

Physician-Assisted Suicide or Doctor-Prescribed Death Questions and Answers

Why use the term “doctor-prescribed death” instead of “physician-assisted suicide”?

The phrase “doctor-prescribed death” more accurately describes the actual event. While supporters of legalizing doctor-prescribed death deny the patient is committing suicide, the intention and undeniable outcome is death.

Furthermore, doctors, under laws that legalize doctor-prescribed death, do not “assist” in the sense of sitting at the bedside, giving pills, holding hands, monitoring the dying process, etc. They will merely be making a diagnosis and then prescribing the lethal drugs. Their obligation ends once they prescribe the drugs.

Aren’t These Laws About The “Right to Die”?

People already have the right to die. And we recognize that.

Any patient can refuse any medical treatment.

If a doctor treats them anyway, that doctor can be prosecuted.

People have the right to say, “I don’t want that treatment, leave me alone.”

Patients also have the right to determine the extent of their care and they can lay out their wishes for end-of-life care in writing in case they become unable to communicate their wishes.

What about a misdiagnosis?

Medicine is an inexact science. Doctors make mistakes. Hospitals make mistakes. Bureaucrats and insurance companies make mistakes. People make mistakes. The fact is, terminal illness isn’t always terminal. Timetables are often inaccurate.

Patients may be ready to give up life on one day and on the next day ready to fight. Let’s not make the mistake.



We should never forget that lives often can be saved, pain can be treated and alleviated.

A wrong diagnosis can deny a patient years of life spent with family and loved ones if a patient takes the lethal dose.

It is better to err on the side of life than to promote the taking of a lethal dose because DEATH IS FINAL.

"Yet somehow our society must make it right and possible for old people not to fear the young or to be deserted by them, for the test of a civilization is in the way that it cares for its helpless members."

Pearl Buck

More Questions and Answers on Doctor-Prescribed Death

Isn't doctor-prescribed death solely a matter of personal choice?

Death by prescription denies some patients choice by giving too much power to profit-driven insurance companies and government bureaucrats.

If doctor-prescribed death becomes just another treatment option, and a cheap option at that, the standard of care and the approach of healthcare changes. We'll focus less and less on extending life and eliminating pain and more and more on "efficient" treatment options like death. We believe that American healthcare should be focused on improving life, not ending it.

The simple fact is that insurance companies are driven by the bottom line and funding for government health care programs does not match demand.

Already Patients Have Been Denied Life-Prolonging Drugs But Offered A Lethal Dose

Cases in Point: Barbara Wagner and Randy Stroup

Barbara Wagner, a 64-year old Oregon woman, learned that her lung cancer had returned after two years of remission. Her oncologist prescribed a drug which could extend her life by slowing the cancer's progression.

Randy Stroup, a 53-year-old Oregon man, was prescribed a drug for his prostate cancer that would not cure the cancer; but could extend his life by several months and make that time more comfortable by decreasing his pain.

Both Wagner and Stroup applied to the Oregon Health Plan, the state's Medicaid program for the medication their doctors had prescribed. Each received an unexpected and stunning letter from the Oregon Health Plan informing them that the state would not pay for their medication but would cover assisted suicide drugs. Why? "The state can't cover everything for everyone," explained an Oregon Health Plan administrator.



Cost for the life-extending drugs? Approx. \$4,000 month
Cost for a lethal dose? About \$50 to \$100 total

We oppose laws that legalize doctor-prescribed death because for some patients these laws will result in the denial of life-saving measures and prompt the death option.

More Questions and Answers on Doctor-Prescribed Death

When a terminally-ill patient is suffering, isn't death sometimes the best option?

The specter of “terrible, irreversible pain” is emotionally powerful but, thankfully, no longer reflects a significant medical reality.

Pain alleviation treatment for terminally-ill patients has made tremendous progress.

We need to encourage and expand those efforts, seeking always to improve patient care, rather than settling on prescribed death.

A person's pain is treatable. Vermonters expect compassionate treatment. To oppose doctor-prescribed death is not the same as to encourage suffering. The compassionate approach is to err on the side of life, not death.

What about claims that opposition to doctor-prescribed death and compassion are not compatible?

Compassion should be the top priority when treating the terminally ill or anyone else who is experiencing pain. But this is not an “either/or” choice.

We can be compassionate without opening the door to doctor-prescribed death. The solution is supporting improved pain alleviation and other end-of-life care that preserves life and enhances comfort.

Could legalizing doctor prescribed death lead to the abuse of the elderly?



The option of doctor-prescribed death would come at a time of great vulnerability in a person's life and we cannot be sure that patients would be free from pressure and coercion. During the most difficult, painful and confusing time of their lives, they are more susceptible than ever to pressure or persuasion.

Sometimes even family members treat each other wrongly, possibly due to exhaustion or emotional/financial burdens, or when motivated by self interest or spite, instead of compassion and love. If death-by-prescription becomes legal, how many people will lose their lives because of pressure, persuasion or coercion?

Our laws should protect the vulnerable from being persuaded to choose death over life.

More Questions and Answers on Doctor-Prescribed Death

What about terminally-ill people who worry about “being a burden?”

As a matter of principle, no patient should ever be pressured to choose death out of guilt or a feeling of being a “burden.”

Take a moment and think about what a person who is battling a severe illness or pain is truly going through. In addition to their pain, uncertainty or fear, many surely worry secretly about becoming a burden to those they love. And, acting out of love, they might choose doctor-prescribed death to alleviate that perceived burden – when in fact they could have recovered or enjoyed more good months or even years with their families. Is that really an outcome we want for those we love the most?

Will doctor-prescribed death be used as a means of cost containment?

It comes down to a question of trust. Do we trust profit-driven insurance companies and government bureaucrats to always do the right thing, instead of the cheap thing?

Death by prescription is the cheapest form of “treatment” there is. Death is cheap. Life is not.

Could this law eventually lead to non-consensual, non-terminally ill use of doctor-prescribed death. Once doctor-prescribed death is accepted as a medical treatment and a civil right, it *could* eventually be expanded to include more than just those who have a six-month life expectancy. Individual rights should never be given only to a select few. Where will the line be drawn?

These are questions we have to ask before we change the law to allow death by prescription.

Even if legalized doctor-prescribed death creates its own problems, should it still be legalized because some of its supporters want every possible end-of-life tool made available to them?

GOOD LAW has little or no negative consequences. Even if some people are completely free of insurer or family pressures and believe their end of life experience would be enhanced by death with dignity availability, the potential for unnecessary end-of-life suffering and unwanted death for many others, as described above, makes this a bad law.

GOOD LAW solves serious problems while at the same time causes little or no harm – especially no fatal, irreversible harm.