ON PROPOSED ASSISTED SUICIDE "SAFEGUARDS"

The following comments on the "safeguards" contained in proposed bills and referenda to legalize assisted suicide highlight their universal failure to provide meaningful protections against abuses.

Information About "Feasible Alternatives." This "safeguard" provides that the physician must first inform the patient about "feasible alternatives, including, but not limited to, comfort care, hospice care, palliative treatment, and pain control." There is no requirement that these services actually be paid for and made available to the individual in any version of these bills and referenda. Nor is there any requirement that home health services be provided that would relieve demands on family members and ease the patient's feelings of being a "burden." Under the proposed laws, "choice" is an empty slogan.

The Professional Consultations. Two consultations are required under this "safeguard," one to establish that the condition is "terminal," the other to establish that the patient's request is "voluntary" and "informed," or that it is not the product of "impaired judgment" caused by a diagnosed mental illness. The life experiences of people with disabilities are filled with evidence of the unreliability of medical and professional opinions about either physical or psychological issues. Many of us were expected to die, but lived---and lived to enjoy life with our disabilities. Numerous research studies demonstrate that physicians consistently and dramatically underestimate our "quality of life" compared to our own assessments. In several highly publicized "right to die" court cases involving people with non-terminal disabilities, psychiatrists and psychologists have incorrectly concluded that the individual's suicidal despair was permanent and untreatable. None of the proposed standards address the realities of the most prevalent, but subtle, forms of social coercion.

The "Good Faith" Standard. This "safeguard" provides that no person will be subject to any form of legal liability if they participate in "good faith." A claimed "good faith" belief that the requirements of the law are satisfied is virtually impossible to disprove, rendering all other proposed "safeguards" effectively unenforceable and legally immunizing all participants.

In practical effect, the proposed laws would secure civil and criminal immunity for physicians and other participants in assisted suicide or euthanasia: a few forms in the medical chart, no questions asked. On balance, the risk these bills pose to the many outweigh any alleged potential benefit to a few.