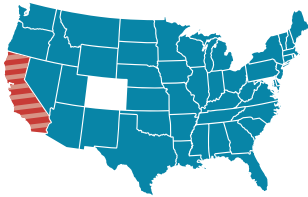


THE TRUTH ABOUT ASSISTED SUICIDE:

IT'S NOT AS DIGNIFIED AS IT SEEMS

Assisted Suicide— currently legal in only five states and the District of Columbia.



LAWMAKERS WIDELY REJECT IT

Over the past two years, twenty-nine states have considered assisted suicide legislation. Only TWO passed the bill into law and one state legalized by ballot measure.¹

LETHAL ADDICTIVE DRUGS GO UNUSED

If a patient fills the lethal prescription — typically 100 pills — but decides against taking it, there are no safeguards to ensure the drugs stay out of the hands of children and prescription drug dealers. In Oregon, 468 people have filled their prescription and decided not to end their lives, leaving tens of thousands of highly addictive barbiturates unaccounted for.^{2,3}



TAXPAYERS FOOT THE BILL

Taxpayers in Oregon and California pay for the lethal drugs and doctor visits. California's Medicaid program has budgeted \$2.3 million taxpayer dollars for the first fiscal year assisted suicide is legal. President Bill Clinton prohibited using federal funds to subsidize assisted suicide, leaving states to foot the bill.⁴

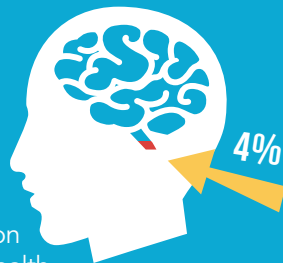


IT AFFECTS OVERALL SUICIDE RATES

Oregon legalized assisted suicide in 1997. Oregon's overall suicide rate had been comparable to the national average, but such laws make suicide more socially acceptable. By 2007, Oregon's suicide rate was 35% above the national average, and by 2010, it was 41% above. Just reading about assisted suicide can serve as a trigger for those contemplating suicide.⁵

MENTAL HEALTH CONDITIONS ARE IGNORED

Only 4% of patients who died from assisted suicide in Washington state were referred for a mental health evaluation. Suicidal patients aren't given resources they deserve, like being screened for depression by a mental health care provider.⁶



IT'S IMPERSONAL

These lethal drugs are often prescribed by physicians who barely know their patients. More than half of patients who died from the lethal drug in Washington state only knew their prescribing physician for six months or less.⁷

¹ The District of Columbia also passed legislation legalizing assisted suicide. ² Washington State Department of Health, Death with Dignity Act Frequently Asked Questions. ³ www.deathwithdignity.org/faqs.

⁴ The American Presidency Project, "Statement on Signing the Assisted Suicide Funding Restriction Act of 1997". ⁵ Oregon Public Health Division, Sept. 2010 & Nov. 2012. ⁶ www.medscape.com/viewarticle/742070_3.

⁷ Washington State Department of Health, Death with Dignity Act Report 2015, pg. 11. ⁷ Washington State Department of Health, Death with Dignity Act Report 2015, pg. 11.

Serious Side Effects of Assisted Suicide Laws

Legalized assisted suicide is fatally flawed.
It has dangerous and careless provisions making it bad public policy.

NO MENTAL HEALTH EVALUATION REQUIRED

There is no requirement that a patient receive a psychological evaluation before the life-ending prescription is written. A screening from a doctor untrained in mental health is not sufficient.

NO EDUCATION ON PROPER USE OR DISPOSAL

Pharmacists aren't required to counsel patients on proper ingestion methods or disposal of the lethal barbiturates. If patients don't use the drugs, they may dispose of them improperly, sending large amounts of barbiturates into the local drinking water supply.¹

NO DRUG TAKE-BACK PLAN

The same drugs being used in PAS now were once widely distributed on the black market and abused by prescription drug addicts in the 1970s. Barbiturates are highly addictive and can cause life-threatening withdrawal, coma or death. As the nation continues to fight prescription drug addiction, reintroducing large amounts of these drugs - with no controls in place to collect unused pills - will strain already depleted law enforcement and addiction treatment resources.²

NO PROTECTION FROM GREEDY INSURANCE ABUSE

Managed care HMOs and greedy insurance companies can, have, and will deny coverage for expensive care prescribed by physicians and offer the ever-cheap "treatment" of assisted suicide.

NO WITNESS REQUIRED AT DEATH

The law requires two witnesses to be present at the patient's request for the suicide, but none at the time of the suicide. Patients may be coerced into ingesting the drug, or another person may administer the drug, leaving serious potential for abuse.

NO WAY TO PREDICT AN ACCURATE PROGNOSIS

Patients can request PAS if diagnosed with a terminal illness and six months or less to live. But, medical prognoses are based on often-incorrect averages, and patients frequently outlive them.

NO SAFEGUARDS FOR PEOPLE WITH DISABILITIES

Leading national disability rights groups recognize the many dangers the bill poses to people with disabilities, including those with intellectual and developmental disabilities, falling prey to undue influence from doctors or family members, resulting in a lack of true informed consent.

NO FAMILY NOTIFICATION REQUIRED

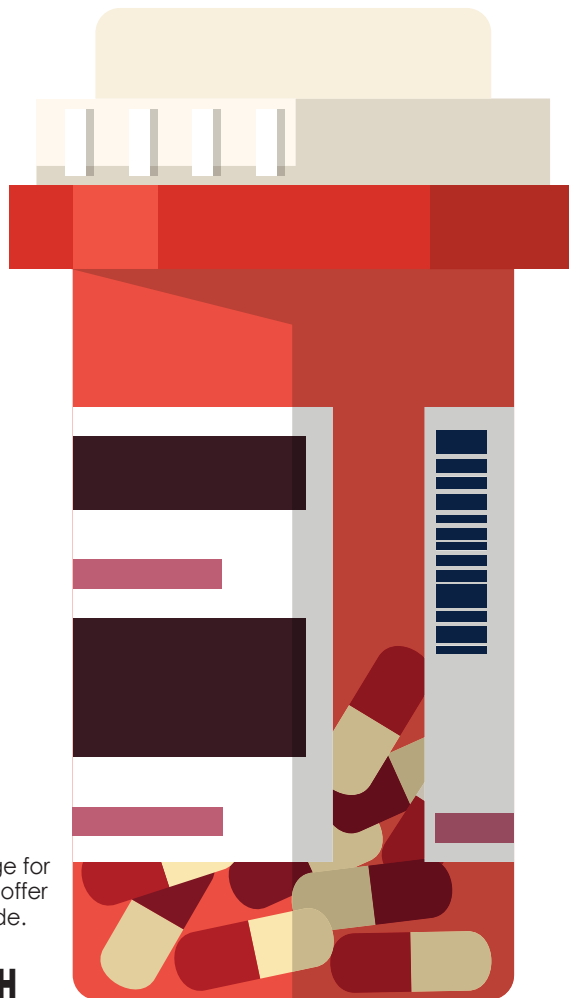
The prescribing doctor must "recommend" that the patient inform family members of his or her intention, but nothing in the law requires it.

NO PREVENTION OF ELDER ABUSE

The legislation allows a beneficiary of the patient's estate to be one of the signers on the request for the lethal pills. Allowing that is unthinkable in a probate contest and may increase fraud perpetrated on the vulnerable elderly.

NO DOCTOR OR NURSE IS PRESENT

Typically, no doctor, nurse or independently licensed aid worker is present when the patient ingests the lethal dose. If something goes wrong, any physical or emotional complications must be handled solely by the patient and those witnessing the death.



¹ EPA.gov, 04/27/2012, "Safe Disposal of Medicine"
² WebMD, "Barbiturate Abuse"

WARNING: THESE ARE ONLY SOME OF THE FLAWS IN PROPOSED LEGISLATION IN MINNESOTA TO LEGALIZE ASSISTED SUICIDE (SF 1572/HF1885)

A broad coalition of stakeholders, including disability advocates, elder abuse lawyers, members of the medical community, patient advocates, and faith-based organization, have joined together to fight this predatory policy, protect vulnerable citizens, and ensure that everyone has a compassionate end-of-life experience.

