An Analysis of Assisted Suicide Bills

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Them Before US

Assisted suicide is legal in 10 U.S. states and Washington, D.C.,[1] and bills currently in debate include Maryland[2] and Minnesota's[3] End-of-Life Option Acts. Unfortunately, there seems to be no near end to the culture of death in society, but it is imperative that those of us who respect the dignity of life from conception until natural death understand exactly what is in assisted suicide bills. Pennsylvania House Bill 1453,[4] or the "Compassionate Assisted Dignified Death" bill, which thankfully died in committee in 2021, is an instructive document to inspect, as it provides us the opportunity to thoroughly examine several statements commonly found in assisted suicide bills. All assisted dying laws are put in place to protect those doing the killing as opposed to protecting the best interests of the terminally ill, leaving those who are vulnerable easy victims to deaths that deny their innate worth as human beings.

Pennsylvania HB 1453 states, first, that patients must acknowledge that they accept "full moral responsibility" for their actions. If assisted dying is a moral option, why do patients need to accept "moral responsibility" for their actions? Is it because this law is trying to justify the killing of innocent persons, an act intrinsically immoral? The bill states that "...no provision of this chapter may be construed to allow a lower standard of care for patients in the community where the patient is treated, or a

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[1] "States Where Medical Aid in Dying Is Authorized." n.d. Compassion & Choices. https://www.compassionandchoices.org/resource/states-or-territories-where-medical-aid-in-dying-is-authorized/.

[2] "Legislation - HB0403." n.d. mgaleg.maryland.gov. Accessed April 16, 2024. https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB0403.

[3] "HF 1930 Status in the House for the 93rd Legislature (2023 - 2024)." n.d. Www.revisor.mn.gov. https://www.revisor.mn.gov/bills/bill.php?b=house&f=HF1930&ssn=0&y=2023.

[4] "Bill Information - House Bill 1453; Regular Session 2021-2022." n.d. The Official Website for the Pennsylvania General Assembly. Accessed April 16, 2024. https://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?syear=2021&sind=0&body=H&type=B&bn=1453.

similar community," but by allowing a coercive law as a legal option, the standard of care for patients in the community is automatically lowered, as is always the case when either life or death of a person are treated as equally valid options.

Efficacy of end-of-life drugs

Patients requesting assisted dying under this bill are also required to acknowledge the "...potential risks associated with taking the end-of-life medication to be prescribed," and that they're aware of the "probable result" of taking the medication. Patients must not only expect to die when they take the medication, but they understand "although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility." The patient is required to acknowledge these statements because as much as assisted dying is described as a "peaceful death," the medication can fail or cause hours of prolonged suffering.[5] The medications prescribed for assisted dying are also not intended for this purpose, and this is why it is a "probable result." Hence the potential risks.

After the patient takes the lethal dose home, the individual who has control of the remaining, unused medication is required to "dispose of the medication by lawful means in accordance with Federal and State guidelines." Though this is a nod to the danger of this medication, it is an unenforceable rule. There does not need to be a doctor present when the medication is taken, and it is easy for another member of the family, or anyone, to take the medication for themselves.

"Safeguards" for assisted death

Further, "...if a health care provider is unable or unwilling to carry out a qualified patient's request under this chapter and the qualified patient transfers care to another health care provider, the prior health care provider shall transfer, upon request, a copy of the qualified patient's relevant medical records to the new health care provider," and "before a patient becomes a qualified patient under this chapter, a consulting physician shall evaluate the patient and the patient's relevant medical records to confirm the attending physician's diagnosis that the patient has a terminal illness. The confirmation shall be in writing. Requirements.--The consulting physician must also verify the patient: (1) is capable; (2) is acting voluntarily; and (3) has made an informed decision." These requirements give the idea that there are plenty of safeguards in place before a patient can make the decision to end his or

[5] Worthington, Ana. 2022. "OUP Accepted Manuscript." British Medical Bulletin. https://doi.org/10.1093/bmb/ldac009.

her life. However, both patients and physicians can doctor shop until they find other physicians to sign off on their forms for assisted dying. This means that if a physician deems that a patient is incapable, or not acting voluntarily, or for any reason has not made an informed decision, the patient and the doctor can keep searching until they find a physician to sign off. Further, the second physician required to sign off does not need to be fully aware of the patient's medical history, nor are they required to be an expert in the field of the disease with which the patient is suffering.[6]

Included among the prerequisites needed before a physician can sign off on an assisted dying request is the determination that the patient "appears to be of sound mind and not under duress, fraud or undue influence." If a patient was referred for mental health counseling, "End-of-life medication may not be prescribed until the mental health care provider performing the counseling determines that the patient is capable and able to make a voluntary informed decision without impaired judgment." Regardless of whether or not a patient "appears" to be of sound mind, free of undue influence and duress, and without impaired judgment, if anyone asks to be killed, at least one of these conditions is likely present. If anyone asks to be killed, there is impaired judgment, as a patient is always under some kind of duress if they are asking to die, whether it be due to pain management, loneliness, depression, or feeling like a burden. Since the idea of assisted suicide is intrinsically coercive, the legalization of assisted dying often leaves patients feeling as if they have a "duty to die." It is contradictory that when a person not seeking assisted suicide tells a counselor they want to kill themselves, the counselor assumes duress or mental instability is a possible cause of the suicidal thinking, which is why mental health providers are required to report the suicidality, but if a terminally ill patient is seeing a counselor because they want to kill themselves, they can somehow be determined free of duress and to be of sound mind.

Protecting physicians

There are several examples of how this bill protects those doing the killing/observing the killing instead of honoring the innate value of human life. First, the bill states that there is no obligation to participate in the procedure: "Participation not required.--No health care provider may be under any duty,

[6] Leies, John A., Donald G. McCarthy, and Edward J. Bayer. Handbook on Critical Life Issues, 2010. https://static1.squarespace.com/static/5e3ada1a6a2e8d6a131d1dcd/t/65369d400c57543f2de677a2/1698078016164/NCBC+Case+Studies.pdf?clickid=1FoRpnxD3xyPRLIQVdReWWjjUkHwEESVo0EdUQ0&irgwc=1&im_rewards=1&utm_medium=pp&utm_source=Wildfire%20Systems&utm_campaign=Wildfire%20Systems&channel=pp&subchannel=390418&source=Wildfire%20Systems.

whether by contract, statute or other legal requirement, to prescribe or administer end-of-life medication to a qualified patient." This statement seemingly appeals to those who are pro-life and against assisted dying. However, the bill further states that, "A professional organization or association, health care facility or health care provider may not subject an individual to censure, discipline, suspension, loss of license, loss of privileges, loss of membership or other penalty for participating in good faith or refusing to participate under this chapter." This statement puts Catholic hospitals in a difficult position if they are unable, legally, to hold a physician liable for prescribing assisted suicide drugs "in good faith."

Next, while physicians are required to complete a list of steps before approving a patient for assisted dying, the bill states, "Nothing under this chapter limits liability for civil damages resulting from negligent or intentional misconduct by any individual." This statement protects physicians from being sued if they miss one or two required steps. These are only there to make people think that physicians have high standards to follow, when, in reality, "negligent or intentional misconduct" would be really hard to prove, so doctors can still get away with not fulfilling many steps.

Legality of suicide vs. "assisted" suicide and bias

The bill states, "An individual may not be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this chapter. *This includes being present when a qualified patient takes the prescribed end-of-life medication*." The statement about "being present" is there because there is no duty under law in Pennsylvania[7] to aid those who are being harmed unless they have a *pre-existing relationship* with the person. It is also a felony in Pennsylvania[8] if a person aids someone in committing suicide and the person either attempts and fails, or dies from the suicide. Therefore, since there would be a pre-existing relationship in this situation, and the patient is being aided to kill himself/herself, they clarify that there is no penalty for not stopping the patient from taking the medication. Another suicide law in Pennsylvania relates to life insurance policies, requiring the bill to state, "...A qualified patient's act of ingesting end-of-life medication may not have an effect upon a life, health or accident insurance or an annuity policy." Life insurance policies in Pennsylvania have a two year suicide

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[7] Hamilton, Jeremy. "Legal Defense for Self Defense - USLawShield." U.S. LawShield, June 13, 2023. https://www.uslawshield.com/can-sued-good-samaritan-laws-pennsylvania/.

[8] FindLaw. "Pennsylvania Euthanasia Laws." Findlaw, June 21, 2016. https://www.findlaw.com/state/pennsylvania-law/pennsylvania-euthanasia-laws.html.

clause,[9] so representatives had to clarify in the bill that assisted suicide does not count as suicide, and people can still inherit insurance death benefits.

Assisted dying forms require two witnesses, and "...one of the witnesses shall be an individual who is not: (1) a relative of the qualified patient by blood, marriage or adoption; (2) someone with whom the qualified patient has had a significant relationship; (3) an individual who, at the time the request is signed, would be entitled to a portion of the estate of the qualified patient upon death under a will or by operation of law; or (4) an owner, operator or employee of a healthcare facility where the qualified patient is receiving medical treatment or is a resident." The witness restrictions only apply to one witness, meaning that at least one witness *can* be one of the listed persons. The allowing of one of these witnesses to fit the listed criteria leaves room for bias if the witness has coerced/pressured the patient toward assisted suicide due to feeling that the patient is a burden, if the witness can benefit from the patient financially, if the health care facility will save money from the patient's death, or due to other harmful intentions.

The bill further states that, "...If the qualified patient is in a long-term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the long-term care facility and who has the qualifications required by the department by rule." This statement is a contradiction of the aforementioned rules and leaves room for two biased witnesses, since one witness can be a family member seeking to eliminate a burden from their lives, and the other, if chosen by the long-term care facility, could seek to save the facility money. In regard to saving money, the bill states that "feasible alternatives" such as comfort care, hospice care, palliative care, and pain control must be offered to the patient, but insurance companies/hospitals know that it is cheaper to prescribe assisted suicide drugs. The presenting of alternative options gives the illusion that the patient has other choices, but when presented with more expensive options, many patients may likely consider it a duty to their families to pick the cheaper option.

Faulty judgements

Lastly, if a physician determines "within reasonable medical judgment" that a patient will die within 15 days of making their first oral request, the patient does not have to wait the required 15 days before the writing of the prescription. Realistically, physicians can never know for a fact that a person will die within six months, let alone 15 days. This is further cutting lives short, unnecessarily, by speeding up killing, for we never actually know how much life a person has left, as

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[9] Valentine, Ashlee. "Does Life Insurance Cover Suicide?" Forbes Advisor, January 3, 2024. https://www.forbes.com/advisor/life-insurance/coverage-for-suicide/.

standard medical statistical tools such as the Kaplan-Meier Curve,[10] which simply provide estimates, confirm. The "within reasonable medical judgment" line also helps to keep physicians safe from penalty if a patient withdraws their request and the physician is proven wrong.

Towards the end of the bill, it is stated that "Nothing under this chapter may be construed to authorize a physician or any other individual to end a patient's life by lethal injection, mercy killing or active euthanasia. Actions taken in accordance with this chapter shall not constitute suicide, assisted suicide, mercy killing or homicide under the law." This statement is verbal gymnastics to get around the reality that they are legalizing murder. While this bill doesn't allow physicians or anyone else to inject lethal doses, it does legalize active physician assisted suicide, so this statement is a contradiction. These physicians and others are participating in assisted suicide, mercy killing, and homicide because there is conspiracy to help kill. The words "under the law" are added to protect persons from penalty by negating other murder laws.

This bill violates the sacredness of human life and is the opposite of "compassionate, dignified death." Put in the plainest terms, this bill abandons the terminally ill and devalues their innate human worth. To truly protect the vulnerable, we must understand the reasons the terminally ill opt for assisted suicide[11] and act accordingly to honor their right to life from conception to natural death.

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[10] Rich, Jason T., J. Gail Neely, Randal C. Paniello, Courtney C. J. Voelker, Brian Nussenbaum, and Eric Wang. "A Practical Guide to Understanding Kaplan- Meier Curves." Otolaryngology and Head and Neck Surgery/Otolaryngology--Head and Neck Surgery 143, no. 3 (September 1, 2010): 331–36. https://doi.org/10.1016/j.otohns.2010.05.007.

[11] Breckenridge, Katie. "Death Wishes Writ Large and Getting Larger by Katie Breckenridge - Salvo Magazine," n.d. https://salvomag.com/post/death-wishes-writ-large-and-getting-larger.