We Cannot Allow Patients to Kill Themselves

The Massachusetts legislature has once again introduced a bill to legalize physician-assisted suicide (PAS). Deemed the "End of Life Options Act", it seeks to make killing oneself just another end-of-life option to be provided by a doctor. It is a further expansion of the culture of death, a description famously given to Western society by Pope Saint John Paul II in his 1995 encyclical, *Evangelium Vitae*.

Despite vigorous public testimony regarding the dangers of assisted suicide, legislators and advocates continue to press for legalization. Advocates will talk about how "safe" the law is because no incidents have been reported. The reality is that no current law legalizing PAS contains any regulatory oversight since doctors that participates are completely immune from any criminal, civil, or professional liability.

Furthermore, no researchers have examined the practice. Scholars are quoting 20-year-old data collected just prior to Oregon's legalization. The physician self-reports compiled by these states contain grouped statistics without details. Research is made more difficult by falsely listing the cause of death as the underlying illness. It is easy to say the laws are safe when no one is really checking.

They point out the carefully-crafted safeguards, but where PAS is legal, advocates decry them as barriers that must be removed. Death within six months and the mental health exclusion are the two most sought after "barriers". What is portrayed as "dignity" for the suffering eventually becomes PAS for anyone who asks. Euthanasia is not far behind that.

You will hear stories of people claiming unbearable suffering at the end of their lives. You will not hear that around 80% of people request PAS not because they have any physical pain, but because they can no longer do what they want (decreasing ability to participate in activities that make life enjoyable, loss of autonomy, loss of dignity). They want the medicine because they feel better just knowing they have it. Why? So on a bad day, they can impulsively take it? Reducing physical suffering is the proper role of medicine, not helping patients die.

The bill has written into it the same inherent conflict of interests placed in all the other bills. It gives an illusion of safety by allowing only one of the witnesses to be a relative or someone who financially benefits from the patient's death—yet a son and his girlfriend eager to gain an inheritance qualifies. Neither the patient's physician nor anyone connected to a facility caring for a patient can be a witness, yet if a patient is in a long-term care facility then the facility must designate one of the witnesses. Why do all these assisted suicide laws have this strange clause that is such an obvious conflict of interest?

Most alarming is the history of Massachusetts case law in *Brophy v. New England Sinai Hospital*. The state Supreme Court allowed the wife of Paul Brophy, a man in a "persistent vegetative state", to remove his feeding tube for the expressed purpose of causing his death. The court characterized his condition as "helpless" so not worthy of equal protection. Even though the PAS bill prohibits it from anyone with a guardian, or solely because of age or disability, the *Brophy* precedent make this "barrier" an easy one to take down. A guardian could then request PAS without the patient's consent leading to death-by-proxy.

We cannot allow patients to kill themselves nor let doctors prescribe lethal doses of medication, especially without oversight or liability. We cannot legalize PAS here where it can so easily turn into death-by-proxy. Tell your legislators you oppose PAS.