I-1000 – Legalizing Assisted Suicide: They Say, We Say

They Say	We Say
I want to choose the way I die. I have been making my own choices all my life and I want to have control over the time and manner of my death.	Requests for suicide and assisted suicide are often a cry for help by people who are afraid, alone, depressed, or marginalized. Desire for control at the end of life often masks the fear people have about the process of dying. These very real fears and concerns need to be addressed honestly and directly—and people need to know about the many valid end-of-life choices they already have. The truth is we never have absolute autonomy; our choices are always limited by circumstances, other people and law. Not knowing exactly how we will die is truly difficult for many, but the answer isn't legalizing assisted suicide. Sadly, people can already choose to die by suicide. But legalizing assisted suicide opens the door to placing vulnerable people at risk. These people may feel pressured to consider assisted suicide because of societal or familial pressures, or inadequate health care coverage. Those who are ill need loving accompaniment and compassionate care—not a lethal prescription.

They Say	We Say
I hate not being able to do things for myself, and I do not want to be a burden on my family.	The fear of becoming "a burden" is very real today in a modern society that prizes individualism, independence, self-sufficiency and control. The not-so-subtle message is that being older, disabled, poor or otherwise unable to manage for ourselves makes us a burden to others. The truth is quite the opposite: People are never burdensome, though situations are sometimes very burdensome. If a family member feels stressed in care giving, it is not because the loved one is a burden but because additional help or assistance is needed. The solution to the burdensome *situation* is not to prematurely end the life of the *person* but to solve the problem. Those who love us cannot make us better, though they wish they could. But by allowing them to care for us, we give them the gift of accompanying us on life's final journey through human frailties and beyond.

They Say	We Say
It is embarrassing to me that my family and friends have to do everything for me. I want to keep my dignity. I draw the line at not being able to control my bodily functions.	Life at every stage has suffering and frustrations, great and small. But our dignity as human beings is inherent in our nature. To end human life due to a loss of personal control – as painful or embarrassing as that can be – eliminates the sufferer rather than the suffering. We are *human beings*, after all, not *human doings*. We are not simply a sum of our functional working parts, but members of a family and community who are uniquely beloved, gifted, and cherished. By courageously facing life's last journey, we can live with real dignity and die naturally and comfortably, while accepting the loving support of family and friends. And in welcoming their loving care in the here and now, we help them in their grief-to-come.

Respecting Life at the end of Life

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They Say	We Say
I am afraid of pain and do not want to suffer. If I am going to die anyway, why not allow me to end my suffering and die when I choose.	Pain is more manageable today than it has ever been. In almost all terminal cases, pain can be controlled and people can still function. Excellent *palliative care*, with its relief of physical symptoms and easing of psychosocial and spiritual suffering provides peace for patients, residents, families, and caregivers. Ending a life denies loved ones the opportunity to show true compassion by sharing in the journey at the end of life. Helping individuals to kill themselves, even with the best intentions, makes true compassion impossible.

They Say	We Say
I support legalizing assisted suicide in Washington because I-1000 is modeled on Oregon's law and it works just fine there.	We have no way to know how well the Oregon law is being implemented because of inadequate reporting requirements, a seriously flawed monitoring system, and the annual destruction of source data. It is easy to say that abuses have not occurred because there is no state agency that investigates cases of deaths by assisted suicide. In addition, doctors face no fines or sanctions for not reporting. However, the media in Oregon has uncovered cases of people dying by assisted suicide who were depressed, had dementia, or had lived more than a year after being found eligible. Moreover, the experience of assisted suicide in Holland teaches us that once a society legalizes suicide based on poor "quality of life," it can easily shift to allowing assisted suicide or euthanasia without the person's consent for a person whose life, *someone else decides*, is not worth living.

They Say	We Say
I support legalizing assisted suicide in Washington State because there are plenty of safeguards.	There are many requirements but inadequate safeguards. The initiative requires that the person be diagnosed as having six months to live, but we all know people that have lived way beyond the six months. I-1000 actually makes it easy for a loved one that becomes depressed to commit suicide. The law does not require mental health evaluations. It only requires that a patient find two doctors that are willing to say the person is competent to make an informed decision. In fact, a report by the Oregon Department of Human Services shows that no patients dying by assisted suicide in 2007 were referred for a psychological evaluation. I-1000 does not require notification of family members in cases where someone requests suicide. Loved ones could be assisted in their suicide and you would never know it until after their death. And doctors are prohibited from listing assisted suicide as the cause of death on death certificates, listing instead the terminal illness. In fact, 1-1000 makes it illegal to call these deaths "suicide" at all. Unfortunately, the only really effective safeguards in the law are those that protect physicians and health care providers participating in assisted suicides from liability for their actions.