

Assisted Suicide is Wrong

It corrupts the doctor/patient relationship.

Assisted suicide undermines medical efforts to maintain and improve pain management and care for patients near the end-of-life. Because no doctor can predict a person's life expectancy accurately (many patients outlive a "6-months or-less" diagnosis), the ability for patients to fully trust their doctors is impacted.

The freedom to die to become a duty to die.

The freedom to refuse healthcare treatments is eliminated when insurance denies payment for life-saving treatment, but covers life-ending drugs. For patients facing the challenge of rising healthcare costs or fearful of being a burden to loved ones, requesting lethal drugs becomes an attractive option.

It increases suicide rates.

Media coverage of assisted suicide glamorizes suicide, leading to "imitative suicidal behaviors," especially among young or depressed people. The suicide rate among Oregonians has been increasing since its legalization.

It increases the risk of abuse.

Once prescribed, there is no medical oversight to ensure lethal drugs are taken by the patient voluntarily and not ingested by someone else. Elder abuse is a major concern in America, and yet there is no protection for the patient requesting assisted suicide to ensure s/he is not being coerced or forced to request death. It fosters discrimination toward the elderly, terminally ill, or disabled, who are offered lethal drugs to kill themselves due to an arbitrary definition of "quality of life."

It devalues the gift of organ donation.

Encouraging the elderly or disabled to hasten their death so that others can live via their organ donation unduly pressures them and undermines their own value and dignity. Organ harvesting has been politicized to justify legalizing assisted suicide.

66

You shall stand up before the gray head and honor the face of an old man, and you shall fear your God: I am the Lord. -Leviticus 19:32 (ESV)



of people say that, if seriously ill, they'd want to talk to their doctor about end-of-life care.



of people reported having end-of-life conversations with their doctors.

Simple Ways to Help the Elderly

Every elderly patient needs to have an advocate to ask questions and ensure the patient gets quality care. Is there someone in your parish who may need an advocate, because they are alone or their family lives far away? Make a list of elderly folks in your church and pray for them regularly. If someone is alone, consider visiting, providing a meal, taking Communion, or sitting and reading to them while their care-giver rests or runs an errand.

Did you know?

Assisted suicide is legal in California, Colorado, District of Columbia, Hawaii, New Jersey, Maine, Montana, Oregon, Vermont, Washington, and New Mexico.

Patient Care Resources

Life Legal Defense Foundation: LifeLegal.org | 707-224-6675

Healthcare Advocacy and Leadership Organization: HALOVoice.org | 888-221-4256

International Association for Hospice & Palliative Care: HospiceCare.com | 866-374-2472

Not Dead Yet: NotDeadYet.org | (708) 420-0539



Source: Survey of Californians by the California HealthCare Foundation (2012), CNN, Hospice News.



of people say it's important to put their endof-life wishes in writing .



of Americans have documented their end-of-life wishes.



of people say that making sure their family is not burdened by tough decisions is "extremely important" to them.

Learn more about end-of-life decisions and resources at AnglicansForLife.org/topics/end-of-life ...