

# Senator – Here’s 14 reasons why you should vote against S-382, the “Aid in Dying” assisted suicide bill.

**1. Unlike other states where assisted suicide is legal, New Jersey is racially, culturally and religiously diverse.** Diversity complicates end-of-life discussions – particularly when physicians and patients are of different ethnic backgrounds. What statistics will New Jersey see when minorities and low-income residents – already underserved by healthcare – consider assisted suicide?

**2. There is no compelling reason for action.** There is no cause for New Jersey to turn its back on thousands of years of moral teachings to suddenly embrace government-sanctioned suicide. Other than favorable results from a few carefully-worded polls, there is no public outcry to shorten the life span of the terminally ill.



**3. Before taking the radical step of sanctioning suicide, government should do much more to encourage use of hospice and palliative care.** Indeed, thanks to the compassionate support of physicians, nurses, social workers, non-denominational chaplains, home health aides and volunteers, people with hospice care live longer and better than without it.

**4. Many more states have rejected assisted suicide than have approved it.** Premature taking of innocent human lives contradicts the role of government as a protector of life. Since January 1994, the legislatures of only two states (Washington and Vermont) have passed assisted suicide bills. There were more than 140 legislative proposals in 27 states that were either defeated, tabled for the session, withdrawn by sponsors, or languished with no action taken.

**5. Young people, with their unique perception of entitlement, may think that it’s now OK to commit suicide for reasons of their own.** Noting he has seen a spate of suicides by distraught teens, Sen. Joseph Vitale said he worried about "the message this might be sending to young people. When we pass laws like this, will they understand the difference, the nuance, that taking a life is okay under certain circumstances?"

**6. Physicians cannot predict life expectancy of “six months or less” with certainty.** Sen. Ted Kennedy lived 15 months after receiving a prognosis of six months or less. Patients choosing to die prematurely after getting the “bad news” could be unnecessarily robbed of months of valuable life. Their families would be deprived as well.

**7. Families can be left out of the loop.** Usually, a patient has family. But the bill does not require that family members be told that the dying person has requested or received the lethal drugs. Finding the body of a loved one who the family thought had months to live could be psychologically devastating.

**8. What of the staffs at nursing homes, assisted livings and other facilities?** The bill does not require they be told that the patient has requested or secured the lethal drugs.

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**9. Oregon, the first state to legalize assisted suicide, has the second-highest suicide rate in the nation.** There, the non-terminal suicide rate is 44 percent higher than nationally. Will New Jersey follow?

**10. Assisted suicide is an abuse of medicine.** Physicians are called to serve life - never to kill.

**11. There is significant potential for abuse of the terminally ill.** Patients would often request the lethal drug “just in case” there’s too much pain. But no one need be present when the patient administers the lethal drug. Unfortunately, in their mentally and physically weakened position, patients would be unable to detect whether a family member – wishing to “hurry things along” - has slipped the lethal drug into other medications or nutrition. Patients may end up taking the drug without their own consent, with no evidence or witnesses to help prosecutors investigate the murder.

**12. The bill doesn’t protect patients at their most vulnerable moments.** The bill requires psychological or psychiatric evaluation only if a physician thinks that the dying patient’s depression may be causing impaired judgment, and only at the time when the lethal drug is requested. Nothing states that the patient must be of sound mind when taking the drug.

**13. This bill may lead to suicide for people without terminal illness.** In Europe:

- A woman in The Netherlands was said to be “suffering unbearably” because of recent blindness. She asked for euthanasia and got it.
- 45-year-old deaf twin brothers chose to be euthanized in Belgium after they went blind.
- Also in Belgium, Nathan Verhelst – born as Nancy Verhelst – was granted euthanasia after doctors botched her sex change operation. She said the resulting deformities made her feel like a “monster.”

None of these people were terminally ill. All of them were troubled by psychological issues, but they treated their depression with death. Advocates for the disabled are justifiably concerned about similar action here in the U.S.

**14. Lethal drugs should not be used to resolve psychological problems.** While assisted suicide advocates frame their appeals in terms of patients avoiding pain, psychological issues – not pain – are the main reason people seek the lethal drugs. The most recent Oregon report (2013) said, “As in previous years, the three most frequently mentioned end-of-life concerns [of those requesting the drugs] were: loss of autonomy (93.0%), decreasing ability to participate in activities that made life enjoyable (88.7%), and loss of dignity (73.2%). These are issues that should be addressed by professionals and family support. Psychological issues should not be resolved with lethal drugs.



New Jersey Hospice and Palliative Care Organization advocates on behalf of licensed hospice agencies, the 40,000-plus dying patients they serve each year, and their families. NJHPCO is a public benefit organization and holds a 501(c)(3) designation from the Internal Revenue Service. Founded in 1979, NJHPCO’s services include public awareness, advocacy and professional education.

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