



Assisted Suicide: An Explainer

by Mary Szoch, M.Ed.

What Is Assisted Suicide?

In the United States, assisted suicide allows a patient with a six-month terminal diagnosis to request and ingest legally prescribed medication for the explicit purpose of ending their own life.

Moral Problems with Assisted Suicide

- God is the author of life, and only He has the authority to give or take life.
- Assisted suicide is a grave offense against human freedom and dignity because it devalues life.
- Facilitating and hastening the death of a sick person implies that some lives are not worth living. This mindset will ultimately lead to an overall loss of respect for life.
- Assisted suicide is a form of misguided compassion. It eliminates the sufferer and the need to care for that person instead of offering true compassion, which means “to suffer with.”
- Each of us has a responsibility to foster a culture of life. Assisted suicide rejects the idea that life is good and a gift from God. Assisted suicide promotes a culture of death and leads others to choose the option of death.

This report can be read online at frc.org/assistedsuicide

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Problems with Assisted Suicide Legislation

There are numerous flaws with assisted suicide legislation,¹ including:

- It ignores the dignity of the human person by creating criteria for lives being worthy of life.
- There is no mental health evaluation requirement.
- There are no safeguards against coercion.
- It is impossible to accurately diagnose life expectancy.
- There is no family notification requirement.
- There is no witness at the time of ingestion requirement.
- There is no tracking of the lethal drugs that are used.
- The death certificate will list the illness, not assisted suicide, as the cause of death.
- It causes a doctor to contradict the Hippocratic Oath's charge to "do no harm."

Why Do People Choose Assisted Suicide?

The top five stated reasons² for choosing assisted suicide are:

- The inability to engage in activities that make life enjoyable
- The loss of autonomy
- The loss of dignity
- The feeling of being a burden on family, friends, or caregivers
- Loss of control of bodily functions

Notably, pain is not one of the top five reasons people choose assisted suicide.

How Does Assisted Suicide Prevent People from Getting the Mental Health Support They Need?

Medical literature suggests that 25 to 77 percent of patients with terminal illnesses suffer from major depression.³ Yet, in Oregon, where assisted suicide has been legal since 1998, only four percent of patients who chose assisted suicide were referred for psychiatric evaluation.⁴ Tragically, instead of receiving the help they need, patients are offered the option to kill themselves.

How Does Assisted Suicide Impact People with Disabilities?

Not everyone who lives with a disability has a terminal illness, but at some point, everyone who has a terminal illness will experience some form of disability. People are not choosing to end their lives because of their terminal illness but because of the disabilities caused by their terminal illness. Legalizing assisted suicide sends the message that a life with disability is a life not worth living.⁵

How Does Assisted Suicide Impact Those with Disparate Access to Health Care?

Assisted suicide legislation allows insurance companies to choose to cover the cheapest option, lethal drugs, instead of actual care.

In both Oregon and California, two states where assisted suicide has been legal for over five years, patients who would not have been terminal had they received medical care have been refused treatment and instead offered assisted suicide drugs.⁶

What Impact Does Assisted Suicide Have on Overall Suicide Rates?

The legalization of assisted suicide attempts to normalize and affirm the suicide of patients with terminal illnesses; however, it has the unintended consequence of normalizing and affirming suicide itself. From 1999-2010, the Centers for Disease Control found a 49 percent increase in the suicide rate in Oregon (the first state to legalize assisted suicide), as opposed to a 28 percent increase nationally.⁷

What Does True Compassion at the End of Life Require?

True compassion, especially for those dying with intense suffering, requires embracing a path of love, companionship, and mercy while offering patients the support and medical services necessary to ease physical, emotional, and spiritual suffering. At the heart of this approach must be a recognition of unconditional respect for the dignity of the human person.

Respect for life does not require that a person undergo overly burdensome treatments that merely prolong life with little or no benefits. Weighing the burden and benefit of treatment is incredibly challenging and should be done in consultation with a medical professional and a pastor or religious leader.

Respect for life does not mean depriving a person of needed pain medication out of a fear of shortening life. If the intended purpose of the pain medication is to alleviate pain, it is permissible, even if it has the unintended consequence of shortening a person's life. Palliative care, which is specialized care for people living with a serious illness (often including pain management), is an important component of alleviating suffering.⁸ Hospice care, which focuses on providing comfort for a patient who is likely to die within six months, is also an important resource for patients facing the end of their lives.⁹

Providing spiritual resources for a dying person is an essential part of true compassion at the end of life. People should consider discussing these topics with a pastor or religious leader.

Where Can I Find More Resources?

For more information on how you can oppose assisted suicide legislation in your state, visit:

patientsrightsaction.org

epcc.ca

usc.cb.org/prolife/assisted-suicide

notdeadyet.org

If you or someone you know is in crisis, call the National Suicide Prevention Lifeline at 1-800-273-8255.

Mary Szoch, M.Ed., is Director of the Center for Human Dignity at Family Research Council.

¹ “The Truth about Assisted Suicide: Not as Simple as it Seems,” Patients Rights Action Fund, March 2021, accessed May 3, 2022, <https://patientsrightsaction.org/wp-content/uploads/2021/05/Truth-Infographic-2021-K.pdf?bcs-agent-scanner=723cd535-791b-df47-bf92-5c34bcbdf85f>.

² “Oregon Death with Dignity Act,” Oregon Health Authority Public Health Division, Center for Health Statistics, February 26, 2021, accessed May 3, 2022, <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year23.pdf?bcs-agent-scanner=a292c6fb-948d-d240-bb97-0f28424b39b8>.

³ Robert L. Fine, MD, “Depression, anxiety, and delirium in the terminally ill patient,” *Baylor University Medical Center Proceedings*, vol. 14, 2 (2001): 130-3, accessed May 3, 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1291326/#:~:text=The%20medical%20literature%20suggests%20that,a%20cause%20of%20intense%20suffering>.

⁴ “Seven Important Reasons to Oppose Assisted Suicide Laws,” Patients Rights Action Fund, 2021, accessed May 3, 2022, <https://patientsrightsaction.org/wp-content/uploads/2021/03/PRAF-7-Important-Reasons-Laws.pdf?bcs-agent-scanner=5a44bdf9-1639-1342-a9b3-405e88bda7df>.

⁵ “Who We Are,” Not Dead Yet, accessed May 3, 2022, <https://notdeadyet.org/about>.

⁶ Dr. Brian Callister, “Assisted Suicide: Will insurance companies do the right thing or the cheap thing?,” Patient’s Rights Action Fund, accessed May 3, 2022, <https://patientsrightsaction.org/dr-brian-callisters-story/>.

⁷ “Seven Important Reasons to Oppose Assisted Suicide Laws,” Patients Rights Action Fund, 2021, accessed May 3, 2022, <https://patientsrightsaction.org/wp-content/uploads/2021/03/PRAF-7-Important-Reasons-Laws.pdf?bcs-agent-scanner=5a44bdf9-1639-1342-a9b3-405e88bda7df>.

⁸ “What Are Palliative Care and Hospice Care?” National Institute on Aging, accessed May 3, 2022, <https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care>.

⁹ Ibid.