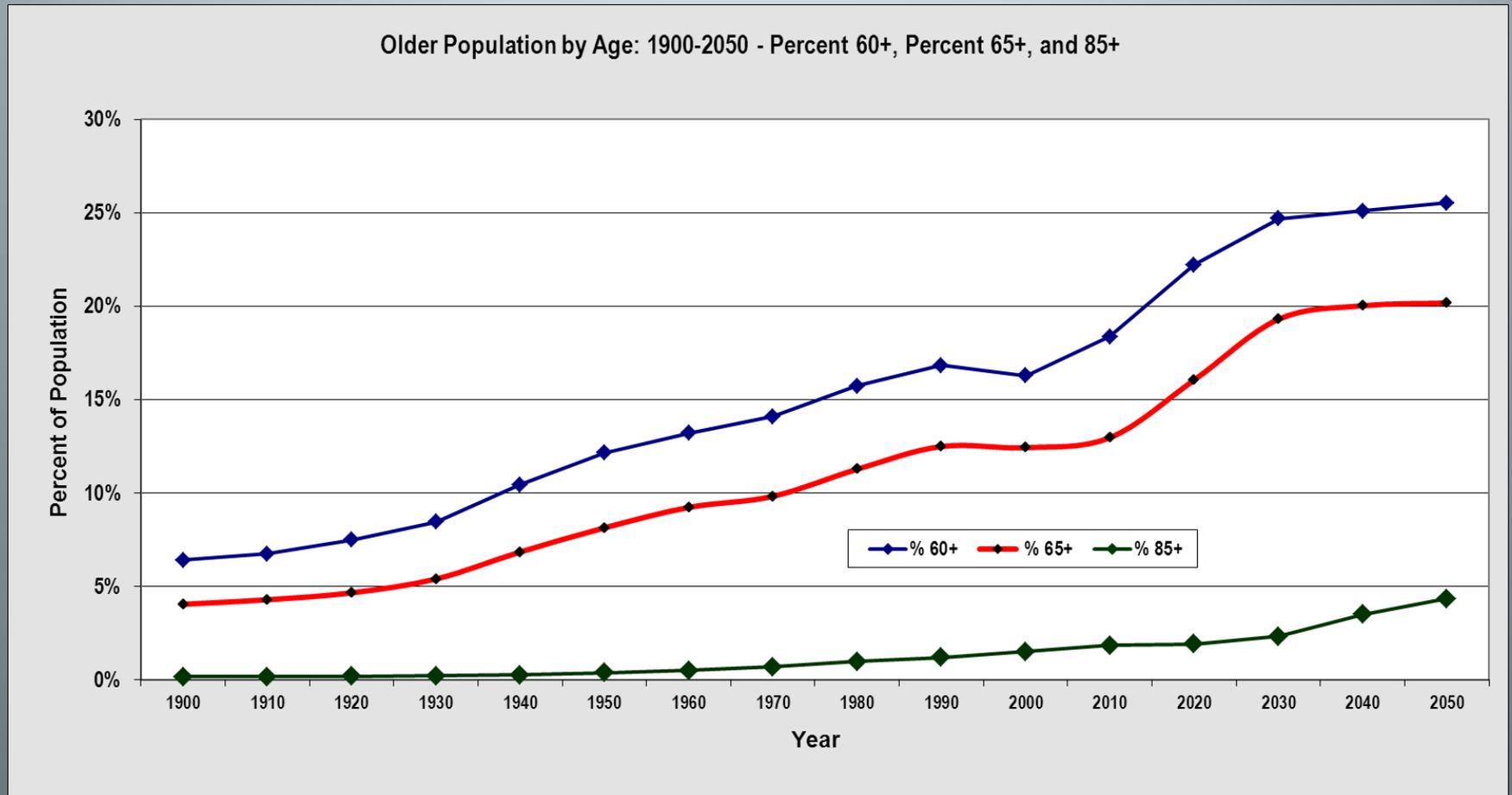
Sources:

Projections for 2010 through 2050 are from: Table 12. Projections of the Population by Age and Sex for the United States: 2010 to 2050 (NP2008-T12), Population Division, U.S. Census Bureau; Release Date: August 14, 2008

The source of the data for 1900 to 2000 is Table 5. Population by Age and Sex for the United States: 1900 to 2000, Part A. Number, Hobbs, Frank and Nicole Stoops, U.S. Census Bureau, Census 2000 Special Reports, Series CENSR-4, Demographic Trends in the 20th Century.

This table was compiled by the U.S. Administration on Aging using the Census data noted.

Chart of Percent of Population aged 60 and over, 65 and over, and 85 and over: 1900 to 2050



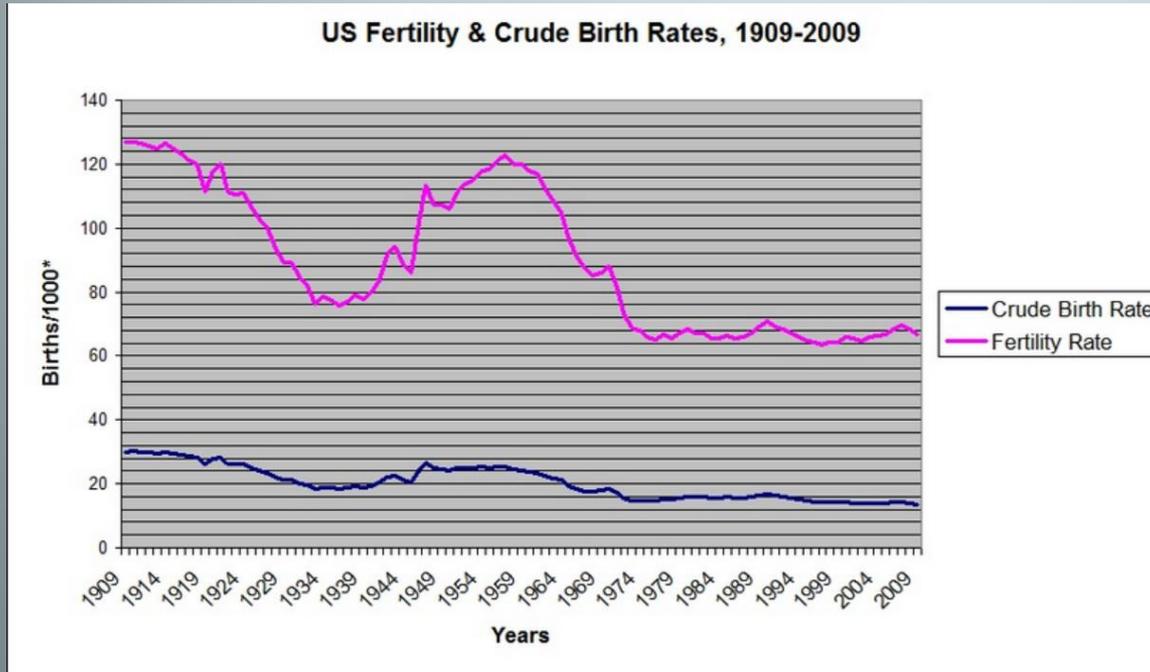
This table was compiled by the U.S. Administration on Aging using the Census data noted.

Toll of Legalized Abortion

- U.S. Deaths by abortion since 1973: 56 million
- Over 3,000 abortions per day in the U.S.
- Abortion causally reduces births by around 10%.
- Approximately 1/3 of aborted children would be present today had abortion not been legalized.
- Abortion causes a loss of between \$70 billion and \$135 billion of economic activity (valued work) each year in the United States.

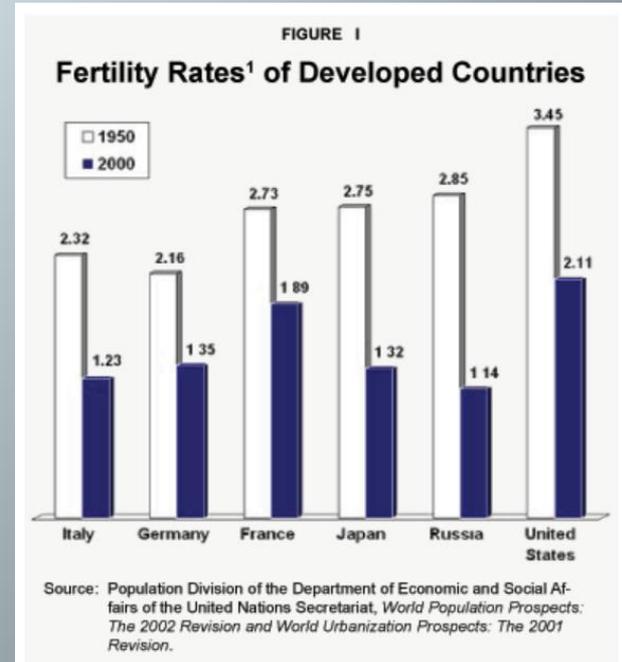
(MARRI Institute)

Abortion and Contraception: Decreasing Fertility Rates



*The crude birth rate records the number of births / 1,000 people in the population, and the fertility rate records the number of births / 1,000 fertile women (ages 15-44)

Data Source: CDC, <http://www.cdc.gov/nchs/products/vsus.htm> "Vital Statistics of the United States, 2003, Volume I, Natality", Table 1-1-Live Births, Birth Rates, and Fertility Rates, by Race: United States, 1909-2003; CDC, Births: Final Data for 2007, NVSR 58.24, Table 1-Live Births, Birth Rates, and Fertility Rates, by Race: United States, specified years 1940-55 and each year 1960-2007; CDC, Birth, Marriages, Divorces and Deaths: Provisional Data for 2009 (including 2008), p. 1.



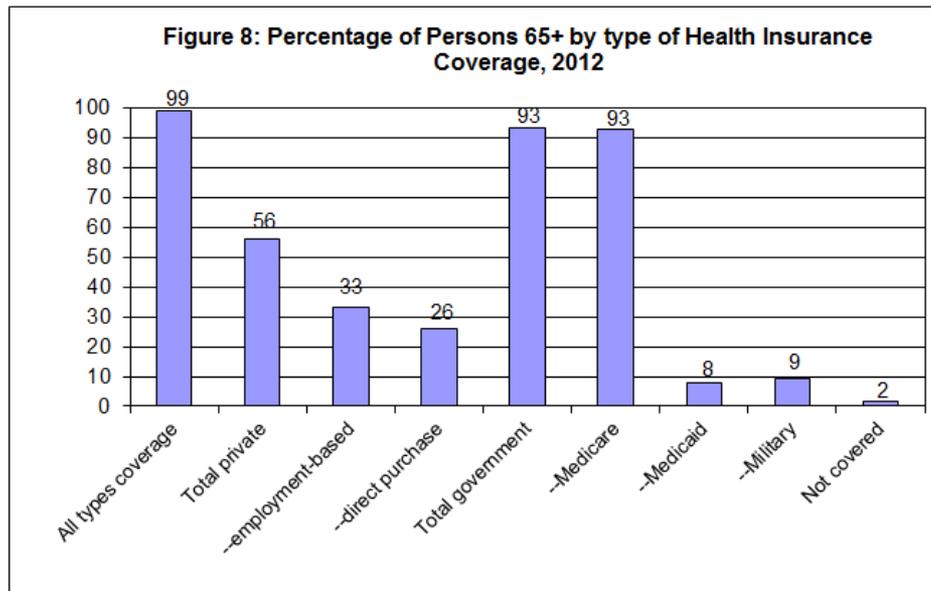
Fertility rates fell more rapidly from 2007 through 2009 than for any 2-year period in more than 30 years.

- From 2007 through 2009, the fertility rate fell 4 percent from 69.5 to 66.7 births per 1,000 women aged 15-44.

Economic Factors

Health Insurance Coverage

In 2012, almost all (93%) non-institutionalized persons 65+ were covered by Medicare. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. About 56% had some type of private health insurance. Almost 9% had military-based health insurance and 8% of the non-institutionalized elderly were covered by Medicaid (Figure 8). Less than 2% did not have coverage of some kind. About 86% of non-institutionalized Medicare beneficiaries in 2009 had some type of supplementary coverage. Among Medicare beneficiaries residing in nursing homes in 2010, almost half (49%) were covered by Medicaid.



Note: Figure 8 data are for the non-institutionalized elderly. A person can be represented in more than one category.

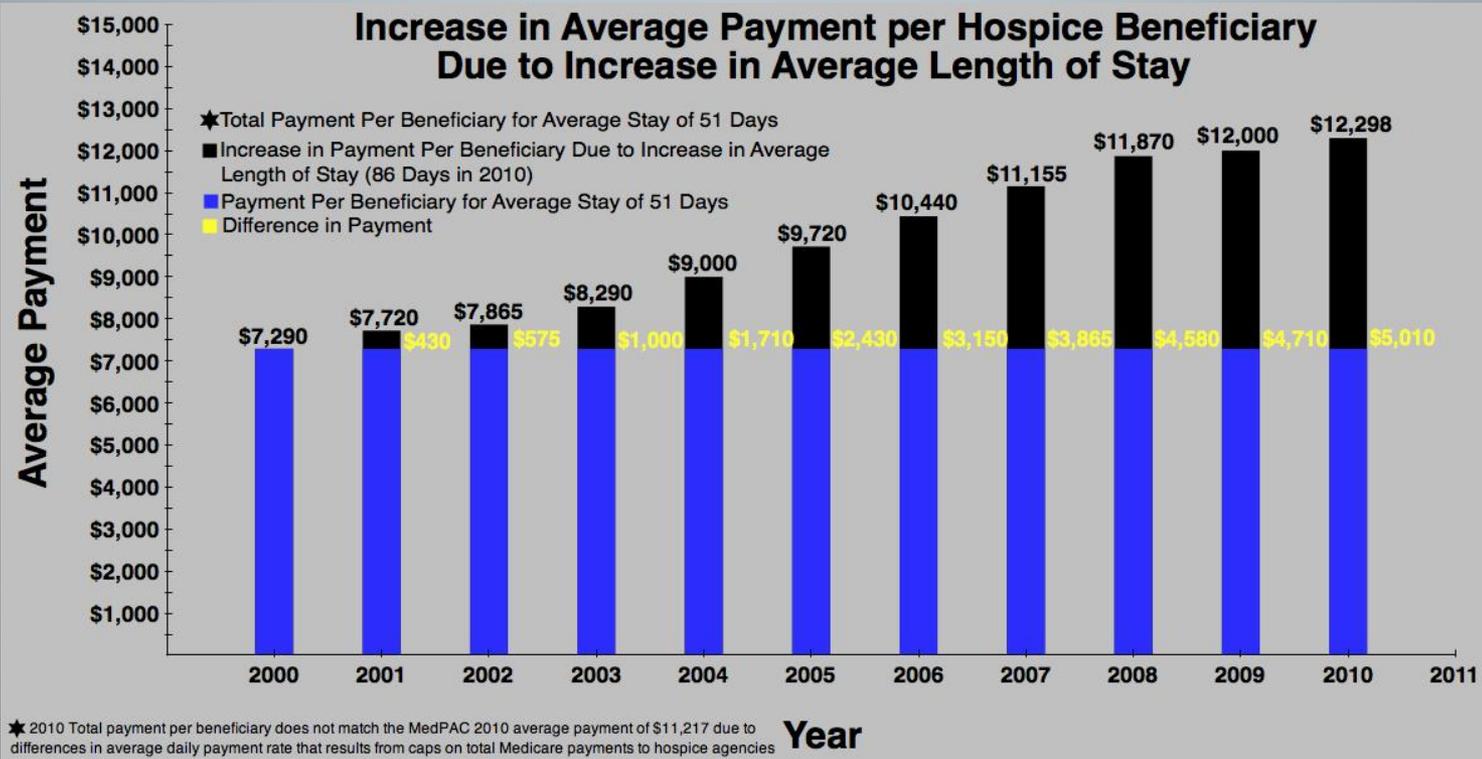
Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Sources: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey; U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement; and "Income, Poverty, and Health Insurance Coverage in the United States: 2012," P60 245, issued September, 2013.

- The major sources of income as reported by older persons in 2011 were Social Security (reported by 86% of older persons), income from assets (reported by 52%), private pensions (reported by 27%), government employee pensions (reported by 15%), and earnings (reported by 28%).
- The median income of older persons in 2012 was \$27,612 for males and \$16,040 for females.

Increased Healthcare Costs

- 90% of healthcare costs are incurred in the last 6 months of life.
- Medicare spending on hospice has increased at a staggering average rate of 17 percent per year, totaling \$13 billion for just 1.2 million patients in 2010, up from the 513,000 patients it served and \$2.9 billion it cost in 2000.



Health Care Rationing:

- Programs established under Obamacare:
 - **Independent Payment Advisory Board (IPAB)**- a 15 member board of unelected and unaccountable bureaucrats tasked with making cuts to insurance reimbursement, resulting in restricting access to health care for America's seniors who use Medicare. 230 co-sponsors and more than 390 groups have asked that IPAB be repealed. Will cut half a trillion dollars for Medicare over a decade.
 - **Medicare limits**- Senior citizens will not be able to make up for the Medicare shortfall with private funds to get health insurance in Medicare Advantage, thus limiting access to treatments that could save their lives.
 - **Patient-Centered Outcomes Research Institute (PCORI)**- 19 member board tasked with examining "relative health outcomes, clinical effectiveness, and appropriateness" of different medical treatments by evaluating existing studies and conducting its own.

OME SEARCH **The New York Times**

Court Upholds's Affirmative n Supreme Court Hears Arguments in Aereo Case With Sharp Rebuke to Russia, Biden Offers Strong Support to Ukraine Equi Make Clas

We make electricity. Expand to watch video

BUSINESS DAY

Cost of Treatment May Influence Doctors

By ANDREW POLLACK APRIL 17, 2014

EMAIL FACEBOOK TWITTER

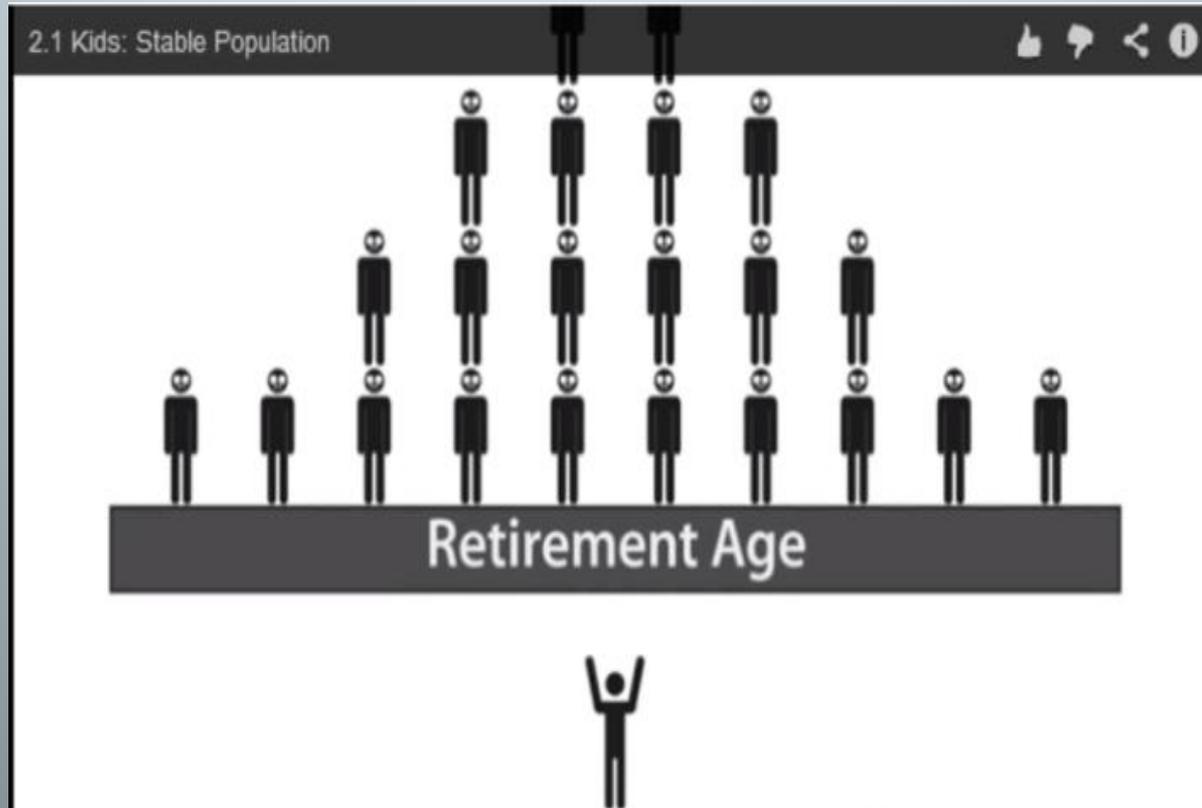
Saying they can no longer ignore the rising prices of health care, some of the most influential medical groups in the nation are recommending that doctors weigh the costs, not just the effectiveness of treatments, as they make decisions about patient care.

•Saying they can no longer ignore the rising prices of health care, some of the most influential medical groups in the nation are recommending that **doctors weigh the costs, not just the effectiveness of treatments, as they make decisions about patient care.**

•The **American College of Cardiology** and the **American Heart Association** recently announced that they would begin to **use cost data to rate the value of treatments** in their joint clinical practice guidelines and performance standards.

- A review last year of clinical guidelines issued by 30 of the largest physician specialty societies found that **17** of them explicitly integrated costs.
- Many medical societies, through **Choosing Wisely**, have submitted lists of the **top five procedures, tests or products to be questioned because they are considered wasteful.**
- The cardiology societies say that the idea that doctors should **ignore costs is unrealistic** because they already have to consider the **financial burden placed on the patient, if not society.** “Protecting patients from financial ruin is fundamental to the precept of ‘do no harm,’ ” the societies wrote.

Result?

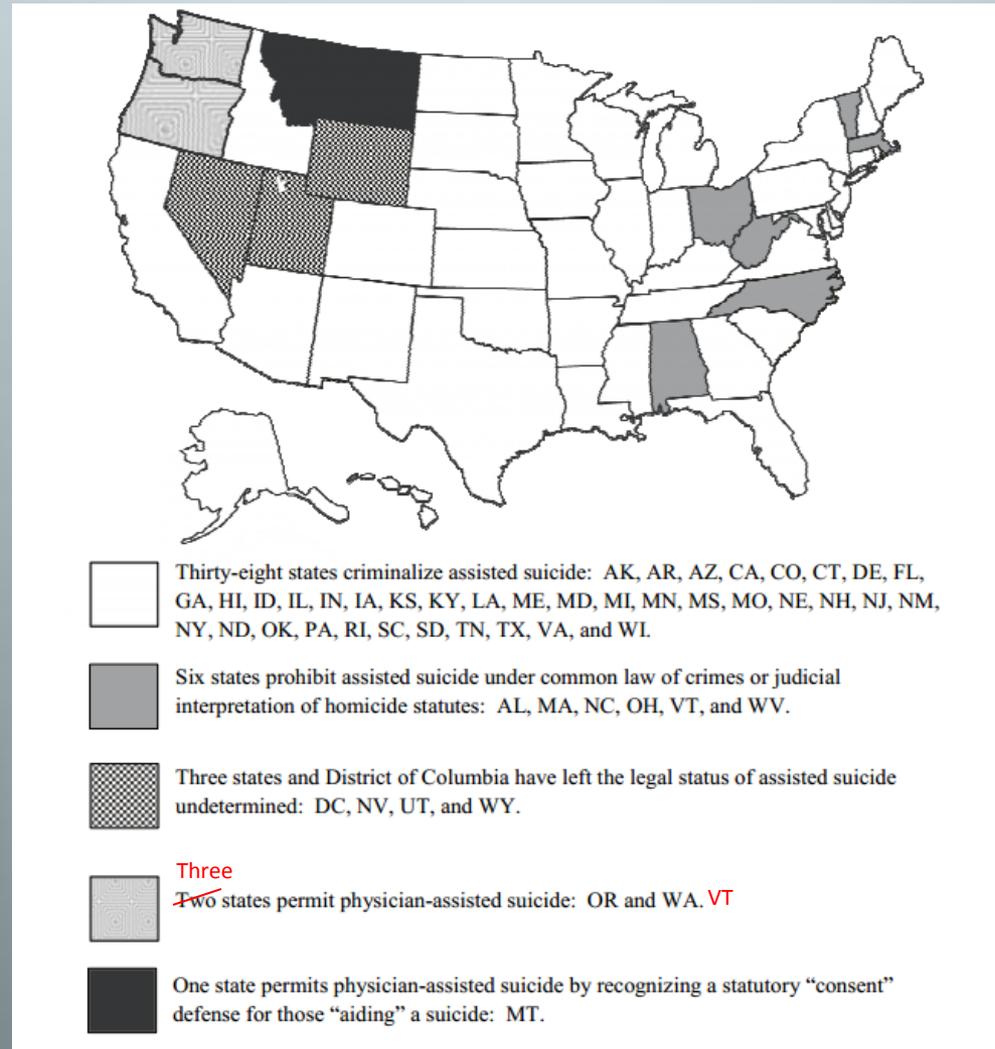


Population Research Institute

State of Euthanasia and Assisted Suicide in the U.S.

- Euthanasia is not legal in any U.S. states
- Assisted suicide is **legal in 3 states**:
 1. **OR**- “Death with Dignity Act”: Passed Nov. 8, 1994, public referendum. First U.S. state to legalize assisted suicide. The law survived an attempted repeal in 1997, which was defeated at the ballot by a 60% vote. In 2005, after several attempts by lawmakers at both the state and federal level to overturn the Oregon law, the Supreme Court of the United States ruled 6-3 to uphold the law after hearing arguments in the case of *Gonzales v. Oregon*.
 2. **WA**- “Washington Death with Dignity Act”: Passed Nov. 4, 2008, public referendum.
 3. **VT**- “End of Life Choices”: Passed May 20, 2013, legislation.

State of Assisted Suicide in the U.S.



Status of Montana

- **MT:** Dec. 31, 2009, Montana Supreme Court in *Baxter v. Montana* (5-4), recognizes a statutory “consent” defense for those aiding a suicide. Assisted suicide is not legal. The court said that if prosecuted the doctor could use the defense of consent. Additionally the doctor has no immunity from civil prosecution. Montana legislature rejected two proposals to legalize assisted-suicide since Baxter; it also rejected two bills.

Assisted Suicide in the U.S.

- Threats:
 - **NJ:** Two companion assisted-suicide bills were introduced in 2013 and died, and were reintroduced in 2014 (A 2270 and S 382). Gov. Chris Christie will oppose the measure as long as he's in office.
 - **CA:** Compassion & Choices launches campaign to legalize assisted suicide in CA.
 - **CO:** Compassion & Choices' Colorado chapter premiered "Letting Go With Dignity." The play's successful run led the group to produce it as a film. Active articles from lobbyists in CO promoting assisted-suicide.
 - **TX:** Natalie Newton, brought national attention to plight of the Newton family's goal to make euthanasia/assisted-suicide legal in TX.
 - **NM:** Although the ruling was appealed, remains a threat.
 - In their 2014 sessions, **6 state legislatures** considered proposals similar to the VT statute.

The “Planned Parenthood” of the Assisted-Suicide Movement:

- Compassion & Choices (based in OR), formerly known as the Hemlock Society, C & C active in: AZ, CA, CO, FL, HI, IL, MD, NM among other states.
- Compassion & Choices has enlisted the help of professional organizers, media strategists and lobbyists to marshal public support in Connecticut for the aid in dying movement. The group has spent \$189,593 on lobbying, including \$65,000 on paid media, over the past 14 months, according to a report filed with the Office of State Ethics.
- Despite failed legislative efforts this year in New Hampshire, Connecticut and Massachusetts, Compassion & Choices, began online advertisements aimed directly at Californians.

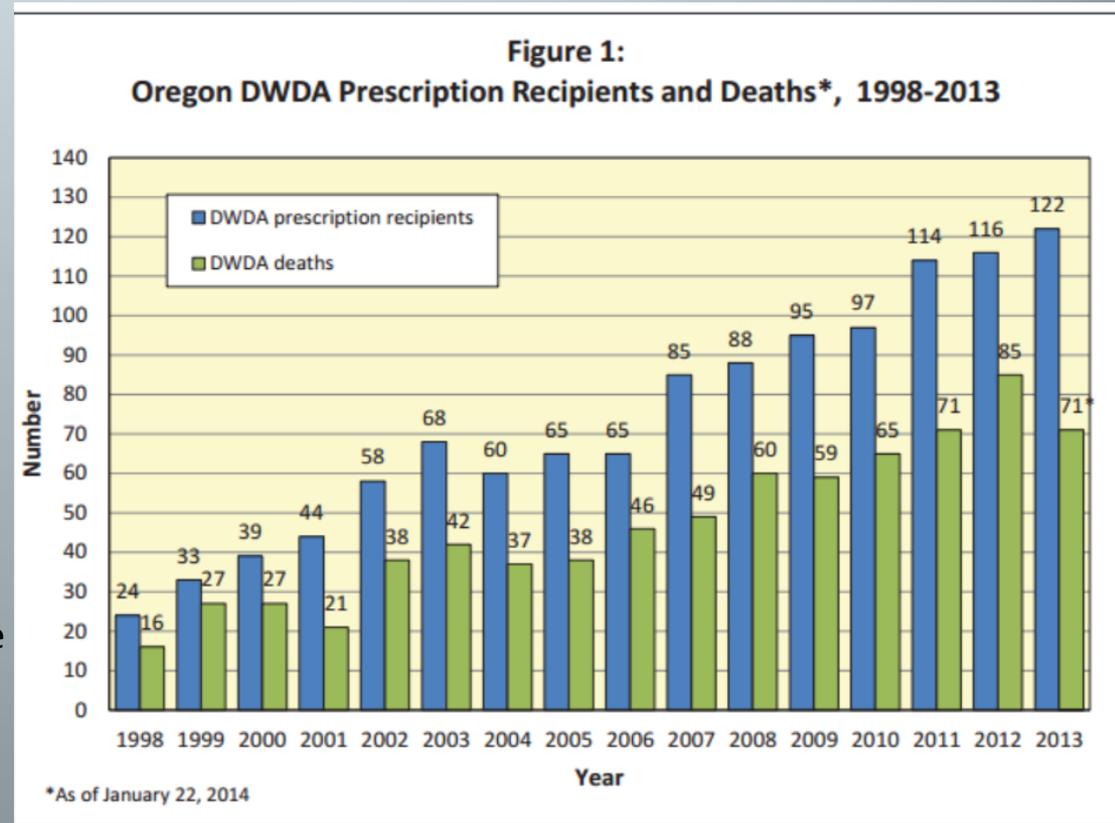


Recent wins against Assisted Suicide

- **CT:** HB 5326- Unlikely to go to a vote this year. On 3/17/14 the CT General Assembly Public Health Committee held a public hearing on HB 5326. Gov. Daniel Malloy is unlikely to support the assisted suicide bill.
- **MA:** HB 1998- defeated
- **NH:** HB 1325- defeated on 3/6/14. The full house bipartisan vote was 219 to 66. Two related bills, HB 1292 (to create a defense for suicide assisters), and HB 1216 (to decriminalize aiding a suicide) were both voted down on 3/5/14.
- **NM:** On March 15, 2012, two doctors filed a challenge to New Mexico's law on assisted suicide in the Second Judicial District Court of New Mexico (*Morris v. New Mexico*), state trial court. On January 13, 2014, New Mexico's Second Judicial Court Judge Nan Nash ruled in favor of the challenge. On March 12, 2014 NM Attorney General Gary King appealed the ruling.

Oregon: Domestic Example of Assisted-Suicide Disaster

- Oregon: Almost 20 years of legalized assisted suicide.
- Allows lethal dose to be administered without oversight.
- 2013 Report:
 - Statistically-consistent with elder abuse.
 - Implies, but can't guarantee that the deaths were voluntary.
 - There were 71 assisted suicide deaths and 122 prescriptions for suicide in 2013.
 - 69% were aged 65 years or older; the median age was 71 years.
 - As in previous years, most were white (94.4%), well-educated (53.3% had at least a baccalaureate degree).
 - In 2013 there was a significant increase (12) in assisted suicide deaths related to "other illnesses." The list of other illnesses includes chronic conditions, such as diabetes.
 - Not limited to terminally ill people.



Oregon: Higher General Suicide Rates

- Oregon's suicide rate has been increasing since 2000.
- Oregon's suicide rate has long outpaced the country. In 2010, the rate was **41% higher than the national average.**
- A CDC report shows suicides among men and women aged 35-64 increased **49% in Oregon** from 1999-2010, compared to **28% nationally.**
- The financial cost is high. In 2010, self-inflicted injury hospitalization costs exceeded \$41 million.

The Slippery Slope is a Reality: Netherlands

- 1 in 30 deaths in Holland are now from euthanasia.
- The Dutch government allows mobile death squads to kill sick and elderly people in their own homes.
- The number of Dutch people killed by medical euthanasia has more than doubled in the 10 years since legislation was changed to permit it, rising 13% in 2012 to 4,188 deaths.
- The rate of euthanasia in the Netherlands has increased by 73% from 2003-2012.
- 3% of deaths in the Netherlands are the result of euthanasia or assisted suicide. Of those, 7% were done *without* the explicit request of the patient. (July 2012- Statline — Dutch Central Bureau of Statistics)
- If you include artificially-induced coma and dehydration, about 13% of all Dutch deaths *involved doctors intentionally ending life*, not including involuntary euthanasia, infanticide, or drug overdose (Wesley Smith, Discovery Institute).

The Slippery Slope is a Reality: Netherlands

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Woman, 70, is given euthanasia after going blind

Monday 07 October 2013

A 70-year-old woman who went blind was helped to die by euthanasia, Trouw reported at the weekend.

It is the first time someone was found to be 'suffering unbearably' purely because of blindness, the paper said. The assisted suicide was found to be in line with government rules by health inspectors, the paper said.

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The rise of Philadelphia's



'You're dying... b****!' Court hears



Will the agony ever end for MH370



Benghazi attack could have been

Mobile death squads to kill sick and elderly in their own homes leads to surge in suicide rates in the Netherlands

- Around 3 per cent of all deaths in the Netherlands are now by euthanasia
- The country last year introduced mobile euthanasia units
- In 2002 it became the first country since Nazi Germany to legalise it

By DAILY MAIL REPORTER

PUBLISHED: 07:16 EST, 24 September 2013 | UPDATED: 13:38 EST, 24 September 2013

WORLD NEWS 02.03.14

The Dutch Debate Doctor-Assisted Suicide For Depression

A controversial new clinic that helps the chronically depressed end their lives has The Netherlands wrestling with state-mandated euthanasia.

In 2001 the Dutch legalized euthanasia. Their law, which went into effect in 2002, allowed doctors to end the lives of their patients in the context of a state health care system that emphasized close consultation with family physicians over many years. The termination of life was supposed to be limited to those with "unbearable and hopeless suffering" whose mental faculties were not impaired and who had no other hope of relief.

The Slippery Slope is a Reality: Netherlands

- Newborn Euthanasia:
 - 22 babies killed, had spina bifida and/or hydrocephalus, as reported to district attorneys' offices in the Netherlands during a 7 year period (not counting the underreporting):

“Given that the national survey indicated that such procedures are performed in 15 to 20 newborns per year, the fact that an average of three cases were reported annually suggests that most cases are simply not being reported.”

The Slippery Slope is a Reality: Belgium

- The Belgian act legalizing euthanasia for competent adults and emancipated minors was passed on May 28, 2002. It went into effect on September 3, 2002.
- 2012 statistics: 32% of the assisted deaths are done without request, and 47% of the assisted deaths go unreported in the Flanders region of Belgium.
- The 2012 euthanasia statistics show that there was a 25% increase in the number of assisted deaths in Belgium.
(Euthanasia Prevention Coalition)
- 75% of Belgians say they are supportive of parents being able to euthanize their sick children without the child's consent.
(Belgian opinion poll)
- On February 13, 2014, Belgium legalized euthanasia by lethal injection for children; signed into law on March 3, 2014 by King Philippe.
- Doctors need to be able to give lethal injections to shorten lives which are no longer worth living, even if the patients have not given their consent. (Statement of the Belgian Society of Intensive Care Medicine, Journal of Critical Care, Feb. 2014)



Ella-Louise Van Roy, 10 months, Belgium, Krabbe disease, palliative sedation, food and water withheld

<http://www.cnn.com/2014/02/13/world/europe/belgium-euthanasia-law-children/>

At-Risk Populations

People who are:

- Elderly
- Sick/Disabled (Terminally ill, Down's Syndrome)
- Newborn/Children
- Lonely/Depressed

- If the 3-13% Dutch death-by-euthanasia rate were to occur in the U.S, 75,000-300,000 Americans would die by legalized medical murders a year. (Wesley Smith, Discovery Institute)

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A tragic end for a tiny child prompts family to campaign for euthanasia

BY LINDSEY BEVER March 28 at 7:07 am



Natalie Newton, 2013

<http://dfw.cbslocal.com/2014/03/25/familys-euthanasia-fight-for-natty/>

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Lydia Lovric: Making dying a little less ugly

NP LYDIA LOVRIC, NATIONAL POST | April 8, 2014 | Last Updated: Apr 7 3:40 PM ET
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Terri Schiavo, 2005

Euphemisms: The Language Wars

- “Physician Aid in Dying” (PAD) vs. Physician Assisted Suicide
- “Right-to-die”
- “Mercy killing”
- “Undue economic burden”
- “Right to death with dignity”
- “Peaceful passing”
- “Family’s emotional being”
- “Angels of mercy”
- “Compassion in dying”
- “End-of-life choices”
- “Merciful release”
- “Protect seriously ill people from intolerable suffering”
- “Quality of life”
- “Compassionate”
- “Dignity in dying”
- “Shortening the dying process”
- “A humane act to accompany the patient at the end of his/her life”
- “Provide yet another option in my own personal healthcare decisions”
- “Compassion and choices”
- “Right to privacy”



Jay Mallin



My Life My Death My Choice

Language Matters

Support for Physician-Assisted Suicide -- Two Question Wordings

(Form A) When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?

(Form B) When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?

	“End the patient’s life by some painless means”	“Assist the patient to commit suicide”
	%	%
Should be allowed	70	51
Should not be allowed	27	45
No opinion	3	4

May 2-7, 2013

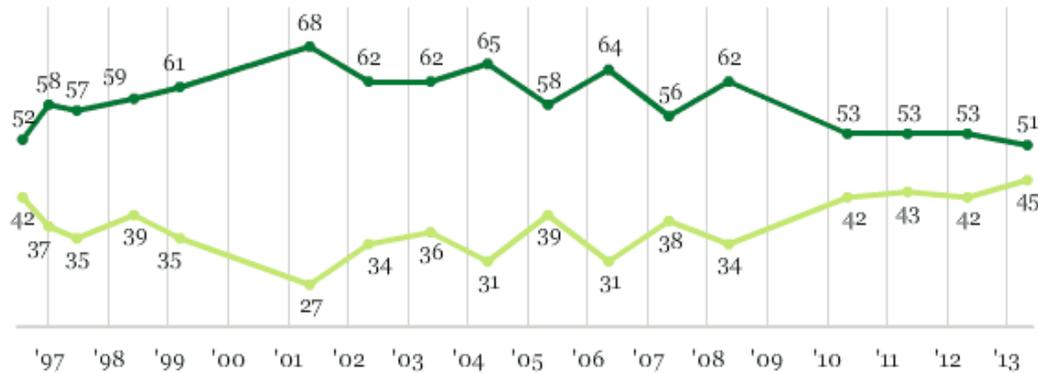
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Language Matters: "Doctor-Assisted Suicide"

Support for Doctor-Assisted "Suicide"

When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?

■ % Should ■ % Should not



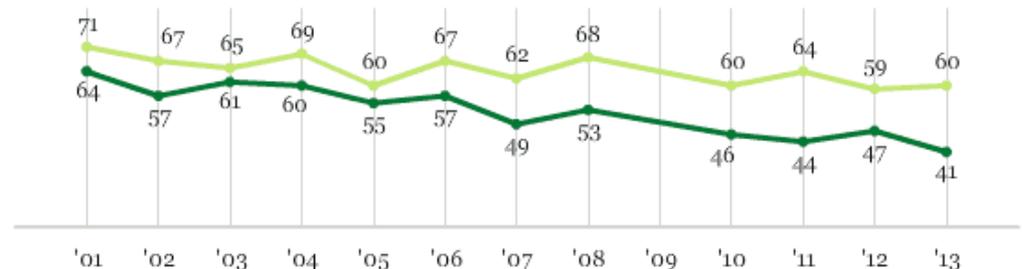
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Party Support for Doctor-Assisted "Suicide"

When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?

% Yes, should be allowed

■ Republican/Lean Republican ■ Democrat/Lean Democratic



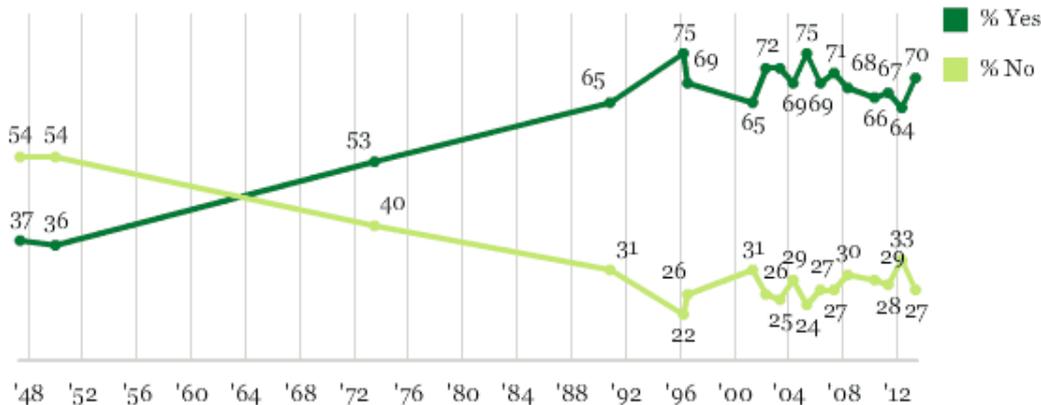
Recent trend, based on annual Gallup Values and Beliefs survey, conducted each May

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Language Matters: "Painless Means"

Support for a Doctor's Ending a Patient's Life "by Some Painless Means"

When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?

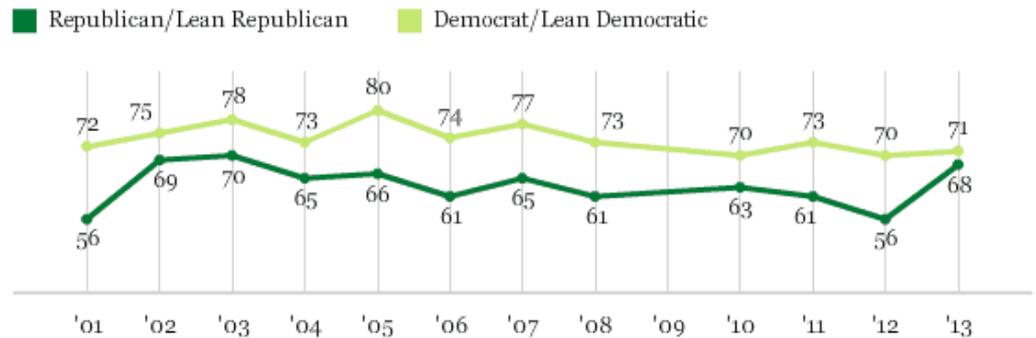


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Party Support for a Doctor's Ending a Patient's Life "by Some Painless Means"

When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?

% Yes, should be allowed



Recent trend, based on annual Gallup Values and Beliefs survey, conducted each May

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Dysthanasia

- Etymologically comes from “dis”, difficult and “thanatos” death. That means “difficult death”.
- Dysthanasia is defined as the undue prolongation of life. It is an abusive use of extraordinary or inappropriate technological means to prolong life.
- Refusal or withdrawal of disproportionate care is not euthanasia/physician-assisted suicide.

Society's social responsibility toward the sick, the elderly, and the dying

- Respect for the human dignity at all stages and conditions of life including sick, elderly, and dying persons.
- Accepting suffering as an element of the human condition, while alleviating or suppressing pain with medication when possible.
- Caring even when one cannot cure. Provide basic health care including nutrition, hydration, cleanliness, warmth, etc.
- Never intend the death of anyone.
- **Palliative care:** an approach to medicine that emphasizes pain relief, symptom control, and spiritual and emotional care for dying persons and their families.
- Always provide nutrition and hydration.
- **Hospice care:** support and care for persons in the last phase of an incurable disease so that they may live as fully and as comfortably as possible.
- Improve end-of-life conditions.
- **Palliative sedation:** controlled administration of sedatives to a terminally ill patient whose death is imminent (days to weeks) to the minimum extent necessary to render intolerable pain, which cannot be otherwise relieved, tolerable. While palliative sedation may render the patient unconscious, that is not the intent. Properly administered, palliative sedation does not cause death.
- Euthanasia and physician-assisted suicide is an offense against the dignity of the human person, a crime against life, and an attack on humanity.



Does anyone have a “right” to die?

- Natural law inclines us to preserve and perpetuate life. It is written upon the human heart.
- God alone is the author of life.
- We have a duty to preserve our life and the lives of others.
- We are *stewards*, not owners, of life.
- Life is not ours to dispose of.
- Killing is contrary to the just love of self and of others.

Orthonasia

- Orthonasia means correct dying. Greek *orthos* “straight” and *thanatos* “death.”
- It is allowing to die. Human life must be protected and even dutifully prolonged but should not be unduly or uselessly prolonged using disproportionate means. It is vital to make a difference between allowing death to occur without intending it and intending death.
- Integration of healthy outlooks toward death, such that death is a component of life.
- Acceptance of the human condition.



Call to Action

- Pray.
- Treat the elderly, sick, and dying persons in your life with the utmost dignity.
- Stay informed.
- Become active in your state. Educate others on the dangers of euthanasia and physician-assisted suicide. Bring information to your church, schools, and civic groups.
- Take a vocal stance in the public square in affirming the dignity of every human life and defending against the introduction of pro-assisted suicide bills. Tell your state legislature, local newspaper, church, etc. why euthanasia/assisted-suicide is not the answer.
- Monitor lobbying efforts in your state of groups such as Compassion & Choices and other pro-assisted suicide interest groups.
- Form a state coalition to educate others and fight pro-assisted suicide efforts in your state.
- Volunteer at hospitals, hospices and other places that take care of elderly, sick and dying persons.