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## KNOW THE FACTS

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# Physician-Assisted Suicide

Legislation has been introduced in the Maryland General Assembly (**HB 1021/SB 676**) that would allow doctors to legally prescribe a lethal dose of medicine at the request of a patient who has been deemed mentally competent and who has received a terminal diagnosis. The legislation, referred to by its proponents as “death with dignity” is unnecessary, flawed, and lacks safeguards.

### **It’s impossible to accurately predict a terminal diagnosis**

Patients can request physician-assisted suicide if a doctor has diagnosed them with a terminal illness that will result in six months or less to live. Even doctors will admit such a prognosis is nearly impossible to accurately predict.

The inability to accurately predict life expectancy is among the most compelling reasons to oppose physician-assisted suicide. Medical prognoses are based on statistical averages, which are often incorrect in determining what will happen to an individual patient. We all know someone who has outlived their prognoses, sometimes by several years. The widow of Sen. Ted Kennedy, Victoria Reggie Kennedy, publicly opposed a recent statewide referendum in Massachusetts attempting to legalize physician-assisted suicide. While doctors predicted her husband had only two to four months to live, she noted, “Teddy lived 15 more productive months,” giving her and his family “15 months of cherished memories.” (“*Question 2 insults Kennedy’s memory*,” *Cape Cod Times*, Oct. 27, 2012)

### **CALL TO ACTION**

The Maryland Catholic Conference is a member of a broad-based coalition, **Maryland Against Physician Assisted Suicide**, formed to fight this bill.

**[www.StopAssistedSuicideMD.org](http://www.StopAssistedSuicideMD.org)**

Find tools to help defeat this dangerous legislation

**[www.MdCathCon.org/JoinCAN](http://www.MdCathCon.org/JoinCAN)**

Sign up to receive alerts to contact your legislators

### **Patients aren’t required to receive a screening for depression**

The bill does not require doctors to screen patients for depression before providing lethal medication. Mental health professionals argue strongly that the overwhelming number of suicides could have been avoided with the right therapeutic intervention. And, they know that the stress and turmoil caused by difficult medical diagnoses can trigger a depressive episode – a discrete medical condition that can be treated.

The legislation opens the door for those who are suffering from depression – or even those who are overwhelmed for a short period of time – to choose a lethal course of action.

## No family notification is required

While the prescribing physician is required to “recommend” that the patient inform family members of his or her intention, there is nothing in the law requiring this notification. There is also no requirement for a doctor – or anyone for that matter – to be present when the patient takes a lethal prescription. There are no safeguards to ensure that a patient is not coerced at the time of death into ingesting the drug, or even to prevent another person from administering the drug, leaving open serious potential for abuse.

## No doctor or nurse is present

In almost all cases, patients will ingest the lethal dose at home, often alone, without any doctor or nurse with them in case something goes wrong.

## The lethal drugs are picked up at your local pharmacy

Patients pick up their lethal medication at their local pharmacy. In most cases, this medication is up to 100 individual pills of secobarbital.

## Which states currently allow physician-assisted suicide (PAS)?

Since January 1994, there have been more than 140 legislative proposals in 27 states to legalize Oregon-style laws. All but three states, Oregon, Washington and Vermont, have adamantly rejected the legalization of physician assisted suicide. In addition, through judicial processes it is legal in Montana and is before the court in New Mexico.

## Why does the Church oppose PAS?

The Catholic Church teaches that physician-assisted suicide gravely violates the sacred value of all human life, particularly of those who are vulnerable due to illness, age or disability, and undermines the medical profession’s healing mission. “A choice to take one’s life is a supreme contradiction of freedom, a choice to eliminate all choices. And a society that devalues some people’s lives, by hastening and facilitating their deaths, will ultimately lose respect for their other rights and freedoms.” (*To Live Each Day with Dignity, USCCB*)

*There is no human life that is more sacred than another — every human life is sacred — just as there is no human life qualitatively more significant than another.*

**POPE FRANCIS**

*Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.*

**AMERICAN MEDICAL ASSOCIATION**

## What does the Church teach about caring for patients at the end of life?

The Church does teach that we should take reasonable steps to sustain our lives, including the use of beneficial medical treatments, and of effective means for conveying nourishment and fluids.

“Respect for life does not demand that we attempt to prolong life by using medical treatments that are ineffective or unduly burdensome. Nor does it mean we should deprive suffering patients of needed pain medications out of a misplaced or exaggerated fear that they might have the side effect of shortening life.” (*Ibid.*)

## What other groups oppose PAS?

The American Medical Association, the American College of Physicians, the American Nurses Association, the National Hospice & Palliative Care Organization, the National Council on Disability, and numerous other medical, palliative care, and disability organizations oppose physician-assisted suicide.

The National Hospice and Palliative Care Organization, reflecting its members’ extensive experience in caring for patients facing a terminal illness, states: “When symptoms or circumstances become intolerable to a patient, effective therapies are now available to assure relief from almost all forms of distress during the terminal phase of an illness without purposefully hastening death as the means to that end.” (*Commentary and Resolution on Physician Assisted Suicide, NHPCO, 2005*)

## What has Pope Francis said about PAS?

“In many places, the quality of life is related primarily to economic means, to ‘well-being,’ to the beauty and enjoyment of the physical, forgetting other more profound dimensions of existence — interpersonal, spiritual and religious. In fact, in the light of faith and right reason, human life is always sacred and always ‘of quality.’ There is no human life that is more sacred than another — every human life is sacred — just as there is no human life qualitatively more significant than another, only by virtue of resources, rights, great social and economic opportunities.” (*Translated from Pope Francis’ speech to the Association of Italian Catholic Doctors on November 15, 2014*)

