



Massachusetts
Family Institute

MFI Brief

SD744: "An Act Relative to end of life options"

In November of 2012, the voters of our Commonwealth rejected doctor-prescribed suicide in a state-wide referendum. Nevertheless, SD744, "An Act Relative to end of life options," aims to resurrect this bad idea by legalizing doctor-prescribed suicide through the legislature. What is even more disturbing is that this new bill has even fewer safeguards than the law that was rejected in 2012.

Specifically, SD744:

- **Lowers the standard for screening for depression in patients requesting suicide.**
- **Pro-life hospitals would not be able to prevent doctors from performing assisted suicide in their facilities.**

Reaching the natural end of life, as we all inevitably must, is difficult enough without the pressure and coercion to commit suicide. Deliberately ending human life as one would a suffering animal is utilitarian and degrading, contrary to the special dignity and unique value of every human life.

No Good Reason

Supporters of assisted suicide say that it is necessary for those suffering from intractable pain, but the reality is that there is no documented case of assisted suicide being needed for intractable pain. A study done in Oregon found that many physicians are surprised at the lack of suffering experienced by patients who request assisted suicide.

Pain alleviation treatment for terminally-ill patients has made tremendous progress, and the health care sector should be looking to continue this trend.

Compassion towards those suffering from pain should inspire improved patient care, **not a public policy that results in premature death.** The reality is that diagnosing a terminal illness is an inexact science, with **lifespan forecasts having an error rate of 30%. An incorrect diagnosis can deny a patient years of life.**

Open to Abuse

Doctor-prescribed suicide invites all types of abuse that result in the death of a human life. Since it is always cheaper to give a patient 100 pills to commit suicide than to provide real care, insurance companies as well as government-controlled health care will have a financial incentive in recommending death. That is exactly what happened to a cancer patient in Oregon, whose insurance company sent her a letter refusing to pay for her chemotherapy and offering, instead, to pay for suicide pills under Oregon's law.

Safeguards Do Not Work

The experience in Oregon is a clear example that there is an inability to create safeguards or contain assisted suicide to boundaries once it is legalized. "Doctor shopping" is common in Oregon. Though a family doctor may know that a patient's desire for death could be alleviated, they often don't receive that care after being steered to a doctor supported by assisted suicide proponents.



Patients suffering from depression and dementia are receiving physician-assisted suicide. Once a patient is given the deadly overdose prescription, they are often abandoned and given no further care or guidance. "Doctor-prescribed suicide" is more accurately "**physician-prescribed death.**" The Hippocratic Oath wisely includes a pledge by the physician that he or she will not give a lethal drug to anyone, even if asked. That is why the **Massachusetts Medical Society and the Massachusetts Osteopathic Society are against physician assisted suicide** and call for providing comfort, compassion, and medications as necessary to alleviate pain and suffering at the end of life.

Doctor-prescribed suicide would blur the line between natural death and medical manslaughter. The more clearly and brightly that line is kept, the better off and safer we all will be.

VOTE "NO" ON SD744