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Developmental Disabilities Council

2016 Position on Assisted Suicide

The Developmental Disabilities Council opposes the legalization of “medical aid in dying”, “assisted suicide”, “assisted death”, “death with dignity” or any other action that legally supports medical assistance of one’s death regardless of prognosis. Equal rights must include equal suicide prevention.

Oregon, Washington, Vermont and, recently, California have statutes legalizing assisted suicide. The Montana Supreme Court has declared that the victim’s consent to assisted suicide can be a defense to homicide charges, and a New Mexico district court has declared assisted suicide a state right, but the state is appealing that ruling.

In Oregon and Washington, data indicates that people request assisted suicide for reasons directly related to disability-based oppression, such as feelings of loss of autonomy and dignity, and feelings of being a burden on others. These factors are the direct result of both negative stereotypes and public policies that deny people the consumer-controlled long-term services and supports that they need to feel respected and valued throughout life to a natural death.

Assisted suicide laws set up a double standard whereby most people who are suicidal get suicide prevention services and support while certain others get suicide assistance. For those who are old, ill, or “disabled enough”, society will not only agree that suicide is appropriate but will provide the lethal means to complete the act. This form of discrimination violates the ADA and must be opposed.

During 2015, disability rights and independent living advocates were instrumental in defeating assisted suicide legislation in Alaska, Colorado, Connecticut, Delaware, Maine, Nevada, Rhode Island and Tennessee, with efforts continuing in New Jersey, Maryland and the District of Columbia.

In a profit driven healthcare system and environment of cost containment, the Developmental Disabilities Council believes there is a clear danger that individuals with intellectual and developmental disabilities and other disabilities will not be advised of other options; instead we believe there is a danger the health care system would steer individuals to the least expensive options rather than the supports individuals may need.

Recommendations:

1. Medical and social work professionals should be teaching terminally ill patients and their families about options other than suicide. Such medical interventions as hospice, palliative care, and pain management have been shown to provide comfort while the individual is dying. In addition, these services are typically covered by medical insurances.
2. Groups such as Not Dead Yet, the National Council On Independent Living, ADAPT, and Disability Rights An Educational Defense Fund need to provide medical professionals information such as disability etiquette and disability rights, and demonstrate that individuals can have a quality life despite any disabling conditions.
3. Local Centers for Independent Living need to work on individual and systemic advocacy to assure quality of life issues are valued. These Centers need to work with the individual with a disability and his/her family on how to identify supports needed so the individual and the family can have a quality life that is appropriate for him/her.
4. Groups such as the American Medical Association, the National Association of Nurses, and several medical schools oppose assisted suicide as well. Disability advocacy organizations and nonprofits need to work with these groups to demand that assisted suicide laws do not get passed.

Sources for this statement include: The National Council for Independent Living, The Arc of Maryland, and Not Dead Yet.