



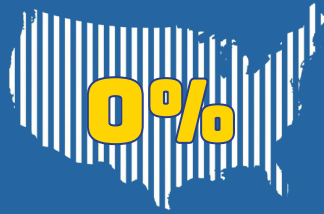
PHYSICIAN-ASSISTED SUICIDE: IT'S **NOT** DIGNIFIED. IT'S DEADLY.

Widely opposed by physicians and disability rights groups
Lacks safeguards • Deadly for the most vulnerable in Maryland

Lawmakers widely reject physician-assisted suicide

In 2020, nineteen states considered physician-assisted suicide legislation. **NONE** passed the bill into law.¹

President Clinton prohibited using federal funds to subsidize assisted suicide, leaving states to foot the bill.²



Lethal, addictive drugs go unused

Unused lethal prescriptions — up to 100 pills — can end up in the hands of children, teens or prescription drug dealers because no safeguards are in place.³

In Oregon, 861 people who filled prescriptions decided not to end their lives, leaving tens of thousands of highly addictive barbiturates unaccounted for.⁴



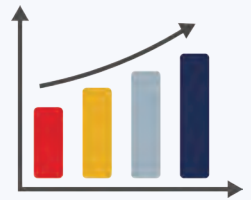
Opposed by physicians and disability rights advocates

Every major physician organization and disability-rights organization opposes physician-assisted suicide. It's contrary to the physicians' ethical code to save lives and do no harm, and it sends the message that the lives of people with disabilities are not worth living.



Overall suicide rates increase

Since 2000, the overall suicide rate has increased every year in Oregon, the first state to legalize physician-assisted suicide. Oregon's suicide rate exceeds the national rate for every age group, with suicides among older Oregonians more than 40% higher.⁵ Just reading about assisted suicide can serve as a trigger for those contemplating suicide.⁶



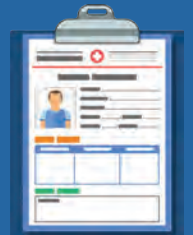
Ignores a person's mental health

Only 4% of individuals who died from physician-assisted suicide in Washington state **had been referred for a mental health evaluation.** Suicidal individuals aren't given resources they deserve, like being screened for depression by a mental health care provider.⁷



Prescribing doctors barely know the users

The majority of physicians in Washington State prescribing suicide drugs only know their patients six months or less. Often, physicians barely know the requesting individuals.⁷



¹ Compassion and Choices State Report 2020. ²The American Presidency Project, "Statement on Signing the Assisted Suicide Funding Restriction Act of 1997." ³"Physician-assisted Suicide" Am J Health Syst Pharm. 2011. ⁴ Oregon Death with Dignity Act 2020 Data Summary. ⁵Oregon Health Authority "Suicide Trends" 2017. ⁶"Suicide Contagion" hhs.gov ⁷Washington State Department of Health, Death with Dignity Act Report 2019.

MARYLAND

AGAINST PHYSICIAN ASSISTED SUICIDE

www.stopassistedsuicidemd.org

 MarylandagainstPAS

 StopPASmaryland

10 REASONS PHYSICIAN-ASSISTED SUICIDE IS WRONG FOR MARYLAND

1 No mental health evaluation required

There is no requirement that a person receive a psychological evaluation before a life-ending prescription is written. A doctor untrained in mental health is not sufficient to evaluate state of mind.

2 No disposal plan for unused, addictive drugs

Some drugs being used in physician-assisted suicide (barbiturates or valium and morphine) are highly addictive and can cause life-threatening withdrawal, coma or death. Introducing large amounts of these drugs — with no controls in place to collect unused pills — will strain public health and addiction treatment resources.

3 No counseling on how to use the drugs

Pharmacists aren't required to counsel a person on proper ingestion methods: crush up to 100 pills, add liquid and then drink this lethal mixture in 30 seconds. One of the lethal cocktails is known to burn your throat and is hard to keep down. Even then, death may not come for hours or days.

4 No protection against insurance fraud

The bill mandates the cause of death be listed as natural causes, not the suicide drugs, bypassing industry standards. The bill also doesn't recognize a long-held "contestability period" policy of life insurers designed to protect against fraudulent policy purchases.

5 No safeguards against coercion

The bill requires two witnesses to be present for a person's request for suicide, but not at the time of the suicide itself. People may be coerced into ingesting these drugs, or another person may administer the drug. This leaves serious potential for abuse.

6 No way to accurately diagnose life expectancy

Individuals can request physician-assisted suicide if diagnosed with a terminal illness and given six months or less to live. But, medical prognoses are based on oft-incorrect averages, which people frequently outlive.

7 No safeguards for the disabled

Leading disability rights groups recognize the many dangers the bill poses to those with intellectual and developmental disabilities, such as falling prey to undue influence from doctors or family members. This results in a lack of true informed consent.

8 No family notification required

The prescribing physician must "recommend" that a person inform family members of his or her intention - but nothing in the law requires notification.

9 No ID required to pick up lethal drugs

The lethal drugs are picked up at a local pharmacy. Maryland law doesn't require people to show ID at the time of pick-up, so virtually anyone can acquire up to 100 pills of the same drugs commonly used in executions.

10 No requirement for medical supervision

Typically, no doctor, nurse, or independently licensed aid worker is present when a person ingests the lethal dose. If something goes wrong, you are on your own to deal with any physical or emotional complications.



MARYLAND

AGAINST PHYSICIAN ASSISTED SUICIDE

WARNING: PHYSICIAN-ASSISTED SUICIDE IS DEADLY

We are disability advocates, elder abuse lawyers, members of the medical community, patient advocates and faith-based organizations. We are the Maryland Against Physician Assisted Suicide coalition. Join us. www.stopassistedsuicidemd.org