NO SUICIDE
MASSACHUSETTS

Ten Reasons to Oppose Assisted Suicide Laws

S. 1384, H. 2381 – Fatally Flawed and Dangerous to Massachusetts Patients

1. Assisted suicide gives insurance companies and governments the ability to save money by pushing lethal drugs that are less expensive than treatment. This has happened in Oregon and California where patients were refused coverage of life-saving treatment and offered lethal drugs instead.[1]

   • 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]

   • When California was enacting its assisted suicide law, its fiscal note stated: "Potential minor costs and savings in Medi-Cal based on the Medi-Cal program choosing to cover this end-of-life option. …." California was predicting cost savings from covering lethal drugs instead of treatments.

2. Only 66 (4%) of the 1,657 patients who died by assisted suicide in Oregon since its legalization in 1998 were referred for psychiatric evaluation. The Massachusetts bills to legalize assisted suicide also lack any meaningful mental health evaluation.[3]

3. Inadequate pain control is not among the top five reasons patients in Oregon and Washington request lethal drugs.[4]

4. A six-month prognosis for death is extremely difficult to predict accurately, with many patients living far beyond the six months. A major study of physician prognoses in Chicago revealed that of 468 predictions, only 20% were accurate in predicting when death would occur. In another study, "No group accurately predicted the length of patient survival more than 50% of the time." [5]

5. Patients who are not dying may receive lethal drugs. The definition of terminal illness under assisted suicide laws includes patients who refuse treatment and might live for many years, and diabetes has been listed as a reason someone received lethal drugs in Oregon.[6]

6. A CDC report reveals that from 1999-2010, suicide among those aged 35-64 increased 49% in Oregon as compared to a 28% increase nationally.[7]

7. No in-person consultation is required, allowing telehealth, a simple phone call, or even email to be used to make a lethal drug request. There is no verification that it is the patient making the request.

8. Witnesses could be an heir, creating a conflict of interest. Further, no trained medical personnel are required to be present at the time the lethal drugs are taken or at the time of death, creating the opportunity for an heir or abusive caregiver to coerce the patient to take the deadly drugs or put them in the patient's food without the patient's knowledge or consent.

9. The Massachusetts bills require the falsification of the death certificate.

10. The Massachusetts bills force medical professionals who do not want to participate to (1) disclose refusal to participate and (2) make referrals to someone who will offer assisted suicide—an improper form of compelled speech.[8]

We Urge You To Vote NO on S.1384, H.2381

Website: https://noassistedsuicidema.org ; Facebook: ; Twitter:

1. Disability Rights Education and Defense Fund https://dredf.org/wp-content/uploads/2012/08/revised-OR-WA-abuses.pdf • **2.** Aaron J Trachtenberg, MD DPHil; Braden Manns, MD MSc, "Cost Analysis of Medical Assistance in Dying in Canada, CMAJ 2017 Jan 23; 189(3): E101–E105. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5250515/ • **3.** Oregon Death with Dignity Report, 2019 https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf (p. 11) • **4.** Oregon Death with Dignity Report, 2019 https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf (p. 12) • **5.** Nicholas A Christakis; Elizabeth B Lamont, "Extent and determinants of error in physicians' prognoses in terminally ill patients," West J Med. 2000 May; 172(5): 310–313. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070876/ ; Feargal Twomey; Norma O'Leary; Tony Brien, "Prediction of patient survival by healthcare professionals in a specialist palliative care inpatient unit: a prospective study," Am J Hosp Palliat Care. Apr-May 2008;25(2):139-45. https://www.ncbi.nlm.nih.gov/pubmed/18445863 ; Lorna Ear Forster, MS; Joanne Lynn, MD, "Predicting Life Span for Applicants to Inpatient Hospice," JAMA Arch Intern Med. 1988;148(12):2540-2543 https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/610800 • **6.** Oregon Death with Dignity Report, 2018 Data Summary https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf page 11 • **7.** Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report: Suicide Among Adults Aged 35-64 Years — United States, 1999-2010. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm?s_cid=mm6217a1_w Reported May 3, 2018 / 62(17);321-325 • **8.** Massachsusett's bill analysis: https://noassistedsuicidema.org/wp-content/uploads/2021/06/MA-Review-of-MA-HB2381-SB1384.pdf