



Euthanasia – General Information

By Jerry Price, Southern Baptist Ethics & Religious Liberty Commission – Jan. 9, 2006

In 1998, assisted-suicide advocacy groups attempted to pass a law permitting the taking of one's own life with the help of a physician. Though early polls showed the proposal leading by a wide margin, it lost by an overwhelming 71-29 percent.

In 2000, the focal point became the state of Maine where, again, polls showed the measure with strong support. Activists from Oregon even sent people to promote the measure. But when the vote was tallied, the measure lost by 51-49 percent.

Next came Hawaii in 2002. The measure there was pushed by then-Governor Ben Cayetano. Though the measure passed both the House and Senate, the Senate measure required a second vote on the day following the first vote. Opponents went into high-gear and the second vote failed. The legislative session ended with no further action.

In 2003, Vermont was supposed to be the place where assisted-suicide would gain a major victory that would set the stage for future drives to legalize assisted-suicide in other states. The advocates of the measure lobbied medical groups as well as the legislature. But when the smoke cleared, the Vermont Medical Society decided not to advocate the law and the Health and Welfare Committees of both the state House and Senate decided not to take any action on the measure.

Though several groups worked against passage of an assisted-suicide law in Vermont, much of the credit has been given to the Vermont Coalition for Disability Rights. "The energetic commitment of the disabled-rights community, more than any other single factor, has thwarted the assisted-suicide movement. Because disability-rights activists are generally politically liberal, distinctly secular in outlook, and often supportive of abortion rights, the media can no longer caricature assisted-suicide opponents as religious busybodies. Moreover, people who would jump head first off a skyscraper if pro-lifers told them not to will listen to the opinions of disability-rights activists with open minds. As a result, some polls now show a sharp drop in the support for legalizing assisted suicide."

Wesley J. Smith, [Disabling Assisted Suicide: Why a Deadly Movement Hasn't Been Contagious](#), January 19, 2004 [Accessed August 25, 2005]

"The American Medical Association House of Delegates, at its June 2003 annual meeting in Chicago, failed to adopt a resolution proposed by the Wisconsin Medical Association that would have effectively reversed its longstanding position that assisting suicide is not a legitimate medical practice. Instead, the committee to

which the resolution was referred offered a substitute resolution focusing on protecting physicians who appropriately prescribe pain management, without any mention of policy on assisting suicide—and the House of Delegates adopted the substitute resolution.

"The AMA has long opposed legalizing euthanasia. Its formal policy states, 'Physician assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.'"

[Opposition to Assisting Suicide Remains AMA Policy](#) [Accessed August 25, 2005]

"We must be wary of those who are too willing to end the lives of the elderly and the ill. If we ever decide that a poor quality of life justifies ending that life, we have taken a step down a slippery slope that places all of us in danger. There is a difference between allowing nature to take its course and actively assisting death. The call for euthanasia surfaces in our society periodically, as it is doing now under the guise of 'death with dignity' or assisted suicide. Euthanasia is a concept, it seems to me, that is in direct conflict with a religious and ethical tradition in which the human race is presented with 'a blessing and a curse, life and death,' and we are instructed '...therefore, to choose life.' I believe 'euthanasia' lies outside the commonly held life-centered values of the West and cannot be allowed without incurring great social and personal tragedy. This is not merely an intellectual conundrum. This issue involves actual human beings at risk."

C. Everett Koop, M.D., Koop: The Memoirs of America's Family Doctor (New York: Random House, 1991), 293.

"Both the number of prescriptions written and the number of Oregonians using PAS vary annually but have trended upward over the seven years that PAS has been legal in Oregon. In 2004, 40 physicians wrote 60 prescriptions for lethal doses of medication, the first decline in the annual total of prescriptions written since PAS became legal in 1998. In that year 24 prescriptions were written, followed by 33 in 1999, 39 in 2000, 44 in 2001, 58 in 2002, 68 in 2003, and 60 in 2004. (Note that the 68 prescriptions written in 2003 is one higher than previously reported; documentation for one case was received after the 2003 report was prepared. This patient did not take the medication in 2003 and was still alive as of December 31, 2004.)

"Thirty-five of the 2004 prescription recipients died after ingesting the medication. Of the 25 recipients who did not ingest the prescribed medication in 2004, 13 died from their illnesses, and 12 were alive on December 31, 2004. In addition, two patients who received prescriptions during 2003 died in 2004 after ingesting their medication, giving a total of 37 PAS deaths during 2004.

"Although five fewer patients ingested lethal medication in 2004 compared to 2003, the trend has been upward since legalization. In 1998, 16 Oregonians used PAS, followed by 27 in 1999, 27 in 2000, 21 in 2001, 38 in 2002, 42 in 2003, and 37 in 2004. Paralleling the upward trend in the number of deaths are the ratios of PAS deaths to total deaths: in 1998 there were 5.5 PAS deaths for every 10,000 total deaths, followed by 9.2 in 1999, 9.1 in 2000, 7.0 in 2001, 12.2 in 2002, 13.6 in 2003, and an estimated 12/10,000 in 2004."

[Seventh Annual Report on Oregon's Death with Dignity Act](#) (Oregon Department of Human Services), March 10, 2005

"Legislation pending in California . . . would make suicide legal, and protect doctors from prosecution, lawsuits and professional discipline if they prescribe poison . . . Assembly Bill (A.B.) 651 . . . now under consideration in the state Senate would change California law to permit an adult, whom a doctor has determined to be terminally ill, to request poison to kill himself and authorize a doctor to prescribe it. The bill would prohibit contracts, wills or health care plans from discriminating against such suicidal people. It would require the state to keep track of doctor-assisted killings, and report on them.

"Its authors claim the bill provides a 'host' of safeguards, requiring a second doctor's opinion that the patient is terminal, two witnesses to the patient signing a request for poison, referral for psychological or psychiatric counseling when appropriate, and the right of a patient to rescind the death wish at any time.

"Proponents say A.B. 651 would give suffering people the 'compassionate choice' to end their lives in a 'humane' and 'dignified' manner. After all, the bill's backers reason, everyone deserves an 'autonomous choice' when it comes to dying.

"Christians should find these arguments to be the vapid smokescreen they are. A.B. 651 would legalize self-murder, and permit doctors to provide the murder weapon. If you doubt it, check current laws. Today it's a felony to do what this bill would make legal.

"Purposely killing people is fundamentally incompatible with doctors' sworn duty. Moreover, it's unnecessary to legalize suicide when patients already have the legal right to refuse medical treatment.

"The bill is modeled after Oregon's seven-year-old doctor-assisted suicide law. In Oregon, Medicaid and insurance pay for suicide poison prescribed by doctors. The law has a built-in financial incentive for death. Health care plans have the option of paying thousands for medical treatment, or a \$100 prescription for a patient to kill himself. "So-called 'safeguards' amount to the fox watching the henhouse. Doctors willing to prescribe the poison are the same doctors who will decide whether suicide-seeking patients need psychiatric or psychological counseling. In Oregon, only 5 percent of those receiving suicide prescriptions are referred for such counseling.

"Proponents claim the bill will make it illegal to "coerce" people into signing suicide requests. But there's no ban on "encouragement" or "suggestions" by relatives who may inherit or by medical plans that can save thousands. When does a suggestion become coercion? The bill doesn't say.

"As in Oregon, people compiling the records would be the same people authorizing the suicides—doctors prescribing poison who may or may not have believed counseling was necessary. In Oregon, state officials concede the reporting process they rely on may be a 'cock and bull story.'

"Also in Oregon, 95 percent of those opting to kill themselves with a doctor's prescription did so because they were depressed or feared losing control, not because they couldn't bear their pain.

"What A.B. 651 actually would do is redefine 'suicide' and 'homicide,' by saying what the bill authorizes no longer is considered either. The bill itself expressly says that what it authorizes is not 'mercy killing or active euthanasia,' even though current law and long-standing custom say that is precisely what it is."

Excerpted from Mark Landsbaum, [In California, a Suicide Bill Is Being Sold as Good Medicine](#) (Concerned Women for America), July 18, 2005