

- Pain control has become increasingly inadequate in Oregon.

Who really pushes for PAS?

Advocacy groups, (Compassion in Dying -- Compassion & Choices) and they are actually the ones who aid many of the people seeking PAS rather than physicians. Assisted-suicide laws have been and will continue to be proposed throughout the country, using two prime avenues – ballot initiatives and legislative proposals.

How can people work to stop the spread of PAS?

No matter which of those two avenues may be taken, we can all effectively advocate one's position can include the following:

***Be informed.** Nothing destroys credibility more than having the facts wrong. Be able to cite your source for any information.

***Keep to the issue.**

***Write letters to the editor** of your local newspaper.

***Recognize that your views are important.**

***Become involved.**

***Contact your legislators.**

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Pamphlet 498

Euthanasia & Physician Assisted Suicide: Q & A

Physicians for Life

Where is Euthanasia and Physician Assisted Suicide (PAS) allowed?

Euthanasia -- the Netherlands and Belgium.
Assisted suicide -- the Netherlands, Belgium, Washington, and Oregon.

Isn't Physician Assisted Suicide (PAS) considered a private and personal act?

While PAS advocates promote it as private and personal, but legalization is not about the private and the personal. It is about public policy, and it affects ethics, medicine, law, families and children.

What are the main reasons people would choose PAS for themselves?

Autonomy & elimination of suffering

What are the conditions under which people are allowed to do this in Oregon?

A "qualified patient" must be an adult residing in Oregon who is capable of making decisions and must be diagnosed with a terminal condition.

Is Assisted Suicide really “good medical treatment”?

If one accepts the premise that assisted suicide is a good medical treatment should be permitted for personal autonomy or elimination of suffering, other questions are being raised by advocates, such as...

**If the reason for permitting assisted suicide is autonomy, why should assisted suicide be limited to the terminally ill? (chronic sufferers)

**If assisted suicide is a good and acceptable medical treatment for the purpose of ending suffering, why should it be limited to adults who are capable of decision-making? (children, handicapped)

You can see how the floodgates are pushed open in a hurry!

How is PAS working in Oregon? Are there problems with PAS?

Number of people dying this way has increased 230% in the 8 years it has been legal.

- There are NO REGULATIONS and no way to check compliance under the OR law.
- Official reports are highly questionable.
- No way to keep up with complications.

- Complications contained in news reports are not included in official reports.
- Complications are not investigated.
- No way to know with certainty how many people have died [officially 246] OR under what circumstances [One Dutch study found that, because of problems or complications, doctors in the Netherlands felt compelled to intervene (by giving a lethal injection) in 18% of cases.]
- The physician is only present at less than 1 of 5 deaths.
- No penalties for doctors who do not report PAS cases.
- No way to track the drugs once they are received -- doctors often do not check to see if the person took the lethal dose, or if they still have it, or if someone else took it.
- Self-Administration is broadly interpreted – others can often aid the person in taking the lethal medication in the mouth – since the last action is by the person who swallows it, it is technically “assisted” suicide, not euthanasia.
- The DHS is not authorized to investigate how physicians determine their patients’ diagnoses or life expectancies.

- Nurses are very actively involved in the process and "some indicated that they had assisted [patients] in the taking of it [the lethal dose]."
- "Safeguards" in the law are often disregarded, but no one is disciplined.
- Records used in annual reports are destroyed.
- HMOs are facilitating assisted suicide because many doctors refuse to write prescriptions – actively recruiting doctors for this.
- Assisted-suicide advocacy groups facilitate most of Oregon's assisted suicides -- If a physician opposes assisted suicide or believes the patient does not qualify under the law, C & C or its predecessor organizations has often arranged the death. (2002 – 75%, now almost 90%).
- The state pays for assisted-suicide drugs for the poor -- Oregon’s Medicaid program pays for assisted suicide but not for other medical interventions that patients need and want.
- Family notification is NOT required, only recommended, before a doctor helps a loved one commit suicide.
- Prescribing doctors decide what "residency" means.