



End of Life Issues

Assisted Suicide and Euthanasia

- Because every human being has an innate worth and value, any procedure that violates the sanctity of human life should be opposed.
- When we as a society start to condone assisted suicide and euthanasia, we are sending the message that some lives are not worth living.
- The goal needs to be to provide resources for these patients on how to treat their pain or disease, not to provide an early death.
- The practice of physician-assisted suicide creates a duty to die. Death may become a reasonable substitute to treatment and care as medical costs continue to rise.
- Pain management techniques have improved and have offered relief for up to 95 percent of patients.
- Physician-assisted suicide often ignores depression, a legitimate cry for help.

Frequently Asked Questions and Answers

Q. What is assisted suicide?

A. Assisted suicide involves providing a patient the means to kill him or herself. (i.e. A doctor prescribes drugs to a patient and instructs the patient on how much to take in order to kill him or herself. The patient dies of a drug overdose rather than of natural causes.) Note: Currently under Florida law, assisted suicide is considered manslaughter.

Q. What is euthanasia?

A. Euthanasia involves the direct killing of another person. Euthanasia can be requested by a patient, requested by someone else for the patient, or be carried out against the wishes of the patient. (i.e. A doctor directly injects a patient with a deadly drug. The patient dies of an intentional drug overdose rather than a natural death.)

Q. Would you favor the legalization of euthanasia?

A. No. We believe every human being has an inherent worth and dignity, and euthanasia attacks that dignity. Our focus in Florida should be on creating policy that supports people in terminally ill or handicap situations to provide effective care and successful pain management, not on killing them and ending their lives prematurely.

Q. Shouldn't people have a right to die?

A. People do have the right to die at their appointed time. However, it is not the role of government to legislate when a person can or should die, but rather to provide a safeguard for life. Euthanasia is not about giving rights to the person who dies, but, instead, it's about changing public policy so that doctors, relatives, and others can directly and intentionally end another person's life. Ultimately, euthanasia would not give rights to the person who is killed, but to the person who does the killing. It would not create a right to die, but rather a right to kill.

Q. What's the big deal? Other nations have legalized euthanasia.

A. In the Netherlands, legalizing voluntary assisted suicide for those with a terminal illness has spread to include *non-voluntary* euthanasia for many who have no terminal illnesses. Half of the killings in the Netherlands are now non-voluntary, and the problems for which death is now the legal "solution" include such things as mental illness, permanent disability, and even old age.¹

¹ Key Points on Assisted Suicide. <http://www.nrlc.org/euthanasia/facts/keypoints.html>. June 1, 2009.

“Certainly nothing like that could happen in any other civilized Western society, right? But in the United Kingdom, with the National Health Service that gives them so much pride, there is the Liverpool Care Pathway. When the health care team decides that you are ‘dying,’ then you can be put on the Liverpool Care Pathway, wherein food and water and medicines are withheld as part of palliative care. Approximately 130,000 people a year are put on the LCP, but it turns out that of the patients who are conscious, about half of them are never told that they are on the fatal pathway, and in one-third of the cases, the families are not told. The NHS is divided into ‘trusts’ which provide the health care for a geographical region, and they can save a lot of money by prematurely ending the lives of those with illness (usually within 29 hours!) In fact, the trusts received 30 million pounds to put more patients on the Pathway. Still, British Health Secretary Jeremy Hunt says that, ‘It’s a fantastic step forward, the Liverpool Care Pathway, and we need to be unabashed about that,’ and that it shouldn’t be discredited if something went wrong in ‘one or two cases.’ And, ‘Lots of people...want to die in a dignified way.’”²

Personhood supports the traditional Judeo-Christian ethic that one must use appropriate means to maintain one’s health. We are not bound to use heroic and extraordinary measures to prolong the dying process. The dying process should be allowed to be a natural process - dying in God’s time.

As Dr. Tim Moore states in *Surviving the Suffering*, “... there are two types of errors that can be made. We can play God by keeping someone alive that God is trying to call home. Or we can play God by terminating someone’s life that God still plans to use. We can play God in either direction.”

He then gives practical guidelines that should be used commonly to determine if one is truly “brain dead.” “There is a totally flat brainwave tracing. There is no response to any painful stimuli. There aren’t even any reflexes - the pupils don’t dilate, the patient doesn’t gag when the back of the throat is stimulated, they don’t blink when the cornea is touched. They don’t even breathe on their own.”³

Personhood Florida (PFL) advocates respect for all human life from biological beginning to natural death. Personhood is concerned with protecting life at all times, especially now with the U.S. leaning toward socialized health care. This system of health care may include withholding life-sustaining medical procedures for those over a certain age or for those with a condition deemed too expensive to treat.

No government agency, or its representative, has the right to deny you any life saving procedures because of your age or physical condition. No government, or individual, has the right to withhold life sustaining procedures or intervene with a procedure designed to end life.⁴

“The care of human life and happiness and not their destruction is the first and only legitimate object of good government.” ~ Thomas Jefferson

The right to life is a God-given right. God has a plan for all His persons. It is the duty of government to safeguard this plan by supporting the pledge, “Liberty and Justice for all.” Passage of the Personhood Amendment will protect everyone’s right to life.

Time is running out. Already we have a government willing to take away some of our rights. We are being told that the government knows what is best for us. Government controlled health care is being forced on us. We need this Amendment voted on and passed and we need it soon.

We can get this important Amendment on the ballot next year only if you, and thousands of others, sign the Constitutional Amendment Petition Form: www.PersonhoodFL.com - “Sign Petition.”

² Sunday, January 20, 2013, *What's Your Life Worth, Anyway?*, <http://www.survivingthesuffering.com/2013/01/whats-your-life-worth-anyway.html>

³ *Surviving the Suffering* by Tim Moore, http://www.amazon.com/Surviving-Suffering-Dr-Tim-Moore/dp/1620247690/ref=sr_1_1?s=books&ie=UTF8&qid=1367282414&sr=1-1&keywords=surviving+the+suffering

⁴ *Personhood* by Dan Becker, http://www.amazon.com/Personhood-Pragmatic-Prolife-Principles-Politics/dp/0983190305/ref=sr_1_1?ie=UTF8&qid=1367203020&sr=8-1&keywords=personhood+by+dan+becker

1. ISN'T A DECISION TO KILL ONESELF A PRIVATE CHOICE ABOUT WHICH SOCIETY HAS NO RIGHT TO BE CONCERNED?

This position assumes that suicide results from competent people making autonomous, rational decisions to die, and then claims that society has no business "interfering" with a freely chosen death decision that harms no one other than the suicidal individual. But according to experts who have studied suicide, this basic assumption is wrong.

A 1974 British study, which involved extensive interviews and examinations of medical records, found that 93% of those studied that committed suicide were mentally ill at the time. A similar St. Louis study, published in 1981, found a mental disorder in 94% of those who committed suicide for reasons other than a settled desire to die, and that they are predominately the victims of mental disorder.

2. WHAT ABOUT THOSE WHO ARE TERMINALLY ILL?

Contrary to the assumptions of many in the public, a scientific study of people with terminal illness published in the *American Journal of Psychiatry* found that fewer than one in four expressed a wish to die, and all of those who did had clinically diagnosable depression. As Richman points out, "effective psychotherapeutic treatment is possible with the terminally ill, and only irrational prejudices prevent the greater resort to such measures." And suicidologist Dr. David C. Clark observes that depressive episodes in the seriously ill "are not less responsive to medication" than depression in others. Indeed, the suicide rate in persons with terminal illness is only between 2% and 4%. Compassionate counseling and assistance, such as that provided in many hospices, together with medical and psychological care, provide alternatives to assisted suicide among those who have terminal illness.

3. STILL, SHOULDN'T IT BE THE PERSON'S OWN CHOICE?

Christopher Reeves, famous Hollywood actor who played Superman, admitted to being depressed after his horse riding accident. Because he was depressed, he thought of suicide. Yet, with encouragement and care those thoughts passed.

Almost all of those who attempt suicide do so as a subconscious cry for help, not after a carefully calculated judgment that death would be better than life. A suicide attempt powerfully calls attention to one's plight. The humane response is to mobilize psychiatric and social service resources to address the problems that led the would-be suicide to such an extreme. Typically, this counseling and assistance is successful. One study of 886 people who were rescued from attempted suicides found that 5 years later less than 4% had gone on to kill themselves. Paradoxically, the prospects for a happy life are often greater



for those who attempt suicide, but are stopped and helped, than for those with similar problems who never attempt suicide. In the words of academic psychiatrist Dr. Erwin Stengel, "The suicidal attempt is a highly effective though hazardous way of influencing others, and its effects are as a rule...lasting."

In short, suicidal people should be helped with solving their problems, not helped to die.

4. WHAT ABOUT THOSE IN UNCONTROLLABLE PAIN?

They are not getting adequate medical care and should be provided up-to-date means of pain control, not killed. Even Dr. Pieter Admiral, leader of the successful movement to legalize direct killing in the Netherlands, has publicly observed that pain is never an adequate justification for euthanasia in light of current medical techniques that can manage pain in virtually all circumstances.

Why then, do so many personal stories of people in hospitals and nursing homes deal with unbearable pain? Tragically, pain control techniques that have been perfected at the frontiers of medicine have not become universally known at the clinical level. What we need is better training in those techniques for health care personnel-not the legalization of physician-aided death.

5. WHAT ABOUT THOSE WITH SEVERE DISABILITIES?

What would this thinking say about our attitude as a society? On the one hand, we tell those who have neither terminal illness nor a disability, "You say you want to be killed, but what you really need is counseling and assistance." On the other hand, we tell those with disabilities, "We understand why you want to be killed, and we'll let a doctor kill you"? It would certainly not mean that we were respecting the "choice" of a person with the disability. Instead, we would be discriminatorily denying suicide counseling on the basis of disability. We would be saying to the non-disabled person, "We care too much about you to let you throw your life away." To the person with the disability we would be saying, "We agree that life with a disability is not worth living."

Most people with disabilities will tell you that it is not so much their physical or mental impairment itself that makes their lives difficult, as it is the conduct of the non-disabled majority toward them. Denial of access, discrimination in employment, and an attitude of aversion or pity instead of respect are what make life intolerable. True respect for the rights of people with disabilities would dictate action to remove those obstacles, not "help" them in committing suicide.

6. IS THIS REALLY AN IMPORTANT ISSUE?

If you are healthy and relatively happy, you might not think so. However, the National Council on Disability definitely thinks it is. In their position paper, Assisted Suicide: A Disability Perspective, states, "The dangers of permitting physician-assisted suicide are immense. The pressures upon people with disabilities to choose to end their lives...are already prevalent...People with disabilities are among society's most likely candidates for ending their lives, as society has frequently made it clear that it believes they would be better off dead...Persons with disabilities who are poor or members of racial minorities would likely be in the most jeopardy."

7. OPPONENTS OF LEGALIZING ASSISTING SUICIDE SAY IT WILL LEAD TO INVOLUNTARY EUTHANASIA. ISN'T THIS AN OVERBLOWN SCARE TACTIC?

Absolutely not! Those who desire to see assisted suicide and euthanasia legalized say there will be strict limitations to guard against abuse of this power to kill. Holland is often pointed to as being a good example of the humane use of euthanasia. The reality tells a different story. A report released by the Dutch government reveals that 5,941 of the 11,800-recorded cases of active assisted killing were done without the patient's consent in 1990. Safeguards do not work.

8. IS EUTHANASIA NEW TO SOCIETY?

The following is from an article in the New York Times dated October 8, 1933. The German Ministry of Justice announced its intention to authorize physicians to end the sufferings of incurable patients.

The proposal stated that, "It shall be made possible for physicians to end the tortures of incurable patients, upon request, in the interest of true humanity..." This was on the eve of the rise of a cruel tyrant, Adolph Hitler, whose inhumane treatment of fellow human beings is legendary.

The real issue of euthanasia is the value of each human life. Traditionally our society has advocated love, compassion and medical intervention to help those who are old, infirm, disabled, or deeply depressed. We are now being



conditioned to believe that it is compassionate for a medical doctor to kill a less than "perfect" human. But, when any group of people decide who lives and who dies, based on age, infirmity or mental capacity, the weak and "undesirable" become targets of the strong. Sound familiar?

9. WHAT ABOUT "WILL TO LIVE" DOCUMENTS?

There is growing evidence that those who do not provide clear directions concerning the life-saving measures they would want are more likely to be denied them than to receive them. Many court cases have been decided in favor of removing all forms of life support. Therefore, it is important that those who do not want to be denied life-



saving medical treatment, or even food and fluids, make their views known in some form of advance directive.

Two common advance directives are Living Wills and Durable Powers of Attorney. Living Wills focus on the rejection of life saving medical treatment under certain medical conditions. Durable Powers of Attorney authorize a specified person to make decisions concerning the provision or withholding of life-sustaining measures when the signer is incompetent. Though such laws appear to protect patients' rights, they have some serious flaws from a pro-life point of view.⁵

More Questions and Answers concerning End of Life issues:

Q: What help is out there to establish a “Loving Will” instead of a “Living Will”?

A: There is excellent additional information concerning End of Life **Strategy and Analysis of Strategic Concepts** at: <http://www.all.org/nav/index/heading/OQ/cat/NDA/id/NzQwNw/>

Q: What is the current attitude of Florida law concerning Rights to Live?

A: See “**TERRI SCHIAVO**”: <http://www.lifeunited.org/read/109/how-the-right-to-die-came-to-america>

Q: What are guidelines to know if feeding should be withdrawn from a patient?

A: *“Withholding or withdrawing food and water leads only to death. Death by starvation and dehydration is a very undignified and inhumane death. It demeans the patient. The patient's mouth dries out and becomes coated with thick material. Lips become parched and cracked. The tongue swells and might crack. The eyes sink back into their orbits. The lining of the nose may crack and bleed. The skin becomes loose, dry and scaly. The urine concentrates, then decreases until there is no urine. The stomach lining dries, causing dry heaves. The respiratory tract dries out, giving rise to thick secretions which could plug the lungs and cause death. Eventually, major organs fail, including the lungs, heart and brain...”*

“No one shall be declared dead unless and until there is destruction of at least the three basic unifying systems of the body, namely, the brain, the cardiovascular/circulatory and the respiratory systems.”⁶

⁵Aging and End of Life, Personhood.net, http://personhood.net/index.php?option=com_content&view=article&id=182:aging-and-the-end-of-life&catid=104:aging-and-the-end-of-life&Itemid=536

⁶American Life League, <http://www.all.org/nav/index/heading/OQ/cat/MjA2/id/MjQ4Nw/>

Personhood FL's Position Statement on Assisted Suicide and Euthanasia

Personhood FL opposes all attempts to legalize/condone assisted suicide and euthanasia. This includes the intentional use of medical technology to cause death or speed up the dying process by withholding ordinary, appropriate, and prudent medical care.

On the other hand, Personhood FL supports the traditional Judeo-Christian ethic that holds that although one must use ordinary, appropriate means to maintain one's health, one is not bound to use extraordinary and heroic measures. Thus, death may be allowed to come naturally to the terminally ill when such heroic means only prolong the dying process and contain no hope for a reasonable return of health.

Personhood FL believes that we owe our sick and dying something greater than unnecessary "right to die" bills, which would be first steps toward legalized euthanasia. There is a greater and clearer need to help the sick and dying to secure good health care.

Further reading: <http://www.humanlife.org/eid.php> Imposed Death magazine
(read online in magazine style or download as a PDF file)

We have quoted very small sections of excellent resources. This is not legal advice in any form. Our strongest advice is for you to read through these resources carefully and make wise, informed decisions. Educate your friends and family.

Sign the Personhood petition. Help us "...Enjoy and Defend LIFE..."