

## Physician-Assisted Suicide: It Doesn't Improve End-of-Life Care

Supporters of assisted suicide claim that allowing this practice will focus the health care system's attention on the needs of dying patients, improving hospice and palliative care.

The opposite is true. Offering assisted suicide as a cheaper and easier solution for dying patients' problems undermines the commitment of physicians and society to improve care and treatment. As stated by Dr. Zbigniew Zylicz, a physician with long experience in the Netherlands, acceptance of assisted suicide "serves to stifle creativity in palliative care and even to make proper care impossible to achieve."

The evidence shows that no one should vote to legalize assisted suicide hoping it will improve end-of-life care:

- After Oregon's law allowing assisted suicide took effect at the end of 1997, the families of terminally ill patients reported an *increase* in cases of untreated pain. Oregon has fallen behind the rest of the nation in expanding hospice care.
- The same trend is seen in Europe. An investigation by Great Britain's House of Lords found that hospice care was far less developed in the Netherlands, which had allowed assisted suicide for decades, than in Great Britain where the practice remains illegal.
- The Oregon Health Plan (the state Medicaid program) and private insurers in Oregon and California have denied potentially life-extending treatments to seriously ill patients, instead offering assisted suicide as a substitute for the treatment they urgently wanted.
- By contrast, states passing new laws that *forbid* assisted suicide while affirming the legitimacy of aggressive pain control have seen significant increases in the use of effective pain medications.
- Derek Humphry, founder of the organization now known as "Compassion & Choices," has openly stated that the most compelling reason to legalize assisted suicide is cost control: This practice will not improve other end-of-life options but make them unnecessary. That argument is now being embraced in Canada, where University of Calgary researchers have released a study highlighting how many millions of dollars assisted suicide could save the health care system every year.

In short, assisted suicide doesn't enhance end-of-life care – it replaces good care. We cannot fully commit ourselves to the hard work of providing genuine solutions for patients' problems if we accept assisted suicide as the "quick fix" for those problems. Society has to decide whether to devote itself to killing the pain, or killing the patient.

Sources: See documentation on assisted suicide's threat to palliative care at <http://bit.ly/pasfacts> and <https://lozierinstitute.org/wp-content/uploads/2017/03/The-Effect-of-Legalization-of-Assisted-Suicide.pdf>.