WHY ILLINOIS LEGISLATORS SHOULD OPPOSE ASSISTED SUICIDE

INSURANCE COMPANIES CAN DENY LIFESAVING TREATMENT AND COVER CHEAPER LETHAL DRUGS

Stephanie Packer was informed that her insurance company would not cover lifesaving treatment but, when asked, told that she could receive assisted suicide drugs for only a $1.20 co-pay. [1] Insurance companies are incentivized to save money in this manner. Canadian officials estimated that assisted suicide and euthanasia could reduce annual spending by between $34.7 million and $138.8 million compared to $1.5 million to $14.8 million spent on lethal drugs. [2]

PSYCHIATRIC EVALUATION IS VIRTUALLY NON-EXISTENT

Ruthie Poole experienced severe depression and, as someone who has been suicidal, can relate to the desire of "a painless and easy way out." She knows that depression is treatable and reversible. In Oregon, only 74 of the 2,454 (3%) of patients who requested lethal drugs were referred for psychiatric evaluation. [3]

PAIN OR FEAR OF PAIN NOT THE MAIN REASON FOR LETHAL DRUG REQUESTS

Diane Coleman, who has a disability, notes that the top five reasons patients request assisted suicide are not pain or fear of future pain but, rather, existential concerns that are all too familiar to the disability community: losing autonomy; less able to engage in activities making life enjoyable; burden on family, friends, or caregivers; loss of dignity; and losing control of bodily functions. [4]

SIX-MONTH DIAGNOSES FOR DEATH ARE UNRELIABLE

Jeannette Hall from Oregon was diagnosed with cancer in 2000 and asked her physician for lethal drugs. He convinced her that treatment would be beneficial and she is still alive today. A six-month prognosis for death is extremely difficult to predict accurately, with patients living months and years beyond. From 12-15% of patients outlive hospice which is based on a six-month diagnosis. [5]

[1] https://www.facebook.com/cbcnetwork/videos/10154641061607079/
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5250515/
[3] https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year25.pdf, page 13
[4] Ibid., page 14
[5] https://pubmed.ncbi.nlm.nih.gov/24922330/

ANOREXIA NERVOSA IS A TREATABLE MENTAL HEALTH DISABILITY, NOT A TERMINAL ILLNESS

Heather Weininger would have gladly sought out assisted suicide had it been available for anorexia back in the mid-90s. She told her sister she wanted her life to be over. Two women in their 30s from Colorado were given lethal drugs for anorexia which is a treatable mental health disability and not a terminal illness. [6] Patients who are not dying can refuse treatment and become eligible for assisted suicide with Oregon listing diabetes, anorexia, arteritis, and hernia as reasons to receive lethal drugs. [7]

MAJOR MEDICAL ASSOCIATIONS OPPOSE ASSISTED SUICIDE

Most major medical associations including the American Medical Association, the American College of Physicians, the American Psychiatric Association, and the World Medical Association have positions that oppose assisted suicide based on ethical considerations, the incompatibility of the role of physician as healer and the difficulty in controlling the process. Providing excellent hospice and palliative care to patients remains as the primary goal of medicine for care of patients at the end of life.

HEALTH CARE DISPARITIES EXACERBATED BY ASSISTED SUICIDE

Anita Cameron knows that assisted suicide laws put sick people, older people and those with disabilities, especially, at risk. Although people of color request assisted suicide less than white at this point, as the practice is normalized, they are more at risk of pressure to do so. Racial disparities in healthcare lead to limited health choices and poorer health outcomes including death. Economic disparities make it less likely that patients can afford life-saving treatment and more likely that doctors will "write off" patients as terminal and thus eligible for assisted suicide.

PROPONENTS TURN "SAFEGUARDS" FOR ASSISTED SUICIDE INTO "BARRIERS"

Proponents tout "safeguards" in legislation promoted to legalize assisted suicide but over time, claim the "safeguards" have turned into "barriers." States that have legalized assisted suicide have proposed or enacted provisions to reduce or eliminate waiting periods, eliminate residency requirements, eliminate self-administration requirements (euthanasia), expand the definition of terminal illness, and allow those with dementia to make advance requests.

STOP ASSISTED SUICIDE
ILLINOIS

[6] https://pubmed.ncbi.nlm.nih.gov/24922330/
[7] https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year24.pdf, page 14