



**ASSISTED
SUICIDE:**
YOU CAN
LIVE
WITHOUT IT



HALO MISSION STATEMENT

The Healthcare Advocacy and Leadership Organization (HALO) is a voice for the medically vulnerable.

As a non-profit, Christian organization, HALO addresses a wide array of ethical issues including euthanasia, assisted suicide, rationing of medical services, and hastening of death in healthcare settings. In addition, HALO promotes life-affirming healthcare practices, life-protective advance directives, and compassionate care for the sick and those nearing the end of their lives. In all circumstances, HALO espouses in healthcare practice the sanctity and integrity of every human person.

HALO accomplishes its mission through intercessory prayer; widespread education; community awareness and assistance programs; interaction with patients, families, and caregivers; and referrals to appropriate resources when necessary.

Dear Reader,

Assisting others to kill themselves is a legally permitted “medical treatment” in ten states and the District of Columbia, and efforts to legalize assisted suicide are underway in every remaining state. Organizations such as the misnamed Compassion & Choices – the premier assisted suicide advocacy group – work tirelessly to gain public acceptance of their agenda. They insist that what they support is not “suicide” and prefer using softer terms – “death with dignity,” “end-of-life option,” “medical assistance in dying.” Nevertheless, we all know instinctively that taking one’s own life is not decent or dignified, not a choice to be encouraged or applauded. This is a deadly game of “let’s pretend.” Don’t go along with the game. Call it what it is – suicide.

We must work harder and more persistently than Compassion & Choices does to convert hearts and minds. Most importantly, we must help people think about the very real and dreadful consequences of legalizing assisted suicide.

This publication is designed to jumpstart your own education and help you talk with your loved ones, friends, colleagues, and others about assisted suicide.

God Bless,

Julie Grimstad & Anne O’Meara

Assisted Suicide by State 2021-2022



States With Bills to Expand Existing Assisted Suicide laws in 2022

States with Bills to strengthen penalties for Assisted Suicide

Court Cases to legalize or expand Assisted Suicide laws

Defeated Bills to Legalize Assisted Suicide in 2021 (for reference)

States with active bills introduced in 2021 or 2022

As of 2022 assisted suicide is legal in 10 states and the District of Columbia.

**California
Colorado
Hawaii
Maine
Montana**

**New Jersey
New Mexico
Oregon
Vermont
Washington**

What will you discover in this publication?

The American Medical Association (AMA) opposes physician-assisted suicide. Causing death is not medicine. . . . pg 3

Surprisingly, “unbearable pain” is not a major reason people give for requesting assisted suicide. . . . pg 3

So-called “safeguards” in assisted suicide bills are merely there to win legislators’ approval. . . .pg 4

It is impossible to ensure that assisted suicide is a voluntary “choice.”. . . pg 5

Legalizing assisted suicide provides cover for murder. . . . pg 6

Assisted suicide saves health insurance companies a bundle of money at the expense of cutting lives short. . . . pg 7

Life expectancy is never more than an estimate. Doctors make mistakes. . . . pg 8

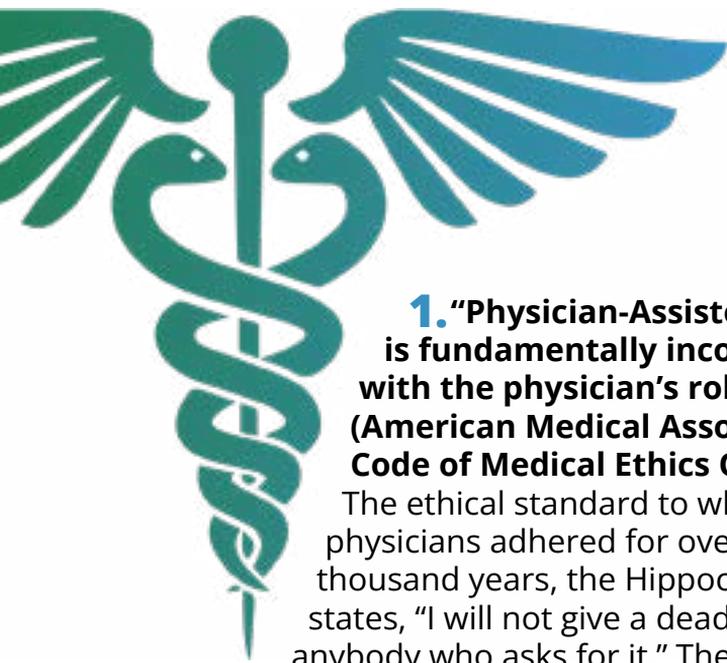
Assisted suicide is not just like falling asleep. . . . pg 8

Assisted suicide deprives patients and families of precious time and closure. . . . pg 9

Healthcare providers who don’t want to be complicit in assisted suicide deaths are pressured to cooperate. . . . pg 10

There is no moral difference between selling someone a gun to commit suicide and providing a lethal dose of drugs. . . . pg 10

Suicide is contagious. . . . pg 10



1. “Physician-Assisted Suicide is fundamentally incompatible with the physician’s role as healer” (American Medical Association Code of Medical Ethics Opinion 5.7).

The ethical standard to which physicians adhered for over two thousand years, the Hippocratic Oath, states, “I will not give a deadly drug to anybody who asks for it.” The physician’s duties are to study, diagnose, and treat patients’ ailments, not to prescribe lethal drugs for suicidal people.

2. “Unbearable pain” IS NOT the main reason people request assisted suicide (AS).

No law requires patients to be in pain to qualify for death. AS has been legally practiced in Oregon since 1997. Yearly reports by the Oregon Health Authority reveal that pain is not a major reason people give for requesting assisted suicide. The most common reasons are decreasing ability to participate in activities that make life enjoyable, loss of autonomy, and loss of dignity. People with serious illnesses must receive emotional support, adequate pain control, respect, and assurance they will not be abandoned. They do not need the added pressure of being offered the “choice” to end their lives.

3. The “safeguards” in assisted suicide bills are merely ploys to win legislators’ approval. When an assisted suicide bill is proposed, its drafters make it seem protective by adding so-called “safeguards” which they intend to remove eventually. Here are just a few examples illustrating how this is accomplished.

- In 2019, the Oregon Legislature waived the 15-day waiting period, a “safeguard” that gave people time to change their minds after making a request for assisted suicide.
- In 2020, Washington legislators passed a bill requiring the University of Washington to study “barriers to achieving full access to” assisted suicide (undoubtedly a prelude to eliminating all safeguards).
- A federal lawsuit (*Gideonse v. Brown*), filed by Compassion & Choices, challenged Oregon’s “safeguard” requiring that people availing themselves of the state’s “Death With Dignity” law must be Oregon residents. On March 28, 2022, a settlement was reached in which the Oregon Health Medical Board agreed to stop enforcing the residency requirement. This opened the door to assisted suicide tourism. Anyone from anywhere can visit the state to commit suicide with assistance.
- California’s assisted suicide law went into effect in 2016. It took less than five years for its drafters to proclaim “safeguards” were “barriers” to access. In 2021, the California Legislature expanded the law by reducing the 15-day waiting period between two oral requests to 48 hours, and trampled on the conscience rights of physicians who refuse to comply with requests for assisted suicide. (See # 10.)



**"I overheard the doctor giving my husband a sales pitch for assisted suicide."...
*"Think about what it will spare your wife.
We need to think of her."***

- 4. Proponents of assisted suicide describe it as a “choice” but ensuring that assisted suicide is entirely voluntary is impossible.** Legalizing assisted suicide leads people to begin expecting it of the sick and dying. Dependent patients may be made to feel “a duty to die” to relieve others of the expense and inconvenience of caring for them. For example, an Oregon woman reported that, when she accompanied her seriously ill husband to the doctor, “I overheard the doctor giving my husband a sales pitch for assisted suicide.” The doctor told her husband, “Think about what it will spare your wife. We need to think of her.” After this horrifying experience, she was afraid to leave her husband alone with doctors and nurses. Finally, how long will assisted suicide remain supposedly voluntary? A hidden part of the pro-assisted suicide agenda is to legitimize the involuntary killing of aging and demented people, the profoundly disabled, etc. Once killing is legalized, there is no logical end point.

5. Assisted suicide laws provide cover for murder.

Once the lethal drugs are picked up at the pharmacy, there is no oversight, and no witnesses are required at the death. A person “helping” the patient commit suicide may have ulterior motives – inheritance, life insurance, freedom from caregiving, etc. Attorney Margaret Dore, President of Choice is an Illusion, asks, “If the patient objected or even struggled against administration [of the lethal drugs], who would know?” Dore also warns, “The death certificate will report a natural death, which will create a legal cover up and also allow a perpetrator to inherit. More to the point, the Act will create a perfect crime.”



It is important to recognize that laws prohibiting assisted suicide protect the vulnerable from unscrupulous people.

6. Legalizing assisted suicide is an easy “fix” for a healthcare system plagued with money problems.

When insurance benefits vanish or patients are denied costly life-extending treatment, they will be steered toward assisted suicide. Insurance programs will pay for people to die, but not to live.

“ In the final analysis, economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice. ”

*Derek Humphry, cofounder
of the Hemlock Society
(now called Compassion & Choices)*

7. Life expectancy is never more than an estimate. Doctors make mistakes.

A Mayo Clinic study found that more than one out of five referral patients may be incorrectly diagnosed.

Furthermore, many patients outlive doctors' predictions of life-expectancy. **Jeanette Hall**, diagnosed with terminal cancer in 2000, was determined to use Oregon's AS law to

end her life. Her physician persuaded her to accept treatment. She is happily alive years later.



Picture courtesy of Choice is an Illusion.

8. Do not be misled by the claim that assisted suicide is painless, quick, and dignified.

A review of AS methods used in some U.S. states and European countries found "a relatively high incidence of vomiting (up to 10%), prolongation of death (up to 7 days), and re-awakening from coma (up to 4%)." People considering assisted suicide deserve to know that dying by a lethal dose of drugs is not just like falling asleep. A massive dose of drugs must be ingested. Linda Van Zandt helped her aunt, who had amyotrophic lateral sclerosis, die in California. She described feeding 100 crushed pills mixed in a drink to her aunt "who could barely swallow water" and "finally emptying capsules, making an elixir so vile I cried when I knew she had to drink it. This was death with dignity?"

9. Assisted suicide robs patients and families of precious time and closure. Suicide deprives victims of time with family and friends and, most importantly, opportunities to make peace with loved ones and with God who speaks in a special way to the hearts of his children who are dying, whom he loves so much. Let's not cut that conversation short. Psychiatrist Karl Benzio (New Jersey Co-Director, American Academy of Medical Ethics, and Medical Director, American Association of Christian Counselors) advises.

All life's seasons are valuable, especially the last one. Great relational, spiritual, and psychological richness to the individual and loved ones comes from our last days. We've all seen people persevere past hospice predictions, be outright cured, or reconciled with an estranged family member. I have treated many suicidal patients, who, after their attempt, or being stopped from killing themselves, then appropriately treated, were grateful for the prolonged and now enjoyable life they were blessed to live. Don't rob people by imposing a premature and permanent finish line.

**The bottom line:
There is far too little
protection from
not-so-merciful
assisted suicide.**

10. Healthcare providers are pressured to cooperate.

In 2021, New Mexico passed its “End of Life Options Act” which requires medical providers (including advance practice nurses and nurse practitioners) who refuse to participate in AS to refer a patient to another healthcare provider who will provide assisted suicide. Likewise, that year, California’s law was expanded to force doctors to be complicit by referring a person who requests assisted suicide to a doctor willing to write the lethal prescription. What will happen to healthcare providers who uphold Hippocratic ethical standards (e.g., “I will not give a deadly drug to anybody who asks for it.”)? Consider a study by the Christian Medical Association which revealed that 40% of its members have felt pressure to compromise their convictions, and almost 25% have lost their job or some benefits or were denied promotions because of their deeply held beliefs.

11. The physician who prescribes the drugs (and anyone else involved in abetting a suicide) is morally complicit in the person’s suicide.

“A patient once told me, ‘All you have to do is write a prescription; I am the one responsible for my choice.’ My response was to ask, ‘If I was a gun salesperson and someone told me they were buying a gun to kill themselves, did I not have the obligation to refuse to sell it to them?’” – John Dunlop, MD

12. Suicide is contagious. The Suicide & Crisis Lifeline (Call 988)

warns that knowing others who have died by suicide makes it more likely a person will attempt or die by suicide. In Oregon, which legalized assisted suicide in 1997, the suicide rate of healthy individuals was more than 40% higher than the national average between the years 2003 and 2012.

What's next for assisted suicide and euthanasia (AS/E) in the United States?

The slippery slope of assisted suicide is real. When AS/E rules are expanded in other countries, it becomes much more likely those rules will one day be accepted in the United States. Active euthanasia (killing patients by lethal injection) has been legal in Canada since 2016. In the United States, AS is currently legal in 11 jurisdictions. If we do not stop its progression, how long will it be until the United States has accepted full blown euthanasia?

In 2023, Canada will begin expanding AS/E to patients suffering solely from a mental illness (e.g., depression, bipolar disorder, personality disorders, and schizophrenia).

Several countries are aggressively expanding their euthanasia/assisted suicide (AS/E) laws. The Netherlands is one of the countries "leading" the way, allowing people with disabilities, chronic (not terminal) illnesses, and mental illnesses (including depression) to die by AS/E. Additionally, children younger than age one or older than age 12 are also eligible for AS/E. Note, as we print this, the Netherlands is considering allowing children between the ages of one and 12 to die by AS/E.

Belgium, too, has some of the world's most liberal laws on AS/E, which is not just for the terminally ill. Patients with psychiatric conditions and children can request AS/E. Additionally, Belgium has been a destination for tourists desiring to die by AS/E.

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

- Margaret Mead -

What can YOU do to stop assisted suicide in your state?

- Start by calling it what it is. Assisted suicide and euthanasia are about killing. They are not about freedom of choice or autonomy. They are about abandoning people to death at a vulnerable time of life.
- Get informed – understand what’s happening in your state.
- Talk to your family and friends and share updates on social media.
- Reach out to your senators and representatives. Let them know that you oppose the legalization of assisted suicide and the reasons for your opposition.
- Pray that assisted suicide and euthanasia are made illegal throughout the United States.

ASSISTED SUICIDE: YOU CAN LIVE WITHOUT IT

Sources by section available at <https://halovoice.org/wp-content/uploads/Assisted-Suicide-You-Can-Live-Without-It-Sources-b.pdf>

RESOURCES

Choice is an Illusion
<https://Choiceillusion.org>

Euthanasia Prevention Coalition
<http://epcc.ca/>

Patients Rights Council
<https://www.patientsrightscouncil.org/>

Suicide & Crisis Lifeline
Call 988

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