

## Diverse Allies Unite **AGAINST** ASSISTED SUICIDE

Opponents of assisted suicide range the political spectrum, but we come together to oppose this dangerous public policy. It raises grave concerns among Democrats as well as Republicans. Our allied partners include medical professionals, disability rights activists, veterans advocates, major faith communities, pro-life groups, and others.

**AMA**  The **American Medical Association:**

*“Assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.”*



**National Council  
on Disability:**

*“If **assisted suicide** is legal, lives will be lost due to mistakes, abuse, or a lack of better options.”*



### ABOUT US

*Maryland Right to Life* advocates for the protection of innocent human life from its beginning at conception until natural death. Our mission is carried out through education, legislation, and political action. We are nonpartisan, non-sectarian, and nondenominational. Founded in 1973, Maryland Right to Life is a state affiliate of the National Right to Life Committee.

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For additional resources including information about preparing an advanced directive known as a “Will to Live,” visit our website.



*If you or a loved one are experiencing suicidal thoughts, the 988 Suicide & Crisis Lifeline is available 24/7, providing confidential support at any time.*

# THE REALITY OF **ASSISTED SUICIDE**

**UNETHICAL  
DISCRIMINATORY  
EXPLOITATIVE  
DANGEROUS**



**“Assisted suicide is one of the biggest threats to authentic medicine.” – The AMA**

## **DISCRIMINATORY**

### **Assisted suicide is inherently discriminatory.**

Our society generally recognizes it is a good thing to prevent suicide. We offer counseling, hotlines, and other services to dissuade people from suicide. It is discriminatory to provide some people with suicide prevention and others with suicide assistance. When differentiated by age or disability, this two-tiered view of suicide becomes a lethal form of ageism or ableism.

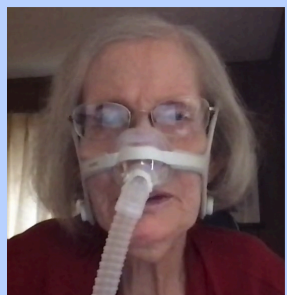
### **If you support disability rights, then you must oppose assisted suicide!**

Some of the most vocal opponents of assisted suicide are disability rights advocates. Society often undervalues the lives of people with disabilities. Will doctors fully explore patients' concerns and fight for their lives? Or will they encourage assisted suicide? Vulnerable patients deserve protection and care, not pressure to die.

**“Legalizing assisted suicide means that some people who say they want to die will receive suicide intervention, while others will receive suicide assistance. The difference between these two groups of people will be their health or disability status, leading to a two-tiered system that results in death to the socially devalued group.”**

**–Diane Coleman, J.D.**

*Disability Rights Advocate  
Founder, Not Dead Yet*



## **DANGEROUS**

### **There is no realistic way to prevent coercion, abuse, or mistakes.**

Once a lethal prescription is written, there is no supervision of the drugs. The enacted laws make investigations of deaths very difficult. Coercion happens behind closed doors and assisted suicide laws enable concealment. Additionally, psychological evaluations to screen for treatable conditions like depression are virtually non-existent before lethal drugs are prescribed.

### **So-called “safeguards” do not work.**

The purported “safeguards” are hollow, with no enforcement or investigation authority. And, as we have seen in other states, they are often removed through further legislative action or legal challenge.

### **Lethal drugs in the hands of abusers?**

Elder abuse is a major problem in the United States with estimates that 1 in 10 elderly persons are abused. Placing lethal drugs in the hands of abusive caregivers or heirs creates additional risk.

### **Terminal diagnoses are often wrong.**

A major study compared the ability of five professional groups to estimate the survival of patients admitted to a specialist palliative care unit. “No group accurately predicted the length of patient survival more than 50% of the time.” An inaccurate terminal diagnosis can lead people to give up on treatment and lose good years of their lives.

Sources available  
at [mdrtl.org](http://mdrtl.org)



## **EXPLOITATIVE**

### **Insurance companies will prioritize cost-savings over people’s lives.**

Assisted suicide and our profit-driven healthcare system is a deadly mix. Insurance companies and governments will try to save money by pushing lethal drugs that are less expensive than life-preserving treatment. Financial pressures quickly transform a decision to die into a duty to die, especially for the poor, the working class, or those on fixed incomes.

### **Insurance companies will deny coverage of life-saving treatments and instead cover assisted suicide.**

This scenario is already playing out in states that have legalized assisted suicide. Stephanie Packer, a resident of California, was told her insurance company would not cover her cancer treatment, but when asked, stated she could receive assisted suicide drugs for only a \$1.20 co-pay.

### **A physician reported in the *Las Vegas Review-Journal*:**

**“I cared for two patients in my hospital in Northern Nevada who were seeking transfers to their home states of California and Oregon for life-saving treatments. With these particular treatment options, both patients had an excellent chance of cure. Without the treatments, both would likely die from their diseases. When I spoke with the medical directors of the patients’ insurance companies, both of them told me they would cover assisted suicide but would *not* approve coverage for life-saving treatment. Instead of the best treatment options, my patients were offered the cheapest option.”**