

Still On The Fence About H.B. 5326?

Let's review the problems with H.B. 5326:

- Makes false distinction between assisted suicide and “aid in dying”¹ – Sec. 1 (2); Sec. 16(a)
- Forbids use of the word 'suicide' – Sec. 13(d)(4); Sec. 16(b-c)
- AT LEAST one witness to the signing of a request can be an heir or beneficiary; ignores potential situation where impartial witness is outnumbered – Sec. 3
- “Self-administer” defined as “act of ingesting” – Sec. 1(18)
- Witness not required at the time lethal drugs are ingested – Sec. 9(a)(2)
- Requires falsification of death certificate: “shall list” underlying illness as cause of death – Sec. 9(b)
- “A person familiar with the patient's manner of communicating” may speak for the patient – Sec. 1(4)
- Psychiatric consultation optional – Sec. 8(a); Sec. 10(6)
- No requirement to make reports to the Department of Public Health
- No requirement to conduct compliance audits
- Establishes no independently verifiable means of revoking consent; can be verbal – Sec. 5(a)
- Disposal of unused lethal drugs is on the honor system – Sec. 12

H.B. 5326 should be ended, not amended because:

- Elder abuse is thought to go widely underreported and is expected to rise²
- It is NOT TRUE that in Oregon, there is no evidence of abuse and no potential for abuse^{3,4,5,6}
- It brings distrust into the doctor-patient relationship⁴
- In Oregon, “Death with Dignity” has correlated with a significant overall rise in suicide⁷
- It discriminates between categories of people who suffer and creates “lives not worth living”
- Experience of other Western countries shows gradual expansion to more categories of people^{8,9}
- End-of-life prognoses are difficult and can be inaccurate;¹⁰ years of good life could be taken^{11,12}
- It validates people's fears about being unwanted and burdensome
- Most people in Oregon who choose suicide cite concerns about autonomy and dignity; uncontrolled pain is near the bottom of the list¹³
- Over the life of Oregon's law, only 5.9% of patients who died were referred for psychiatric evaluation¹³
- As of 2004, dying patients experienced MORE and WORSE pain than before Oregon's law¹⁴
- We could and should improve access to support services
- Doctors who are “resource-conscious” (under pressure to cut costs or save space) are more likely to suggest a lethal prescription¹⁵
- There are many ways to make a vulnerable person feel worthless without blatant coercion
- American Medical Association: assisted suicide is “fundamentally incompatible with the physician's role as healer”; “difficult or impossible to control”¹⁶
- THE STATE PROMOTES DEATH AS A SOLUTION TO LIFE'S PROBLEMS

Protect Dignity With Better End-of-Life Care, Not “Aid In Dying”!



Resources

The complete text of H.B. 5326 is available at <http://www.cga.ct.gov/2014/TOB/H/2014HB-05326-R00-HB.htm>

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