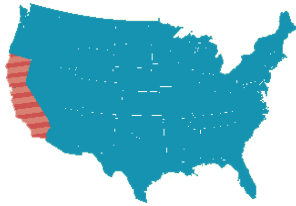


WHAT THE PEOPLE OF HAWAII NEED TO KNOW:

# THE TRUTH ABOUT ASSISTED SUICIDE

Physician-Assisted Suicide (PAS) — currently legal in only six states and the District of Columbia — has been branded as a compassionate way for terminally ill patients to choose when and how they die. The reality is, the effects of PAS on patients and families aren't compassionate or dignified at all.

Here's 6 reasons why.



## LAWMAKERS WIDELY REJECT IT

Over the past two years, twenty-nine states have considered AS legislation. Only ONE state and the District of Columbia passed the bill into law.<sup>1</sup>

## 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.<sup>2,3</sup>



## 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 PAS is legal. President Bill Clinton prohibited using federal funds to subsidize PAS, leaving states to foot the bill.<sup>4</sup>

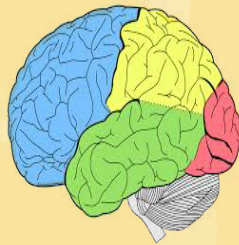
## IT AFFECTS OVERALL SUICIDE RATES



Since passing a PAS law in 1997, Oregon has seen a 49.3% increase in non-assisted suicides. PAS laws make suicide socially acceptable. As a result Oregon's overall suicide rate is 41% higher than the national rate. Just reading about PAS can serve as a trigger for those contemplating suicide.<sup>5</sup>

## MENTAL HEALTH ISSUES ARE IGNORED

Only 4% of patients who died from PAS 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.<sup>6</sup>



## 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.<sup>7</sup>

<sup>1</sup>Colorado legalized assisted suicide through a ballot measure. <sup>2</sup>Washington State Department of Health, Death with Dignity Act Frequently Asked Questions. <sup>3</sup>www.deathwithdignity.org/faqs. <sup>4</sup>The American Presidency Project, "Statement on Signing the Assisted Suicide Funding Restriction Act of 1997". <sup>5</sup>European Commission, Press Release, 12/20/2011. <sup>6</sup>www.medscape.com/viewarticle/742070\_3. <sup>7</sup>Washington State Department of Health, Death with Dignity Act Report 2015, pg. 11.

[www.hpacc.org](http://www.hpacc.org) | [www.noalohainsuicide.org](http://www.noalohainsuicide.org)

[www.facebook.com/hpacc.org](https://www.facebook.com/hpacc.org) | [twitter.com/hpacc98](https://twitter.com/hpacc98)

  
**HAWAII'S PARTNERSHIP**  
for APPROPRIATE and COMPASSIONATE CARE

"There's no Aloha in suicide."

# Serious Side Effects of Hawaii's PAS Legislation

Legislation being considered by the Hawaii State Legislature which would legalize physician-assisted suicide (PAS), is fatally flawed. The bill's (SB 1129) dangerous and careless provisions make it bad policy for Hawai'i, and wrong for the people of Hawai'i.

## 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 our drinking water supply.<sup>1</sup>

## 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 states continue 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.<sup>2</sup>

## NO PROTECTION FROM GREEDY INSURANCE ABUSE

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

## NO WITNESS REQUIRED AT DEATH

The bill 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 for people with disabilities, including those with intellectual and developmental disabilities, falling prey to undue influence from doctors or family members, resulting in lack of true informed consent.

## NO FAMILY NOTIFICATION REQUIRED

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

## NO PROTECTION FROM ELDER ABUSE

Three high-quality epidemiologic surveys to learn the extent of elder abuse in the United States reveals an estimated 10% incidence of elder abuse.<sup>3</sup> The proposed assisted suicide bill does nothing to protect older people from abuse and, in fact, puts lethal drugs into the hands of abusers.

## NO DOCTOR OR NURSE 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.



<sup>1</sup> EPA.gov, 04/27/2012, "Safe Disposal of Medicine"

<sup>2</sup> WebMD, "Barbiturate Abuse"

<sup>3</sup> <http://www.nejm.org/doi/full/10.1056/NEJMra1404688>

## WARNING! THESE ARE ONLY SOME OF THE FLAWS IN HAWAII'S PHYSICIAN-ASSISTED SUICIDE LEGISLATION

A broad coalition of stakeholders, including disability advocates, elder abuse lawyers, members of the medical community, patient advocates, and faith-based organizations, known as "Hawaii's Partnership for Appropriate & Compassionate Care," have joined together to fight this predatory policy, protect our state's most vulnerable citizens, and ensure every person in Hawai'i has a compassionate end-of-life experience.

