

Frequently Asked Questions – ABx2-15: Legalized Physician-Assisted Suicide

ABX2-15, signed by California Gov. Jerry Brown on Oct. 5, makes it legal for physicians to prescribe a lethal dose of drugs to assist terminally ill patients to take their own life. Originally known as SB 128, the bill was pulled from consideration in July by the Assembly Health Committee when its sponsors conceded that their proposed legislation didn't have enough support. Soon thereafter it was quickly passed in a special session, so neither its supporters nor its sponsors had time to consider the complex financial, medical, ethical and public policy questions involved in terminal illness and end-of-life care.

What is assisted suicide?

Assisted suicide occurs when one person helps another to take his or her life. For example, a doctor assists in a suicide when he prescribes lethal drugs to a terminally ill patient who then takes them to end her life. “Aid in dying” and “death with dignity” are euphemisms for assisted suicide. Both terms are used to obscure the fact that one or more people would be legally empowered to assist in a person’s suicide.

What does ABX2-15 do?

The new law says that in certain circumstances, a person such as a doctor can assist in another person’s suicide without being prosecuted for a crime. This change applies to persons who are diagnosed with a terminal illness (projected to live six months or less), and are judged by two doctors to be able to make medical decisions. To receive lethal drugs a person must make two oral requests 15 days apart, and one witnessed written request. All involved are exempt from liability if they are in “good faith compliance,” which is the weakest legal standard.

Are there any safeguards in California’s new assisted-suicide law?

Only the doctor or those who assist in a suicide are safeguarded from being prosecuted for a crime. There is no requirement that the person requesting assisted suicide or the doctor receiving the request notify the person’s next of kin.

There is no requirement that the doctor refer a person requesting assisted suicide for a psychiatric or psychological evaluation, even though research on suicide demonstrates that most suicidal thinking arises from treatable clinical depression or other psychiatric disorders.

Two witnesses are required to witness a person’s request for assisted suicide, but they are allowed to have a personal or financial motive for hastening the person’s death, such as being a relative or heir, or an employee of the health care facility taking care of the person.

No doctor is required to be present when the person commits suicide.

What is the view of the medical profession?

The American Medical Association holds that “physician-assisted suicide is fundamentally incompatible with the physician’s role as healer.” The AMA, along with the American Nurses Association, American Psychiatric Association and dozens of other medical groups, have urged the Supreme Court to uphold laws against assisted suicide, arguing that the power to assist in taking patients’ lives is “a power that most health care professionals do not want and could not control.”

Doesn’t assisted suicide allow people to die when they choose?

Only patients who have a terminal prognosis, with a prediction of fewer than six months to live, can avail themselves of physician-assisted suicide. But many patients given this prognosis live longer than six months, because predictions of when people die are often inaccurate.

How does one prepare for physician-assisted suicide?

What most people don’t realize is that a simple prescription from a doctor is all that’s needed. The person ahead of you in line at the corner drugstore could be holding his “death prescription” in his hand.

Why are people with disabilities, as well as the aged, worried about assisted suicide?

Disabled individuals experience prejudice on the part of able-bodied people, including physicians, who incorrectly assume they have little or no “quality of life.” Such prejudices could easily lead families, physicians and society to encourage death for people who are disabled, or those who are depressed and emotionally vulnerable as they adjust to life with a serious illness or disability. In this instance, how can we say suicide is a “free choice”? The elderly also are vulnerable to abuse and exploitation when assisted suicide is legalized, because they are the most likely to be diagnosed with a terminal illness and therefore most at risk of being encouraged to seek assisted suicide.

Who opposes legalized assisted suicide?

While faith-based and pro-life groups oppose assisted suicide, so do a diverse array of people from disability and elder rights, medical, hospice, civil rights and patient advocacy groups. The debate over assisted suicide is about focusing end-of-life policy on care, not killing.

Where in the U.S. is assisted suicide legal?

Besides California, only Oregon, Washington and Vermont have made assisted suicide legal. Judges in Montana and New Mexico have created limited legal immunities for assisting in a suicide.

How does the state plan to prevent assisted suicide from becoming the only “option” available to the poor?

While millions of Californians are living on government-subsidized health care, this law provides no protections and or rights for these people, or for anyone who might want the choice to receive treatment instead of suicide pills when faced with a serious or terminal illness.

What can I do to stop Physician-Assisted Suicide?

Stand up for the lives of the differently abled, the frail elderly and infirm by encouraging legislators to reconsider their ill-considered, rushed approval of physician-assisted suicide. To learn more about the referendum now underway, visit www.stopassistedsuicide.com.