

Vote NO on Question 2: “Prescribing Medication to End Life”

Ballot Question 2, also known as the “Death with Dignity Act,” would “allow a physician licensed in MA to prescribe medication, at a terminally ill patient’s request, to end that patient’s life...a patient has been diagnosed...as having an incurable, irreversible disease that will, within reasonable medical judgment, cause death within (6) months...The proposed law states that the patient would ingest the medicine in order to cause death in a humane and dignified manner.” --Secretary of the Commonwealth’s “Information for Voters”

Why should you vote NO?

1. The American Medical Association (AMA), Massachusetts Medical Society (MMS), Mass Academy of Family Physicians, National Council on Disability (NCD), National Spinal Cord Injury Association, American Nurses Association, and many other organizations are against this law.
2. The law is fundamentally incompatible with a physician’s role as healer. *“I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan” --Hippocratic Oath*
3. Predicting the end of life within 6 months is not an exact science. The use of “terminal disease” does not specify whether the 6-month prognosis is *with or without treatment*. (Sect 1, “Info for Voters”)
4. The law reduces suicide to a medical procedure.

Major Flaws in the Law as Written

- There is NO requirement for a *psychiatric evaluation* of the patient. (Sect 6) Yet it is widely recognized that people who commit suicide suffer from mental illness or depression.
- *No witness* need be present when the patient takes the meds.
- The death certificate will list the underlying disease as the cause of death, NOT the medication or suicide. (Sect 4)
- There is NO requirement for *notifying the next-of-kin*. (Sect 8)
- A witness that is present when the patient makes the signed request of the physician MAY be an heir. The law only specifies that 1 of the required witnesses to the signed request not be an heir. (Sect 3)
- There are straightforward liability protections for physicians. (Sect 18) What about for patients? If there were a problem, proving negligence would be difficult, especially if the patient is deceased.
- Do you have a Healthcare Proxy? Some provisions in a contract, will, or other agreement made after 1/1/13 may become invalid as a result of this law. (Sect 16)

Ethical Considerations

- *Slippery slope*: there are calls in Washington (State, where “Death with Dignity” is legal) to extend the choice of voluntary euthanasia to other groups, i.e., those with severe debilitating medical conditions and those who are not competent at the time of death. (The Olympian, 11/16/11) *Who’s next?*
- Are we putting pressure on people when they are most *vulnerable*? Are we implicitly communicating the message that the patient may be better off dead? Our loved ones don’t want to be seen as a burden. Are we making them feel this way? Are their lives any less valuable?
- What if insurance companies decide to limit treatment to extend life, if assisted suicide options are cheaper?
- What if, after taking the medication, the patient changes his/her mind?
- Look closely at the language: “Death with Dignity.” Consider that it means a drug overdose.

Please see Our Lady’s Parish website for the full text of the proposed law, links to statements from organizations opposed to this law, links to Cardinal O’Malley’s writings on physician-assisted suicide, a town hall forum broadcast on Catholic TV, a Waltham Cable roundtable discussion, and much more:

www.olca.org/no_on_question_2.aspx