Physician-Assisted Suicide (PAS) — currently legal in only six states and the District of Columbia — has been branded as a compassionate way for terminally ill patients to choose when and how they die. The reality is, the effects of PAS on patients and families aren’t compassionate or dignified at all.

LAWMAKERS WIDELY REJECT IT
Over the past two years, twenty-nine state legislatures have considered PAS legislation. Only ONE passed the bill into law.

LETHAL ADDICTIVE DRUGS GO UNUSED
If a patient fills the lethal prescription — typically 100 pills — but decides against taking it, there are no safeguards to ensure the drugs stay out of the hands of children and prescription drug dealers. In Oregon, 468 people have filled their prescription and decided not to end their lives, leaving tens of thousands of highly addictive barbiturates unaccounted for.¹,²

IT AFFECTS OVERALL SUICIDE RATES
Since passing a PAS law in 1997, Oregon has seen a 49.3% increase in non-assisted suicides. PAS laws make suicide socially acceptable. As a result, Oregon’s overall suicide rate is 41% higher than the national rate. Just reading about PAS can serve as a trigger for those contemplating suicide.⁴

IT’S IMPERSONAL
These lethal drugs are often administered by physicians who barely know their patients. More than half of patients who died from the lethal drug in Washington state only knew their prescribing physician for six months or less.⁶

Serious Side Effects of Delaware’s PAS Legislation

Legislation being considered by the Delaware General Assembly, which would legalize physician-assisted suicide (PAS), is fatally flawed. The bill’s dangerous and careless provisions make it bad policy for Delaware and wrong for Delaware citizens.

**NO MENTAL HEALTH EVALUATION REQUIRED**
There is no requirement that a patient receive a psychological evaluation before the life-ending prescription is written. A screening from a doctor untrained in mental health is not sufficient.

**NO EDUCATION ON PROPER USE OR DISPOSAL**
Pharmacists aren’t required to counsel patients on proper ingestion methods or disposal of the lethal barbiturates. If patients don’t use the drugs, they may dispose of them improperly, sending large amounts of barbiturates into Delaware’s drinking water supply. ¹

**NO DRUG TAKE-BACK PLAN**
The same drugs being used in PAS now were once widely distributed on the black market and abused by prescription drug addicts in the 1970s. Barbiturates are highly addictive and can cause life-threatening withdrawal, coma, or death. As Delaware continues to fight prescription drug addiction, reintroducing large amounts of these drugs – with no controls in place to collect unused pills – will strain already depleted law enforcement and addiction treatment resources. ², ³

**NO WAY TO PREDICT AN ACCURATE PROGNOSIS**
Patients can request PAS if diagnosed with a terminal illness and six months or less to live. But, medical prognoses are based on often-incorrect averages, and patients frequently outlive them.

**NO SAFEGUARDS FOR THE DISABLED**
Leading disability rights groups recognize the many dangers the bill poses to those with intellectual and developmental disabilities, such as falling prey to undue influence from doctors or family members, resulting in a lack of true informed consent.

**NO WAY TO PREVENT INSURANCE FRAUD**
The bill doesn’t recognize a long-held “contestability period” policy of life insurers that protects against fraudulent policy purchase practices. This overrides any industry safeguards that exist. The bill allows for insurance fraud, mandating the patient’s cause of death not be listed as suicide.

**NO WITNESS REQUIRED AT DEATH**
The bill requires two witnesses to be present at the patient’s request for the suicide, but none at the time of the suicide. Patients may be coerced into ingesting the drug, or another person may administer the drug, leaving serious potential for abuse.

**NO FAMILY NOTIFICATION REQUIRED**
The prescribing physician must “recommend” that the patient inform family members of his or her intention, but nothing in the law requires it.

**NO PREVENTION OF ELDER ABUSE**
The legislation allows a beneficiary of the patient’s estate to be one of the signers on the request for lethal pills. Allowing that is unthinkable in a probate contest and may increase fraud perpetrated on the vulnerable elderly.

**NO DOCTOR OR NURSE IS PRESENT**
Typically, no doctor, nurse, or independently licensed aid worker is present when the patient ingests the lethal dose. If something goes wrong, any physical or emotional complications must be handled solely by the patient and those witnessing the death.

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¹ EPA.gov, 04/27/2012, “Safe Disposal of Medicine”
² WebMD, “Barbiturate Abuse”

**WARNING:** THESE ARE ONLY SOME OF THE FLAWS IN DELAWARE’S PHYSICIAN-ASSISTED SUICIDE LEGISLATION

A broad coalition of stakeholders, including disability advocates, elder abuse lawyers, members of the medical community, patient advocates, and faith-based organizations have joined together to fight this predatory policy, protect our state’s most vulnerable citizens, and ensure that every Delawarean has a compassionate end-of-life experience.