National RIGHT TO LIFE
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As the push for assisted suicide grows, be ready to defend the dignity and value of every human life. This flyer equips you with clear, compassionate responses to common pro-euthanasia claims, helping you speak truth with confidence.

This document counters 20 common pro-euthanasia arguments with pro-life responses, emphasizing the inherent dignity of every human life and advocating for comprehensive care over premature death.

When They Say	You Say
Assisted Suicide respects individual autonomy, allowing people to decide their own fate.	True autonomy requires freedom from external pressures and access to life-affirming options. Studies show that many individuals requesting assisted suicide cite fear of being a burden or lack of support, indicating coercion rather than free choice.
Assisted Suicide relieves unbearable pain for those in agony.	Advances in palliative care effectively manage pain for nearly all patients, even in severe cases. Comprehensive pain management and psychosocial support address suffering without ending life.
Assisted Suicide offers a dignified end for the terminally ill.	Dignity is inherent in every human life, not contingent on control over death. Compassionate care, including hospice services, preserves dignity by valuing the person, not their condition.
Assisted Suicide empowers patients to control their end-of-life experience.	Empowerment comes from providing resources—mental health support, accessible care, and community inclusion—not from offering death as a solution. Empowerment through care addresses underlying fears driving euthanasia requests.
Assisted Suicide prevents prolonged suffering for those with no hope of recovery.	Prognostic uncertainty and diagnostic errors, occurring in 10-15% of cases, risk premature death based on flawed assumptions. Jeanette Hall's 20-year survival post-diagnosis underscores the need for second opinions and hope.
Assisted Suicide reduces emotional trauma for families watching loved ones suffer.	Families often face moral distress when pressured to support assisted suicide. Comprehensive support for patients and families fosters shared resilience and meaningful end-of-life moments.
Strict safeguards ensure informed, voluntary decisions regarding assisted suicide.	Safeguards often fail, as seen in Belgium, where 57 non-terminally ill psychiatric patients were euthanized between 2014 and 2017. Oversight gaps risk abuse and coercion.
Assisted Suicide respects diverse cultural and personal beliefs about death.	Many ethical and religious traditions uphold the sanctity of life, advocating care over killing. Assisted suicide undermines universal human dignity by prioritizing subjective beliefs over objective value.

When They Say	You Say
Assisted Suicide spares patients from futile, invasive treatments.	Palliative care prioritizes comfort over aggressive interventions, offering non-invasive alternatives that honor life. Assisted suicide bypasses these options, prematurely ending lives.
Assisted Suicide allows physicians to compassionately ease suffering without legal risks.	The physician's role is to heal and alleviate suffering, not to end life. Legalizing assisted suicide erodes medical ethics and public trust in healthcare.
Assisted Suicide prevents desperate patients from resorting to dangerous, unregulated methods.	Addressing root causes—depression, isolation, or inadequate care—prevents desperation. Assisted suicide normalizes premature death instead of solving systemic issues.
Assisted Suicide encourages earlier, better end-of-life care discussions	End-of-life discussions should focus on palliative care, hospice, and support options, not death as an outcome. Assisted suicide shifts focus from life-affirming care to premature termination.
Assisted Suicide provides legal clarity for patients and providers.	Legal clarity must protect life, not facilitate death. Expanding laws, as in Canada's so-called MAiD program, risks normalizing euthanasia for non-terminal conditions, threatening vulnerable populations.
Assisted Suicide protects vulnerable groups from coercion.	No safeguard can fully prevent subtle pressures, as evidenced by Dutch Alzheimer's cases where patients were euthanized despite earlier expressions of doubt or resistance, including a widely reported case in which a woman was euthanized against her will while being physically restrained by her family and doctor.
Assisted Suicide ensures equality in end-of-life options for all.	True equality provides universal access to quality care, not death. Assisted suicide exacerbates disparities, pressuring those with fewer resources to choose death.
Assisted Suicide is a compassionate option for elderly patients facing decline.	The elderly deserve comprehensive care that addresses physical, emotional, and social needs, not death as a default. Ageism and societal bias must not justify euthanasia.
Assisted Suicide alleviates suffering for those with chronic, non-terminal diseases.	Chronic disease patients need enhanced support—pain management, mental health care, and community inclusion—not euthanasia. Belgium's inclusion of autism in euthanasia criteria risks devaluing these lives.
Assisted Suicide offers peace of mind for those fearing loss of independence.	Fear of dependency reflects societal failures to provide accessible care and inclusion. Empowering solutions, like home assistance, restore hope and autonomy.
Assisted Suicide is a personal choice that doesn't harm society.	Assisted suicide normalizes a culture of death, devaluing the lives of the disabled, elderly, and chronically ill. Societal attitudes shift, as warned by the British Medical Association, pressuring vulnerable groups. Legalization risks creating a "duty to die" mindset, harming societal values.
Assisted Suicide is a humane response to terminal illness suffering.	Humane responses prioritize life-affirming care—palliative, psychological, and spiritual support. Offering death as a solution abandons patients when they need care most.