

PHYSICIAN-ASSISTED SUICIDE FACT SHEET



WHY SHOULDN'T ASSISTED SUICIDE BE LEGALIZED?

Legalized assisted suicide contradicts the primary purpose of law, to protect our weakest members. It corrupts the medical profession, whose ethical code calls physicians to serve life and never to kill. The voiceless or marginalized in our society—the poor, the frail elderly, racial minorities, millions of people who lack health insurance—would be the first to feel “pressured” to kill themselves.

WHAT ABOUT COMPETENT, TERMINALLY ILL PEOPLE WHO SAY THEY WANT ASSISTED SUICIDE?

Suicidal wishes among any members of our society should be treated with counseling and suicide prevention, the terminally ill included. When their pain, depression and other problems are addressed, there is generally no more talk of suicide. If we respond to the terminally ill by offering them lethal drugs, we have made our own tragic choice as a society that some people's lives do not matter.

WHAT ABOUT THE HIGH COST OF HEALTHCARE?

Healthcare can be expensive. The answer is better care, not encouraging death. Once assisted suicide is a legal option, and far less expensive than most treatments, the temptation will be great to label patients with lingering illnesses as economic liabilities. Will patients be coerced to choose death to keep costs down? The answer is yes!

WHY ARE PEOPLE WITH DISABILITIES WORRIED ABOUT ASSISTED SUICIDE?

The disabled experience prejudicial attitudes on the part of able-bodied people, including physicians, who incorrectly assume they have little or no “quality of life.” Such prejudices could easily lead families, physicians and society to encourage death for people who are depressed and emotionally vulnerable as they adjust to life with a serious illness or disability. In this instance, how can we say suicide is a “free choice”?

DOESN'T ASSISTED SUICIDE ALLOW PEOPLE TO DIE WHEN THEY CHOOSE, SURROUNDED BY FAMILY?

Many patients given a prognosis of dying within 6 months live much longer. It is not an exact science. SB 128 does not require patients to inform their families of their suicidal wishes when obtaining the overdose medication. There is no requirement for witnesses or assistance while taking the medication and dying, so many people end up dying alone.

IS THE CATHOLIC CHURCH ALONE IN OPPOSING THE LEGALIZATION OF ASSISTED SUICIDE?

No, we join with senior groups, advocates for the elderly and disabled, medical experts, suicide-prevention professionals and a long list of organizations that are all part of Californians Against Assisted Suicide.

WHAT IS THE VIEW OF THE MEDICAL PROFESSION?

The American Medical Association holds that “physician-assisted suicide is fundamentally incompatible with the physician's role as healer.” The AMA, along with the American Nurses Association, American Psychiatric Association and dozens of other medical groups, have urged the Supreme Court to uphold laws against assisted suicide, arguing that the power to assist in taking patients' lives is “a power that most health care professionals do not want and could not control.”

WHAT CAN I DO TO STOP PHYSICIAN-ASSISTED SUICIDE?

First, find out more about assisted suicide and its effects on our families and our culture at www.noassistedsuicideca.org. Then, stand up for the lives of our frail elderly and infirm by encouraging your legislators to vote **NO** on physician-assisted suicide. Visit www.oakdiocese.org/sb128 to find your legislator and more today.

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A CULTURE OF LIFE BELIEVES...



Every person ever created has infinite dignity from the moment of conception through death because each person is created in the image and likeness of God. This dignity cannot be taken away or diminished regardless of disability, infirmity or illness.



A person, no matter how great his or her need, is never a burden. It is our obligation, as members of the human community, to care for those most in need. We take on this obligation willingly, understanding that what we do for the least person we do for Christ. *“The quality of a society ... is judged by how it treats elderly people and by the place it gives them in community life.”* - Pope Francis



Providing care for someone at the end of life is a requirement of human dignity. Care includes nutrition and hydration (food and water, even when provided through feeding tubes or other medical assistance, unless it becomes burdensome), cleanliness, warmth, and prevention of complications from confinement to bed.



Medical treatments include medications, procedures and interventions meant to cure, treat symptoms or prolong life. Careful stewardship of life does not demand that we always use every possible means to prolong life. Treatment can be refused, by a terminally ill patient, when its burdens outweigh its benefits for that patient. We may reject particular treatments because the treatments are too burdensome; but, we must never destroy a human life on the ground that it is a burden.



Assisted suicide intentionally brings about death through the use of overdose of medication. Euthanasia and assisted suicide are always gravely wrong. Refusing or withdrawing treatment can be moral when a patient or his or her proxy determine that the treatment is no longer helpful or is causing great pain or suffering or will result in extraordinary expense. *“A society where the elderly are discarded carries within it the virus of death.”* - Pope Francis

TAKE ACTION NOW!

URGE A
“NO” VOTE
ON
SB 128

Acknowledgement: Archdiocese of Los Angeles Office of Life, Justice & Peace contributed to this document.

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