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# Key Points for Debating Assisting Suicide

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1. A request for assisted suicide is typically a cry for help.	It is in reality a call for counseling, assistance, and positive alternatives as solutions for very real problems.
2. Suicidal intent is typically transient	Of those who attempt suicide but are stopped, less than 4 percent go on to kill themselves in the next five years; less than 11 percent will commit suicide over the next 35 years.
3. Terminally ill patients who desire death are depressed and depression is treatable In those with terminal illness.	In one study, of the 24 percent of terminally ill patients who desired death, all had clinical depression.
4. Pain is controllable.	Modern medicine has the ability to control pain. A person who seeks to kill him or herself to avoid pain does not need legalized assisted suicide but a doctor better trained in alleviating pain.
5. In the U.S. legalizing "voluntary active euthanasia [assisting suicide] means legalizing <i>non</i> voluntary euthanasia.	State courts have ruled time and again that if competent people have a right, the Equal Protection Clause of the United States Constitution's Fourteenth Amendment requires that <i>incompetent</i> people be "given" the same "right."
6. So called "safeguards" that may be part of proposed laws are both legally meaningless and ineffective to protect the vulnerable.	The term terminal illness cannot be legally enforced, being a medical judgment; there is no witness at the time of death; nor are there adequate legal recourse options the deceased patient's family.
7. You don't solve problems by getting rid of the people to whom the problems happen.	The more difficult but humane solution to human suffering is to address the problems.