

### **Introduction**

FCLNY opposes assisted dying as part of a consistent life ethic that actively opposes all types of violence but particularly the state sanctioned lethal violence of assisted dying, capital punishment, war, abortion, and unethical scientific research on human beings. Assisted dying is a term that encompasses other, more familiar terms like euthanasia and assisted suicide.

Euthanasia is when “someone else intentionally takes the final action that ends another person’s life. The most common method is by administering a lethal dose of medication intravenously – by injection.” Assisted suicide is when “a person intentionally ends their own life with help from at least one other person. The person who dies receives the lethal dose from someone else and takes the final action that ends their life, usually by swallowing the lethal dose or triggering an intravenous (IV) administration.” Assisted suicide is also referred to as physician-assisted suicide and in New York, as “medical aid in dying”. Both terms seek to shroud the action of lethal violence and dehumanize patients. Manipulation of language is a tried-and-true strategy used by those trying to change public perception. FCLNY recognizes that changing the language does not change the reality of killing. FCLNY also recognizes that human dignity is inherent, not earned and remains intact despite illness, pain, disability, or level of dependence.

### **Impact**

Assisted dying is legal in 11 countries including the Netherlands, Canada, Switzerland, Germany, Japan, and South Korea. In the United States although at least 29 states have recently rejected euthanasia or assisted suicide legislation, it is legal in Washington, Oregon, Colorado, Vermont, Montana, California, Hawaii, New Jersey, Washington D.C., and Maine with New York State predicted to join those states in 2021.

Assisted dying laws perpetuate “incremental desensitization and a “burden to society” mentality that can consciously or unconsciously act against a patient’s desire to live. For example, in Oregon, where the most complete data is available, there has been a steady increase in requests for assisted dying since legalization in 1998 and in 2019, of the 290 people who requested death by lethal injection, 59% cited “burden to family” as an end-of-life consideration but only 33% cited inability to manage pain. Assisted dying laws allows physicians to provide death in place of mental health services to those who wish to die. Of the 290 people who requested death in Oregon, only one was referred to mental health services. Death would be an unacceptable solution were the patient young or experiencing depression in the prime of life.

Assisted dying erodes physician’s professional integrity and trust in the physician as caretaker. A case study from the Netherlands shows that the elderly are now so distrustful that their doctors will euthanize them without their consent that some now carry “Do Not Euthanize” cards.

Lastly, assisted dying endorses suicide as an appropriate response to suffering. Universally, general suicide rates increase in jurisdiction where assisted dying is legal.

### **Solution**

FCLNY believes that the most important solution to addressing the issue of legalized assisted dying is a cultural reframing of the concepts of mercy and dignity. We endorse non-lethal treatment for those experiencing the pain of terminal illness and increased resources for families. According to Dr. Daniel Sulmasy of the University of Chicago, pain, or associated symptoms, though not commonly cited as a reason for desiring death, can almost always be alleviated with medication in Palliative or hospice care. Increased medical assistance at home can alleviate feelings of burden and offer families increased support through difficult times. Greater access to suicide prevention services can provide support for those feeling desperate, hopeless, fearful or who wish to end their life and act as a humane resort to suicide.

### **Conclusion**

FCLNY opposes legalized assisted dying because it is a violence that discriminates against the elderly, the sick, the disabled and the dying. Although only legal in 8% of the world's nations and recently rejected by 29 U.S. states, Medical Aid in Dying laws threaten New York. Assisted dying perpetuates incremental desensitization and a "burden to society" mentality. It erodes physician integrity and patient trust and endorses suicide as an appropriate response to suffering. It is necessary to question any ideology that calls death mercy when the patient is sick, disabled or suffering but would not think of offering such an alternative to those who are able-bodied but seeking death.

### **Did you know?**

In Oregon, the leading cause of death among 10-24-year-olds is suicide and in Montana, a state which legalized euthanasia in 2009 has the highest general suicide rate in the United States.