



“The Massachusetts Death With Dignity Act”

OPPOSE

Life is precious. Every hour, every minute lived is an opportunity to spend time with a loved one, reconcile with an estranged friend, accomplish something new or prepare for the end that eventually comes to everyone without any artificial hastening. That's one of the reasons MCFL is firmly opposed to the “Massachusetts Death with Dignity Act.” The “Death with Dignity” Initiative would legalize Doctor Prescribed Suicide making it legal for doctors to prescribe a lethal substance to any patient who has been diagnosed with a “terminal” illness. In places which have adopted such laws, evidence suggests that the elderly, disabled and infirm are often pressured to kill themselves rather than become a “burden” on relatives, insurance companies or the state. Will vulnerable patients be encouraged to commit suicide as a means of keeping inheritances intact or containing healthcare costs? It has also been shown that a significant number of the people who avail themselves of this option in states and countries where assisted suicide is legal suffer from severe, but entirely treatable, depression. Will suicide become a recommended “treatment” for mental illness? And what happens to medical ethics and the relationship between doctor and patient? Do we really want our healers mixed up in the business of causing death? The many questions posed by this measure make it poor public policy which should be opposed by all citizens of Massachusetts.

Quick Facts on Doctor-Prescribed Suicide

- Massachusetts has one of the most advanced health-care systems in the world, especially in the areas of hospice and palliative care. We can take a compassionate, caring approach toward treating the direly ill in our society--without asking them to commit suicide.
- The proposed law does not require the patient to notify his next of kin of his decisions, nor is a witness required when the lethal dose is “self administered.” Even if he struggled, who would know?
- Despite advances by modern medical science, misdiagnosis is still fairly common. “Terminal” illnesses are not always truly terminal. A 1997 National Patient Safety Foundation study said that as high as 42% of the population has, at some time, been misdiagnosed.
- Medical time lines are often inaccurate. Patients, especially elderly patients, given “six months to live” often survive for years.
- The text of the proposed law allows the patient’s wish to end his life to be communicated through “persons familiar with the patient’s manner of communicating.” Who will be “communicating” your wishes?
- Oregon, which legalized Doctor Prescribed Death in 1997, has a suicide rate which is significantly higher than the national average. Do such laws lead to a social climate which encourages death as a solution to personal problems?

DID YOU KNOW...

That over 90% of terminally ill patients who attempt suicide also suffer from treatable depression?

The proposed law does not require patients to seek a mental health evaluation before they choose Doctor-Prescribed Suicide?

The Massachusetts Alliance Against Doctor Prescribed Suicide (www.nodoctorprescribedsuicide.com) has been formed to work against this initiative?

Will you protect them?



FOR MORE INFORMATION OR TO HELP FIGHT THIS PETITION PLEASE CONTACT

**Massachusetts Alliance Against Doctor-
Prescribed Suicide**
PO Box 550121
Waltham, MA 02455
(617) 440-7572
MAADPs@nodoctorprescribedsuicide.com
www.nodoctorprescribedsuicide.com

Doctor Prescribed Suicide... How does it work in Oregon?

Supporters of the so-called “Death with Dignity” Act which would legalize Doctor-Prescribed Suicide (physicians knowingly giving their patients prescriptions for a lethal dose of a dangerous substance) often claim that a successful record of legal assisted suicide in Oregon proves that such a policy can be safely implemented. Is this the truth? What actually happens in Oregon?

The answer is unsettling. Despite protestations to the contrary on the part of suicide advocates, there is strong and growing evidence that Doctor-Prescribed Suicide in Oregon leads to elder abuse, a lower standard of medical care and the encouragement of depressed patients to end their lives.



Rational Suicide?

Proponents of the “Death with Dignity” Act claim that the “option” of Doctor-Prescribed Suicide will only be used by rational patients making an informed decision. The fact is that 90% of all suicides are related to mental illness, most commonly depression. In Oregon only 13% of patients requesting assisted suicide were given psychiatric screenings in 2002. In 2007 the percentage fell to 0.

Could it Happen to You?

In Oregon patients like Barbara Wagner and Randy Stroup have been told that while the life-extending treatments they need are too expensive to be paid for, the costs of “assisted suicide” were covered. Is a government bureaucrat or profit driven corporation more likely to choose to extend your precious time with family and friends or save money?

Did you know...

that in Oregon, although the government claims to keep statistics about Doctor-Prescribed Suicide, no effort is made to track whether the actual ingestion of the lethal dose is truly self-administered and voluntary and there are no penalties for involuntary administration?

GET THE REAL FACTS:

-The desire to end one’s life after a serious diagnosis is the predictable result of treatable depression. In Oregon, when family doctors asked to write a lethal prescription attempt to treat their patients’ depression, those patients are often encouraged to “doctor shop” for a physician who will write give the deadly dose.

-To date, there has not been a single instance of a patient seeking suicide to deal with “untreatable” pain.

-The pattern in Oregon has been for other care options to be abandoned once a request for Doctor Prescribed Death has been made. There is reason to conclude that if interventions were made to help them keep control in a home environment they would never exercise the suicide option.

-Over 50% of the reasons given for requesting “assisted suicide” in Oregon have been either fear of losing autonomy or decreased participation in activities. Suicide is being used as an alternative to assisting patients make the changes they need to live the lives they want.

**THE VULNERABLE NEED YOUR HELP!
Donate Today!**

The Massachusetts Alliance Against Doctor-Prescribed Suicide, as a “ballot question committee” may receive contributions without limit from individuals, corporations, including business, professional, and not-for-profit corporations, partnerships and other unincorporated businesses. Please send your generous gift to MAADPS, PO Box 550121, Waltham, MA 02455. You may also give securely online using paypal at www.nodoctorprescribedsuicide.com.