

## **Disability Rights Advocates Urge Physicians To Maintain Opposition to Assisted Suicide**

### **WHY DO DISABILITY RIGHTS ADVOCATES OPPOSE ASSISTED SUICIDE?**

Advocates for physician-assisted suicide commonly cite the fear of unbearable pain and suffering at the end of life as justification for changing the law, **but it is the disabling aspects of terminality that are the movement's fuel.**

The top five reasons that Oregon doctors report patients requesting suicide all relate to the perceived **quality of life** -- not the conditions of actual dying -- of the patient. In order, the reasons listed are the "loss of autonomy" (89.9%), "less able to engage in activities" (87.4%), "loss of dignity" (83.8%), "loss of control of bodily functions" (58.7%) and "feelings of being a burden" (38.3%). (Death With Dignity Act Annual Reports, <http://www.oregon.gov/DHS/ph/pas/docs/yr11-tbl-1.pdf>).

It is well documented that the six month prediction called for in the Oregon and Washington laws is unreliable. The Oregon Reports demonstrate that some people who received prescriptions were not terminal (i.e. lived longer than six months, as long as 1009 days or nearly three years).

Dignity is not something people need to die for: In a society that prizes physical ability and stigmatizes impairments, it's no surprise that previously able-bodied people may tend to equate disability with loss of dignity. This reflects the prevalent but insulting societal judgment that people who deal with incontinence and other losses in bodily function are lacking dignity. People with disabilities are concerned that these psycho-social disability-related factors have become widely accepted as sufficient justification for assisted suicide.

Suicide v. Assisted Suicide: It should be noted that suicide, as a solitary act, is not illegal in any state. Disability concerns are focused on the systemic implications of adding *assisted* suicide to the list of "medical treatment options" available to seriously ill and disabled people.

Elder Abuse Equals Coercion: The prevalence of elder abuse has been one factor that raises concerns about the risk that older people with health impairments may be coerced into choosing assisted suicide. Disability abuse is similarly prevalent but less well known.

Assisted Suicide Opens the Door for Involuntary Euthanasia: Assisted suicide's so-called "safeguards" apply when the lethal prescription is requested, but *\*not\** when it is administered. Assisted suicide laws contain no requirement that the patient be capable or give consent when the lethal dose is administered. Someone other than the patient is allowed to provide the lethal dose.

Health Care Cuts Are Increasingly Severe: For seniors and people with disabilities who depend on publicly funded health care, federal and state budget cuts pose a very large threat. Many people with significant disabilities, including seniors, are being cut from Medicaid programs that provide basic help to get out of bed, use the toilet and bathe.

Do Not Eliminate longstanding language stating:

**"The Massachusetts Medical Society is opposed to physician-assisted suicide."**

ADA Discrimination: Legalized assisted suicide sets up a double standard: some people get suicide prevention while others get suicide assistance, and the difference between the two groups is the health status of the individual. This is blatant discrimination and a violation of the Americans with Disabilities Act (ADA).

National Disability Rights Organizations: A number of established national disability organizations have joined Not Dead Yet to adopt positions against assisted suicide, including ADAPT, the National Council on Independent Living, the National Spinal Cord Injury Association, the Disability Rights Education and Defense Fund, the National Council on Disability and others.

Broad Agenda, Incremental Strategy, Not Just for the Terminally Ill: The political agenda of many assisted suicide organizations includes expansion of eligibility to people with incurable but not necessarily terminal conditions.

We support high quality health care, including palliative care. We agree that physicians should have the best education, training and resources to ensure that they can provide quality health care at the end of life and throughout the life span.

We support the tools of palliative care, including sedation if needed for pain.

Therefore, disability advocates urge you to reject the MMS Committee on Ethics, Grievances, and Professional Standards specific recommendation and

Continue to Uphold the protection provided to all of us in one simple sentence that you have adopted and affirmed over the years:

**“The Massachusetts Medical Society is opposed to physician-assisted suicide.”**

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*[Christopher] Reeve's accomplishments are often understood as having been done "despite" his injury. In reality, all that would block someone with the same disability . . . from attaining similar heights are the missing supports and entrenched societal prejudice. Many people with disabilities, especially those of us who have been disabled for a number of years, have discovered that it is these social barriers, not our own bodies, that cause us the greatest problems.*

– John Kelly, The Disabled Need Assistance, Not An Escape, Boston Globe op ed, 1998

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