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Physician- Assisted Suicide

The Delaware Developmental Disabilities Council strongly opposes physician-assisted suicide for people with disabilities. We must follow this issue closely to make sure it does not become law in Delaware.

Issue

Physician-assisted suicide is when a doctor gives a patient who asks for it a prescription for medication that will help them end their life. The person must have 6 months or less to live.

Physician-assisted suicide laws are dangerous for people with disabilities who may have conditions that other people think limit their ability to live a good life. Supporters of physician-assisted suicide often focus on the "indignity" of needing help to eat, move, or take medications. Indignity means that they think it is terrible or embarrassing to need this support.

Oregon passed a law that is like the one considered by the Delaware legislature. In Oregon, these are the reasons people who died from physician-assisted suicide in 2019 requested it:

- Most (90%) said it was because they no longer had the ability to participate in activities.
- Most (87%) also said it was because they had lost autonomy. This means they had little or no control over their own lives.
- A much smaller number of people (less than 28%) said it was about pain control. Advocates for physician-assisted suicide often say it is most needed for people

who have pain that cannot be controlled. But the experience in Oregon shows that this is not true.

Major problems:

- People often incorrectly believe that people with disabilities, do not have a good quality of life (a good life).
- People with disabilities are at very high risk of death or severe bodily harm because they have been denied basic rights and medical care, including food and water, in the past.
- Many of us are influenced by “authority figures” when we make decisions. This is often true for people with disabilities. Authority figures are people like doctors, health care workers, social workers, family members, and friends. As a result, people may not have all the information they need to make decisions that are best for them.
- Health care services are set up and paid for in ways that can limit the care people get. This can lead to more physician-assisted suicide. This is especially true of “manage care.” Managed care is a type of health care focused on lowering costs.

People sometimes confuse physician-assisted suicide with advance directives or choosing to refuse treatment. Here are the differences:

- Advanced directives are written legal instructions about the medical care you want if you cannot make your own decisions.
- Physician-assisted suicide laws would let a doctor actively help an individual commit suicide if they are expected to die in less than 6 months.

Position

The Council strongly opposes physician-assisted suicide for people with disabilities. We must follow this issue closely and make sure it does not become laws in Delaware because:

- As explained above, the death of any person with a disability by physician-assisted suicide is never acceptable. It should not be allowed by law for any reason.
- Laws, procedures, and “safeguards” are not enough to protect people with disabilities from being pressured into ending their lives. Safeguards are things that are supposed to keep bad things from happening. Although new laws considered by the Delaware legislature say it will be limited to people who are expected to die within 6 months, doctors usually cannot be sure about how long a person will live. The disability community is full of people who were expected to die in 6 months but lived much longer. Some for 10 or more years.
- When someone is seriously ill and in pain, medical or comfort care must be provided to reduce and/or totally get rid of pain and discomfort. When people are offered suicide, but not affordable home care, they do not have any meaningful choice.
- People with significant disabilities should not have to die to feel respected and worthy. Instead, they need access to the things that help them make the most of their lives. This includes:
  - Good palliative care (if needed). Palliative care helps people feel as comfortable and supported as possible when they are dealing with a serious illness. Its goal is to improve people’s quality of life, even if their illness cannot be cured.
  - Good supports at home that respect the person.
  - Counseling.
  - Assistive technology to help the person control their own lives as much as possible. Assistive technology is equipment or and tools that help a person be as independent as possible.

LET’S FOCUS ON AID IN LIVING, NOT AID IN DYING

Some information is from the Autistic Self Advocacy Network’s position paper on assisted suicide. Some other information is from The Arc of the United States.

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