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Patients Rights Council

Update

With the new year comes more dangerous doctor-assisted suicide bills

It's becoming almost a tradition that the start of each new year brings with it a slew of new state measures to legalize doctor-prescribed suicide.

That was particularly the case last year—the result of assisted-suicide activist groups' ramped-up lobbying efforts in targeted states. By the first week of February 2017, 25 states had new assisted-suicide bills introduced in their respective state legislatures. Another two states had measures introduced as the year progressed.

But not one of those states passed a prescribed-suicide bill. Most rejected their bills outright, while the others took no action and let their bills carry over to 2018, the second year of those states' two-year legislative sessions.

So far, in 2018, the number of new assisted-suicide bills is far less than last year. The states with measures newly introduced are Arizona, Hawaii, Indi-

ana, New Jersey, Ohio, Oklahoma, Rhode Island, and Utah. Incredibly, Hawaii had four new assisted-suicide bills introduced on one day, and New Jersey had two identical bills (called companion bills, meaning one introduced in each legislative chamber). All the rest of the states have single bills.

The states that had 2017 active bills carry over to 2018 are Alaska, Delaware, Hawaii, Iowa, Massachusetts, Michigan, Minnesota, Nebraska, New York, North Carolina, Pennsylvania, and Wisconsin. (See tables on page 2.)

Hawaii has a total of nine bills being considered by lawmakers: five carried over from 2017 plus the four new bills introduced in 2018. Oklahoma's new bill would not directly legalize doctor-assisted suicide. Rather, it would authorize that a referendum on legalization be put on the 2018 ballot for voters to approve or reject.

In 2017, doctor-prescribed suicide activists in South Dakota attempted to place a "Death with Dignity" initiative on the 2018 state ballot, but they failed to collect the 14,000 voter signatures required to do so. Advocates in Maine are currently trying to garner 60,000 signatures in the hope of putting an assisted-suicide measure on that state's 2018 ballot.

While all assisted-suicide measures pose real dangers to patients, several of the new measures are particularly worrisome.

Hawaii's 2018 bill, HB 2218, not only allows doctor-assisted suicide (the patient self-administers lethal drugs), but also explicitly permits active euthanasia (a doctor physically administers the fatal drug overdose to the patient, i.e., lethal injection). [HI HB 2218, Part III A § 22 (3)]

(continued on page 2)

Also in this *Update*

Colorado & Vermont
issue 1st assisted-
suicide reports..... 2

Oregon releases 2017
prescribed-suicide
report with high
death count..... 3

News briefs from
home and abroad..... 4

- USA..... 4
- Canada..... 4
- Belgium and
The Netherlands..... 4

When "terminal" does *not* mean six months left to live

For years, the Patients Rights Council (PRC) has said that U.S. doctor-prescribed suicide laws and proposed bills—claiming to limit assisted suicide to those with six months or less to live—actually allow the induced deaths of patients who have years, even decades, to live.

Why? Because the definitions of "terminal illness" contained in those laws and bills do not specify that death will occur within six months even *with treatment*.

For example, if an insulin-dependent diabetic—who would live for many years taking insulin—decided to stop that treatment after the sudden death of her husband left her despondent, she would likely die within six months, making her eligible for assisted suicide. Oregon's official annual reports attest to

this fact. Since 2003, all except the 2009 assisted-suicide report listed diabetes as an underlying condition for patients who died under the "Death with Dignity Act."

Last December, Fabian Stahle, a Swedish investigator who questioned his government's recent favorable report on Oregon's assisted-suicide law, decided to pose his questions to the Oregon Health Authority (OHA), the agency responsible for overseeing the prescribed-suicide law. He asked if the law would apply if a patient refused available treatment. OHA Research Analyst Craig New responded, "The law is best seen as a permissive law, and states only that patients must have a terminal illness with six months or less to live. It does not com-

(continued on page 2)