

PAS leads to legalized euthanasia



Many countries that legalized PAS have since legalized euthanasia, where the **doctor** is now **actively administering the lethal medication.**

In 2002, Belgium legalized euthanasia for any adult or emancipated minor who is **"in a medically futile condition of constant and unbearable physical or mental suffering that can not be alleviated..."**¹⁴

This law dissolved the link between having a **terminal illness** with **six months left to live** and legal suicide. Now, **any condition** that causes suffering, including depression or other mental illness, is **justification for choosing death.**



Belgium extended this law to **apply to children of any age**, as long as the child and parents consent.¹⁵⁻¹⁶

While a child is not legally capable of consenting to sex, they can choose to consent to their own death.

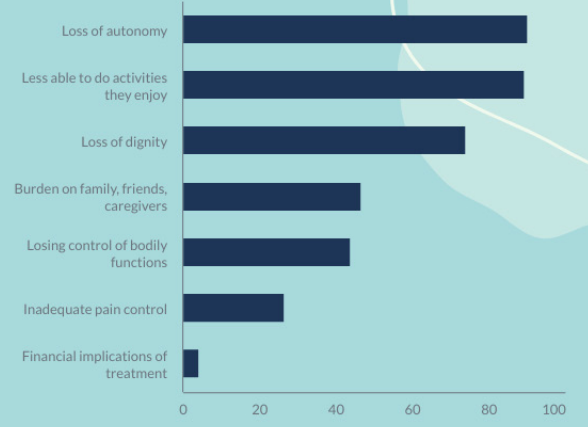


6 other countries have legalized euthanasia after legalizing PAS: Canada, Luxembourg, Colombia, New Zealand, the Netherlands, Spain, and several states of Australia.¹⁷

This leaves the **United States and Switzerland as the only two countries with legalized PAS that have not legalized euthanasia.**



idolatry of autonomy



90.2% of those who die by PAS list fear of loss of autonomy as a reason.³

Fear of losing dignity and not being able to do the things that make life enjoyable are the next highest ranking reasons.



Finances are a concern for only 4%, and even concerns about pain control occur in just 25% of these people.

This reflects a fundamental, cultural misunderstanding of what makes people valuable.

Humans are **always dependent** on others and **exist in community.**



As in the abortion discussion, **degree of dependency** does not determine value.

People of **differing abilities bring different skills** to a community. All should be treasured.

PAS teaches society's most vulnerable that **their worth ceases when their ability to work ceases**, and that because of this, it makes sense for them to end their life. Before long,

the right to die becomes the obligation to die.



To find out how you can speak out against PAS and uphold life for those who face terminal diagnoses, visit www.Y4Life.org or email michelle@y4Life.org.

Sources:

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- The estimation of all U.S. PAS deaths was calculated by tallying all reported PAS deaths on record in each state (sources 3-11). An accurate estimation is difficult because D.C. does not report their numbers, and each state's report contains a number of "unknowns" in which the drugs were prescribed but it is not known whether the drugs were taken or not.
- <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>
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Physician-Assisted Suicide:

What is it, and is it worth fighting over?

definition

"Physician-assisted suicide (PAS) is a process whereby patients with **terminal diseases**, who are deemed to have **less than six months to live**, can make legal requests of **physicians to help them end their lives.**"¹ It's usually done with a lethal overdose of barbiturates prescribed by a doctor.



(You might also hear it called "physician-assisted death" or "medical aid in dying.")

vs. euthanasia

PAS is very similar to euthanasia, with **one important distinction**. In **euthanasia**, the life-ending medication is **administered by someone other than the dying person**, such as the doctor himself. With PAS, the doctor only prescribes the medication, and the patient ingests the medication themselves.²



here's how PAS works

Who participates?

- A person with a **terminal diagnosis** (whether new or old) is told they have **6 months or less to live**.
- Rather than be **subject to the course of the disease**, the patient goes to his doctor to ask for a **life-ending drug** prescription that he can take **at a time of his choosing**.
- In most states, there are **waiting periods** where the patient must make **multiple requests** for PAS a certain **number of days apart**.
- A doctor **must refer** any patient for a **psychological evaluation** if they **suspect that depression** or other mental illness is present to see if the patient is able to make a **competent request for PAS**.
- If these obstacles are overcome, the person receives the prescription and **may take the medication at any time** or choose not to take it at all. If they take it and there are no complications, they **lose consciousness and die** shortly thereafter. Usually, this is done at home, often with family or close friends present.

10 states
California, Montana, Oregon, Washington, New Mexico, Maine, Vermont, Hawaii, New Jersey, and Colorado, plus Washington D.C., **all have legalized PAS**

9 countries
Aside from some U.S. states, **9 other countries** (Belgium, Canada, Luxembourg, the Netherlands, Colombia, New Zealand, Spain, Switzerland, and parts of Australia) **also practice PAS**.

12 states
Currently, **12 states are deliberating** on legislation to legalize PAS.

Around **6,000 people** in the U.S. have ended their lives by PAS since it was first legalized in Oregon in 1998.³⁻¹¹

As it has continued to remain legal, more and more people participate each year.

In the first year PAS was legal in OR, **23** individuals received lethal medication prescriptions, and **15** actually took the medication and died.¹²

In 2019 alone, **290** individuals received lethal medications prescriptions in OR, resulting in **188 deaths** by PAS.³

Almost without exception, every state with legal PAS has had a year-over-year increase of lethal prescriptions and PAS deaths.

According to 21 years of data from Oregon's Death with Dignity reporting, here's what someone pursuing PAS might look like:³

- I could be a man or woman.**
The gender divide is roughly equal.
- I probably have at least some college education, so this decision really isn't about lack of education.**
73.5% have at least some college education. 24.4% hold a bachelor's degree, followed closely by high school diploma/GED (21.1%) and some college education (20.7%). Those with some high school or less education make up only 5.4%, while those with a master's degree or doctorate make up 19.4%.
- I'm most likely married.**
46.3% are married, 23.6% are divorced, and 21.7% are widowed.
- My most likely terminal diagnosis is cancer.**
75.1% suffer from cancer at the time of their PAS.
- Chances are I'm between 65 and 74.**
75.9% are between 55 and 84. People as young as 25 have committed PAS in the U.S.
- I have some form of health insurance, which would help cover the expenses of my diagnosis.**
51.5% are on Medicare/aid, and 47.3% have private insurance. Just 1.2% of those who committed PAS did not have health insurance.
- I'm likely white.**
96.4% are white, 1.4% are Asian, and 1.2% are Hispanic.

What should concern us?

length of patient-physician relationship

the **median** length of patient-physician relationship is only **12 weeks**.

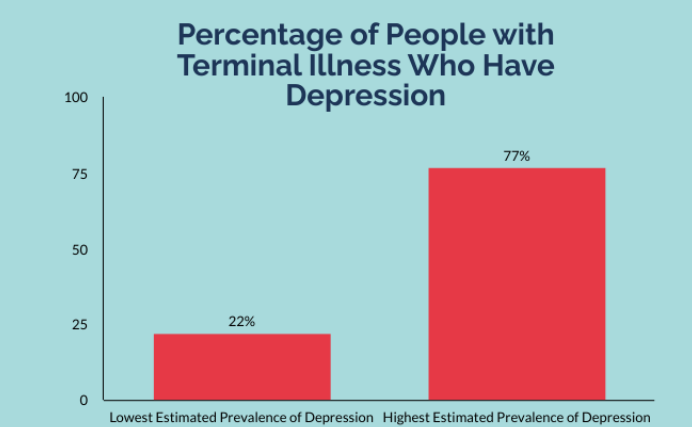
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In some cases, the doctor has a patient for **less than one week** before pursuing the prescription of a lethal medication for that patient.³

This remarkably short length of patient-physician relationship contributes to

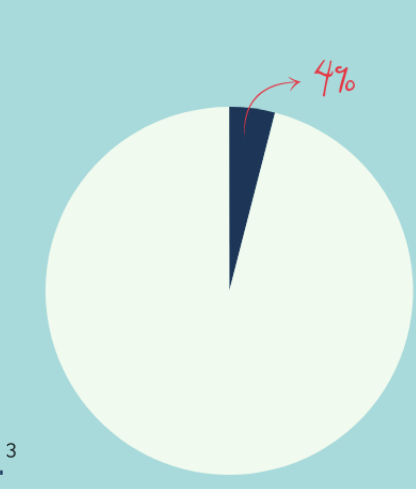
inadequate psychiatric evaluation referrals

Every state with legal PAS requires that doctors refer patients for psychiatric evaluation if they see **evidence of mental illness** such as depression that could **impair judgement about ending their life**.



Medical literature estimates that **depression is prevalent in anywhere from 22-77%** of those living with a terminal diagnosis and is known to be underdiagnosed in this population.¹³

Yet in Oregon from 1998-2019, **only 4%** of those who committed PAS **were referred for psychiatric evaluation**. In 2019, **only 1 person (0.5%) was referred**, while 187 others were simply prescribed lethal medication.³



Assuming the lowest depression prevalence of 22%, doctors prescribing PAS are **referring patients to be screened for depression over 4 times less often than they should**. In 2019, they did so **44 times less often** than they should.