



## Physician-Assisted Suicide

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**Christian Medical & Dental Associations** serves as a voice and ministry for Christian healthcare professionals. Its vision is to “transform doctors to transform the world.” Founded in 1931, CMDA currently serves over 18,000 members and coordinates a network of Christian healthcare professionals for personal and professional growth; sponsors student ministries in medical and dental schools; conducts overseas healthcare projects for underserved populations; addresses policies on healthcare, medical ethics and bioethical and human rights issues; distributes educational and inspirational resources; provides missionary doctors with continuing education resources; and conducts international academic exchange programs.

# 1. What is Physician-Assisted Suicide?

Assisted suicide has been prevented in medicine for more than 2,000 years. The Hippocratic Oath says the doctor “will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect.” First “do no harm.” This “silver rule” is the foundational moral principle of medicine. It reminds doctors that as they attempt to cure and relieve suffering, they should never do anything that injures the patient.

## End of Life Definitions

Terms	Definition	Example
Medical Futility	When treatment will have no benefit or is outside accepted medical practice, the clinician may be justified in withholding or withdrawing treatment.	“Pulling the Plug” - discontinuing a ventilator or other life support measures in a dying patient.
Advance Directives	Discussions or written statements which convey a person’s wishes to his or her family and physician in the event that he or she becomes unable to discuss such matters.	“Do Not Resuscitate” order, Power of Attorney, “Living Will”
Assisted Suicide	Helping a person to kill himself. In physician-assisted suicide (PAS), the doctor prescribes a lethal dose of one or more medications.	A doctor prescribing a lethal dose of morphine, which the patient takes himself.
Euthanasia (Active Euthanasia)	From Greek meaning “good death” - the act or practice of ending the life of an individual suffering from a terminal illness or an incurable condition, as by lethal injection.	Jack Kevorkian’s televised killing of a patient by lethal injection.
Passive Euthanasia	Withholding or withdrawing medical interventions without patient’s consent; the intent is to cause death. The patient is not dying but the withdrawal of nutrition/medication will cause death.	Not giving insulin to a Type I diabetic; withdrawal of food from a feeding tube.
Voluntary Euthanasia	Patient consents to doctor’s lethal injection.	Patient asks doctor for lethal injection; doctor complies.
Non-voluntary Euthanasia	Patient’s consent not possible due to unconsciousness, mental incompetence or other medical reason.	Patient is comatose or demented.
Involuntary Euthanasia	Patient’s consent possible but not sought.	Doctor euthanizes patient without his or her consent.

“... When I started losing my hearing about three years ago, it irritated my daughter. She began to question me about financial matters and apparently feels I won’t leave much of an estate to her... She became very rude.... Then one evening (she said) she thought it was okay for older people to commit suicide... So I sit, day after day, knowing what I am expected to do.” —*Santa Rosa Press Democrat*, September 14, 1993, interview with 84-year-old woman



## 2. What You Should Know

There are many factors driving the physician-assisted suicide movement in the 21st century. Seventy-seven million “baby boomers”—Americans born between 1946 and 1964—are becoming eligible for Medicare enrollment.<sup>1</sup> Americans aged 65 and older account for almost a fifth of all suicides.<sup>2</sup> And proponents of “hastened death” speak of compassionate solutions to painful illnesses through “death with dignity.” Combine these powerful forces with an impersonal and technological healthcare system, and the result has proven lethal. But what you should know is that assisted suicide is an immoral slippery slope that corrupts the doctor-patient trust, and destroys public policy.



### Studies Show...

An article by Ezekiel J. Emanuel, MD, PhD, in the *Archives of Internal Medicine*, January of 2002, evaluated several recent studies conducted on physician-assisted suicide and euthanasia. His conclusions:<sup>3 4</sup>

- ◆ More than 90 percent of the public deem withdrawing life support as ethical, while at best 65 percent support euthanasia or PAS.
- ◆ Among oncologists, as many as 50 percent have received requests for euthanasia or PAS.
- ◆ When asked for PAS, 76 percent of Washington state physicians increased treatment of physical symptoms, 65 percent treated depression and anxiety, and 24 percent referred the patient for a psychiatric evaluation.
- ◆ Although most patients initiated the request for PAS, almost half of them did not repeat the request.
- ◆ Among the first 43 cases of PAS in Oregon, 72 percent of the patients had cancer.

◆ Among the patients receiving PAS in Oregon, only 1 of 15 had uncontrolled pain. Depression, hopelessness and general psychological

distress are consistently associated with interest in PAS and euthanasia.

- ◆ Among terminally ill patients, the extent of caregiving needs was associated with interest in euthanasia or PAS.

### Other study findings:

- ◆ “Factors associated with being less likely to consider euthanasia or PAS were feeling appreciated, being aged 65 years or older, and being African American. Factors associated with being more likely to consider euthanasia or PAS were depressive symptoms, substantial caregiving needs, and pain.”<sup>5</sup>
- ◆ “In cases of completed suicides [in Oregon] in 2001, concern over losing autonomy was given as a reason 94 percent of the time and fear of losing control of body functions was mentioned by more than half the patients.”<sup>6</sup>
- ◆ “The basic tenets of palliative care, including symptom control, psychological and spiritual well-being, and care of the family, may all be summarized under the goal of helping patients to die with dignity... What defines dignity for each patient and his or her family is unique and should be considered by clinicians to provide the most comprehensive, empathic end-of-life care possible.”<sup>7</sup>
- ◆ “Frequently, the request for PAS reflects a patient’s misunderstanding about his or her options for end-of-life care. Patients who ask for PAS may actually be requesting aggressive symptom control should their suffering become intolerable. They may not understand that medications can be increased to whatever levels are required to relieve physical symptoms...or other physical and emotional suffering. Even if death is hastened in the process...such actions are morally permissible and legal when the intent of the treatment is to relieve symptoms and not to cause the patient’s death.”<sup>8</sup>

## Where is Physician-Assisted Suicide Legal?

**California:** After being defeated four times in committee with weeks of deliberation in 2015, Governor Jerry Brown signed AB-15 legalizing physician-assisted suicide into law on October 5, 2015. The bill took effect January 1, 2016.

**Colorado:** In November 2016 Colorado approved a proposition to allow physician-assisted suicide becoming the fifth state to legalize requests for life-ending medication.

**District of Columbia:** Physician-assisted suicide passed in February 18, 2017 by the D.C. Council. Congress has authority to intervene under the Constitution and the federal act that allows the city to govern itself. The 2018 federal budget could nullify the D.C. law.

**Montana:** *Baxter vs. State* gives doctors who assist a patient's suicide a potential defense to prosecution for homicide. *Baxter* does not legalize assisted suicide by giving doctors or anyone else immunity from criminal and civil liability although proponents argue that this is the case.

**Oregon:** "Death with Dignity" referendum passed 51 percent to 49 percent in 1994 and was implemented in 1998 after an injunction, a 9th Circuit Court ruling and a U.S. Supreme Court ruling.

**Vermont:** "End of Life Choices" act was signed into law on May 20, 2013 legalizing physician-assisted suicide.

**Washington:** Act was enacted via a ballot initiative in 2008 and went into effect in 2009 to legalize physician-assisted suicide.

**The Netherlands:** Tolerated since 1973, physician-assisted suicide and euthanasia were legalized in April 2001 with a public approval rating of 90 percent. The law requires consent, unbearable suffering and a terminal diagnosis.

**Colombia:** Colombia's Supreme Court found a constitutional right in 1997 to euthanasia for terminally ill patients who request it.

**Australia:** Legalized in the northern territory in April 1996 but overturned in 1997.

**Luxembourg:** Physician-assisted suicide and euthanasia were legalized in 2009.

**Belgium:** The Belgian Parliament legalized euthanasia in May 2002. In February 2014, Parliament passed a bill allowing euthanasia for terminally ill children without any age limit. When, as expected, the bill is signed by the king, Belgium will become the first country in the world to remove any age limit on the practice.



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Euthanasia in many forms has been tolerated for almost 30 years in the Netherlands. Dr. J.H. Seger in a 1988 issue of *Law and Medicine* reported that 60 percent of the elderly in the Netherlands were fearful that their lives would be ended against their will. The Congressional Report on Physician-Assisted Suicide describes many cases where doctors influenced patients to take their lives, including the case of "Mrs. P." Her primary care doctor encouraged her to take her own life due to congestive heart failure that had limited her activities. He told Mrs. P. that this was "not going to get any better," her life was limited because she couldn't clean her house and the pills she had to take "made no sense." She followed his advice to the horror of her cardiologist, who saw her as "wonderfully outgoing" and having a "pleasant personality."<sup>9, 10</sup>

## The Netherland's Slippery Slope

- 1973** Physician gives lethal injection to her mother; court considers it a compassionate act.
- 1981** Active voluntary euthanasia criteria set by court.
- 1982** Permitted for chronic disease; patient does not have to be terminally ill.
- 1985** Non-voluntary euthanasia tolerated; doctor was not only acquitted for killing several nursing home patients without consent, he received compensation for damage to his reputation.
- 1989** First infanticide case; baby with Down's Syndrome given lethal injection.
- 1994** Court okays euthanasia for mental suffering. Sixty-four percent of The Netherland's doctors think euthanasia can be an acceptable alternative for patients suffering from a mental disorder in the absence of any physical disorder.<sup>11</sup>
- 1997** No penalty for not following PAS rules; doctor was charged for not getting written consent, not observing waiting period and failing to report death. He was given a suspended sentence.
- 2001** Euthanasia legalized. Sixteen-year-old children can make decision without parental consent.<sup>12</sup>



Henk Reitsema's grandfather suffered from non-Hodgkin's lymphoma, and also had pain in his leg, for which he asked pain medication. The staff at the Dutch nursing home, withdrew Mr. Reitsema's water and food and filled his body with morphine. He soon died from pneumonia.

"Instead of being able to mourn together..." Henk laments, "[Everybody in the family was] first having a slinging match as to who would have given permission. Because nobody believed that it could be possible that a doctor could make a decision like this single-handedly. They were just not believing it possible that someone who's an official in a normal kind of institution would play lord over life and death... The newspaper reported that they practiced 'bed-rooming,'—making space in the beds from time to time—by putting in what the Dutch call *versterving*. It's a sort of humanistic Dutch word for letting somebody starve. It's an official term, a euphemistic term. It's one that makes active killing of people sound like a treatment."

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## Religious & Secular Organizations Agree: PAS Is Unethical

### **American Medical Association** (June 1994) [www.ama-assn.org](http://www.ama-assn.org)

- "PAS is fundamentally inconsistent with the physician's professional role."
- "The medical profession must redouble its efforts to provide optimal end-of-life care."
- "Requests to physicians for PAS should signal the M.D. that the patient's needs are unmet and further help is needed."

### **American Nurses Association** [www.nursingworld.com](http://www.nursingworld.com)

- "The nurse should not participate in assisted suicide."
- "Such an act is in violation of the Code for Nurses and the ethical traditions of the profession."
- Nurses "have an obligation to provide comprehensive and compassionate end-of-life care which includes the promotion of comfort and the relief of pain."

### **Christian Medical Association** [www.cmda.org](http://www.cmda.org)

- "We oppose active intervention with the intent to produce death for the relief of suffering, economic considerations or convenience of patient, family, or society."
- "The Christian physician, above all, should be obedient to biblical teaching and sensitive to the counsel of the Christian community."
- "We recognize the right and responsibility of all physicians to refuse to participate in modes of care that violate their moral beliefs or conscience."

### **Islam's Koran**

- "Whoever takes his or her own life by any means has unjustly taken a life that Allah has made sacred."<sup>13</sup> The Islamic Code of Medical Ethics also states, "Mercy killing finds no support except in the atheistic way of thinking that believes that our life on earth is followed by a void."<sup>14</sup>

### **The Central Conference of American Rabbis** <http://ccarnet.org/>

- "We cannot sanction, favor or support the legalization of physician-assisted suicide."<sup>15</sup>

### **United States Conference of Catholic Bishops** [www.nccbuscc.org/](http://www.nccbuscc.org/)

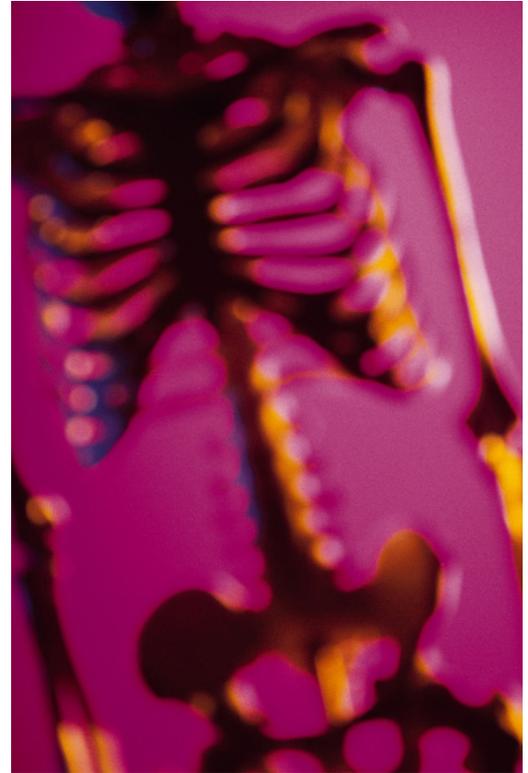
- "Nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action."

"The Oregonian reported in October of 1998 that the Oregon Medical Assistance Program would now pay for physician-assisted suicide but no longer would pay for adequate palliative care. Pain medications were capped at low levels. The program had also suspended funding for antidepressants, but later reversed that position under significant protest. So much for a system that is supposed to be committed to the dignity of the patient. All this tells a poor patient is that we are happy to kill you, but that you are not even worth the cost of appropriate comfort care."

—Testimony of Christopher Hook, MD, consultant in Hematology and Medical Oncology  
at the Mayo Clinic in Rochester, Minnesota.

## Legalized physician-assisted suicide is dangerous because:

- **It provides a financial incentive for premature deaths.** Since it's always cheaper to give a patient a suicide pill than to provide real care, imagine the financial incentives assisted suicide offers to HMO's, government payers, insurance companies and heirs.
- **It invites pressure and coercion.** While measures require paper forms and stipulate that suicide requests be "made voluntarily," subtle pressure and even outright coercion at the bedside of vulnerable patients are extremely difficult, if not impossible, to detect and prosecute. Pressure-producing statements whispered at bedside may cause Grandma to feel guilty about "burdening loved ones." Grandpa may take suicide cues from a physician's comment about healthcare costs. The "right to die" quickly morphs into the "duty to die."
- **It covers up abuses.** The only statistical indicators of Oregon's assisted suicides are dutifully trotted out by state bureaucrats in a bare-bones annual report. By clever mandate of law, "the information collected shall not be a public record and may not be made available for inspection by the public." Violators are expected to self-report. No penalties are provided for non-reporting. No watchdogs or media can review even redacted records. The government only reviews a sampling of records, does not verify their accuracy and subsequently destroys the records.
- **It gives someone the legal power to kill.** Under existing law, every patient and/or his designated decision-maker has the right to refuse prolonging life by artificial means. No one has to linger indefinitely when natural causes would lead to death. It is ethically acceptable to refuse or discontinue futile treatments.
- **It would destroy the doctor-patient relationship.** The most fundamental part of a doctor-patient relationship is trust. If doctor assisted suicide were legal, patients wouldn't know if the doctor's ultimate motive was to heal them or end their life.
- **It makes socially marginalized groups vulnerable.** No matter how carefully any guidelines for physician-assisted suicide are framed, the practice will be implemented through the prism of social inequality and bias that characterizes the delivery of services in all segments of our society, including health care. The practices will pose the greatest risks to those who are poor, elderly, isolated, members of a minority group, or who lack access to good medical care.



*"As the habit of killing catches on, the voluntary element is lost. Patients in Holland are having to carry cards saying: "Please, doctor, DON'T kill me." —BBC News*

*"Do you know that the Dutch can have three passports? One is for proving nationality when they go on an overseas travel. The rest of the two are "euthanasia passport" and "life passport". "Euthanasia passport" is for asking doctors to carry out euthanasia if they fall into coma. "Life passport" is for refusing euthanasia even if they fall into coma. That is to say, these two passports are mobile living will to indicate how they die. Both of them are postcard size and published by NGO (NVVE)." —"About Euthanasia" blogpost*



# 3. What You Can Do

## Know What the Bible Says

### 1. Human life is sacred because man is made in God's image.

"Then God said, 'Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground.'" Genesis 1:26



### 2. God alone is sovereign over life and death.

"See now that I myself am He! There is no god besides me. I put to death and I bring to life, I have wounded and I will heal, and no one can deliver out of my hand." Deuteronomy 32:39

"For my thoughts are not your thoughts, neither are your ways my ways," declares the LORD. "As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts." Isaiah 55:8-9

"Your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be." Psalm 139:16

"In him we were also chosen, having been predestined according to the plan of him who works out everything in conformity with the purpose of his will..." Ephesians 1:11

"Just as man is destined to die once, and after that to face judgment." Hebrews 9:27

### 3. Suicide is defined as self-killing.

"Thou shall not kill." Exodus 20:13

"Endure hardship with us like a good soldier of Christ Jesus." 2 Timothy 2:3

### 4. The human body belongs to God.

"Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own." 1 Corinthians 6:19

"Therefore, since Christ suffered in his body, arm yourselves also with the same attitude, because he who has suffered in his body is done with sin. As a result, he does not live the rest of his earthly life for evil human desires, but rather for the will of God." 1 Peter 4:1-2

### 5. Suffering can draw us closer to God.

"We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead." 2 Corinthians 1:8-9

"But he said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me." 2 Corinthians 12:9

### 6. The eternal transcends the temporal.

"Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal." 2 Corinthians 4:16-18

### 7. God's steadfast love offers us hope.

"For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord." Romans 8:38

### 8. We can glorify God even in death.

"Jesus called out with a loud voice, 'Father, into your hands I commit my spirit.' When he had said this, he breathed his last. The centurion, seeing what had happened, praised God and said, 'Surely this was a righteous man.'" Luke 23:46-47

"I eagerly expect and hope that I will in no way be ashamed, but will have sufficient courage so that now as always Christ will be exalted in my body, whether by life or by death." Philippians 1:20

### 9. Jesus Christ offers us ultimate victory over suffering.

"For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord." Romans 6:23

"When the perishable has been clothed with the imperishable, and the mortal with immortality, then the saying that is written will come true: 'Death has been swallowed up in victory.' 1 Corinthians 15:54

## What You Can Do: Answer the Arguments

<p><i>“Physician-assisted suicide is no different than refusing artificial life support.”</i></p>	<p>Under existing law, every patient and/or his or her designated decision-makers have the right to refuse the artificial prolonging of life. No one has to linger on indefinitely when natural causes would lead to death. Physician-assisted suicide goes a giant step beyond allowing a natural death, it actively causes a premature death. Legalizing physician-assisted suicide means giving someone the legal power to help kill another person.</p>
<p><i>“No one has the right to tell someone when they can or cannot die; it is an entirely individual and private choice.”</i></p>	<p>Physician-assisted suicide would actively involve many more people than the non-assisted suicide. Government and private health insurance providers, doctors, medical institutions, and family members—would stand to gain financially from the victim’s death. Patients committing suicide rather than receiving care would potentially increase profits for private insurers and HMOs. If a doctor decided to kill a patient who did not want to be killed, the sole witness would be dead. A disabled patient unable to speak for herself could fall victim to unscrupulous family members who may stand to inherit thousands of dollars.</p>
<p><i>“It’s better to end a life than to suffer from all this pain.”</i></p>	<p>Even though modern science is capable of dealing with virtually every pain a patient experiences, some patients still suffer when pain relief could have and should have been made available. This weakness in pain control can and must be remedied. Studies show that the number of requests for assisted suicide drop dramatically when more effective approaches to pain and suffering are employed.<sup>18</sup></p>
<p><i>“I’m a burden to my family and I don’t want to be dependent on them.”</i></p>	<p>This patient needs the assurance of the unconditional love of family members and their reassurance of their desire to care for their family member. When family care is not possible, hospice provides a compassionate alternative. Hospice care offers dying with dignity, fulfilling the true meaning of compassion—coming alongside the sufferer.</p>
<p><i>“This patient is going to die anyway from the amount of pain medication they’re receiving, so what’s the difference?”</i></p>	<p>The difference is the intent of the physician. A doctor’s first priority to his patient is to relieve suffering with a commitment to honor life. In the case of administering morphine, for example, to a terminal patient who is in severe pain, the intent of the doctor is to alleviate suffering, even though the medication may hasten death. Physician-assisted suicide is the process by which a doctor directly intends that the medication he is administering will result in death.</p>

## What You Can Do: Educate Yourself and Others

Proponents of legalization are trying to scare people to death by convincing them they may have only two choices – a long and painful death or legalized physician-assisted suicide. This might have been a reasonable assertion 150 years ago when there were few pain control options. Today, we have the best pain control methods in the history of medicine. Doctors can control virtually all pain with analgesics, sedatives, tranquilizers, anesthetics and other modalities.

Then why do patients suffer pain? There are many reasons. Pain control has not been a high priority in the health system, and there has been a failure to diagnose it.<sup>16</sup> Many doctors are not aware that almost all pain can be relieved because they lack knowledge in effective pain control techniques. Some doctors have an exaggerated fear of narcotics addiction potential and are thus afraid to give effective but large doses of analgesics. Others fail to refer patients when their pain control needs exceed the doctor’s capabilities. With rigid and onerous state and federal regulations, many doctors fear that a large prescription for a controlled substance may cause them to lose their licenses.

Each of these barriers to good pain control is now being addressed through aggressive campaigns by many organizations to educate healthcare personnel and regulators. It is clear that it is not necessary to kill the patient to kill the pain.

—David Stevens, MD, MA (Ethics), Chief Executive Officer, Christian Medical Association

# What You Can Do: Write Your Government Leaders

Contrary to popular opinion, congressmen and senators do take note of and respond to their constituents' comments. One of the most effective means of communicating your opinion to your elected representatives is a personalized letter. The following are some tips to keep in mind when forwarding your comments and opinions to your senators and representative.

- State your purpose and stick with one subject or issue. Be careful to articulate your position clearly so there is no mistake as to what issue you are referring.
- Provide as much detail as possible. Leave little room for confusion in your letter by including bill numbers, chamber (Senate or House) and/or bill names when at all possible.
- Be factual, supporting your claims with personal experiences. For example, include how the legislation will affect you and those in your similar situation. Avoid irrational and emotional arguments, as they tend to be less effective.
- Feel free to offer alternatives to the legislation you oppose. Sometimes it is helpful for them to see that there are other ways of dealing with the issue which would be more effective, from your point of view.
- Ask for the senator's/representative's view instead of demanding support for your views. This way you can find out where he/she stands and why. Avoid hostility in your letter.
- Be legible! It is the most important part of writing a letter. If others cannot read and follow your letter, its impact will be null and void. Make sure your name and address are properly displayed and written clearly to prevent any inaccurate interpretations.
- Feel free to include any relevant information you know about your senators/representative, i.e., relevant background information, committee assignments, interests, past voting record, etc. It also reveals your interest and knowledge in their public service. This is your attempt to approach the issue from his/her point of view and experience.

## Addressing your congressman and senators:

The Honorable \_\_\_\_\_  
United States Senate  
Washington, D.C. 20510  
Dear Senator:

The Honorable \_\_\_\_\_  
U.S. House of Representatives  
Washington, D.C. 20515  
Dear Representative:

## Additional helpful addresses:

President of the United States of America  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500  
202-456-1414 (Phone)  
202-456-2883 (Fax)  
*president@whitehouse.gov*

First Lady of the United States of America  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500  
202-456-6266 (Phone)  
202-456-6244 (Fax)

Vice President of the United States of America  
Old Executive Office Building  
Washington, D.C. 20501  
202-456-2326 (Phone)  
202-456-2461 (Fax)  
*vice.president@whitehouse.gov*

The Supreme Court of the United States of America  
One First Street, N.E.  
Washington, D.C. 20543  
202-479-3000 (Phone)

## 4. Resources

### Alliance Defending Freedom

15100 N. 90th Street  
Scottsdale, AZ 85260  
800-835-5233  
[www.adflegal.org](http://www.adflegal.org)

### Life Issues Institute

1821 W. Galbraith Rd.  
Cincinnati, OH 45239  
513-729-3600  
513-729-3636  
[www.lifeissues.org](http://www.lifeissues.org)

### The Center for Bioethics & Human Dignity

2065 Half Day Road  
Bannockburn, IL 60015  
847-317-8180  
[www.cbhd.org](http://www.cbhd.org)

### Focus on the Family

8605 Explorer Drive  
Colorado Springs, CO 80902  
719-531-3328  
800-A-FAMILY  
[www.focusonthefamily.com](http://www.focusonthefamily.com)

### Family Research Council

801 G. Street NW  
Washington, DC 20001  
202-393-2100  
800-225-4008  
[www.frc.org](http://www.frc.org)

### Patients Rights Action Fund

16 Vandeventer Ave., 1st Floor  
Princeton, NJ 08542  
609-759-0322  
[www.patientsrightsaction.org](http://www.patientsrightsaction.org)

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### Endnotes

<sup>1</sup> "Medicare Reform: Projected Problems." National Right to Life News. <http://www.nrlc.org/news/1999/NRL299/pres.html>

<sup>2</sup> "Senior Suicide Rate Alarms Doctors." CBS News. July 24, 2002.

<sup>3</sup> Ezekiel J. Emanuel, MD, PhD, Arch Internal Med. "Euthanasia and Physician-Assisted Suicide: A Review of the Empirical Data From the United States." Vol. 162 No. 2. January 28, 2002.

<sup>4</sup> Back, Anthony L., MD et al. "Clinician-Patient Interactions About Requests for Physician-Assisted Suicide." Archives of Internal Medicine. Vol. 162 No. 11, June 10, 2002.

<sup>5</sup> Ezekiel, Emanuel J. MD, PhD. Et al. "Attitudes and Desires Related to Euthanasia and Physician-Assisted Suicide Among Terminally Ill Patients and Their Caregivers." JAMA. Vol. 284 No. 19, November 15, 2000.

<sup>6</sup> American Medical News. "Death by the numbers: Physician-assisted suicide." March 18, 2002.

<sup>7</sup> Chochinov, Harvey Max, MD, PhD, FRCPC. "Dignity-Conserving Care-A New Model for Palliative Care: Helping the Patient Feel Valued." JAMA. Vol. 287 No. 17, May 1, 2002.

<sup>8</sup> Bascom, Paul B. MD, Susan W. Tolle, MD. "Responding to Requests for Physician-Assisted Suicide." JAMA. Vol. 288 No. 1, July 3, 2002.

<sup>9</sup> Charles T. Canaday, "Physician-Assisted Suicide and Euthanasia in the Netherlands," *Report to the Subcommittee of the Constitution of the Committee of the Judiciary of the House of Representatives, U.S.* (Washington: Government Printing Office, 1966), p. 17.

<sup>10</sup> Robert D. Orr, "Physician-Assisted Suicide – Is It Ever Justified?" *Suicide – A Christian Response*, ed. Timothy J. Demy and Gary P. Stewart, (Grand Rapids: Kregel, 1998), p. 61.

<sup>11</sup> NY Times June 22, 1994, p 10A

<sup>12</sup> Ibid.

<sup>13</sup> Al-Nisa 4:29.

<sup>14</sup> Islamic Code of Medical Ethics, *Islamic Organization of Medical Sciences* (Kuwait, 1981), p. 65.

<sup>15</sup> Richard F. Address, "Physician-Assisted Suicide: Framing Some Thoughts of a Difficult Discussion," *Central Conference of American Rabbis Journal* (Winter, 1997), p. 1.

<sup>16</sup> This is changing. The American Medical Association and other organizations are advocating making pain the "Fifth Vital Sign" that is measured and addressed in every patient.