

Fact Sheet: Physician-Assisted Suicide

updated December 2016

What is the American Medical Association's position on assisted suicide?

For decades, the American Medical Association (AMA) has taken a position opposing assisted suicide.

What discussion is happening now in the AMA?

There is an effort underway within the AMA to abandon its position opposing assisted suicide and take a neutral stance.

What has happened when state medical societies took neutral positions on assisted suicide?

Both the national and state medical societies' opposition to doctor-prescribed suicide have been instrumental in stopping the spread of these dangerous laws. When the Vermont and California medical societies took neutral positions, it was devastating to the efforts in the legislature to block legalization.

How does physician-assisted suicide change the role of the physician?

Medical professionals should focus on providing care and comfort to patients — not becoming a source of lethal drugs. Would you want your doctor to have the power to suggest suicide to you rather than focusing on keeping you comfortable until your natural death?

Who can I contact about this?

Please contact the following and urge the AMA to retain its position against assisted suicide:

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What are the dangers of physician-assisted suicide?

Nearly every state bans assisting in someone else's suicide, so euthanasia activists are seeking physicians to prescribe lethal drugs to their patients. Despite opposition from various groups across the political spectrum—including many disability rights groups, various other medical organizations, right to life groups, and religious organizations—many unsuspecting people can easily be **pulled in by the fear that without the law they will die badly.**

These laws do nothing to help patients and have many tragic consequences. Based on the experiences of Oregon residents, the **government and insurance companies will not pay for treatment costing thousands of dollars** but have and will pay for lethal drugs that only cost a few hundred dollars.

While these measures are purported to be restricted to the terminally ill, people with terminal diagnoses **often outlive a doctor's prediction.** And some diagnoses are just plain wrong. Additionally, in Oregon and Washington, people with diabetes, hepatitis, and HIV are getting lethal drugs because they technically fit into the shockingly broad definition of "terminal illness."

People may be **coerced into assisted suicide** simply because they feel they are a "burden" to others, not because they really want to end their own lives.

Also, it is a well-established fact that depression leads some individuals to seek suicide. Depression is treatable, yet in the states where assisted suicide is legal, **almost no patients asking for assisted suicide are referred for mental health screening.** A doctor who does not know the patient or the patient's medical history is able to prescribe lethal drugs. And what's worse, **no family ever has to be contacted.**

Critics have noted that assisted suicide is a **recipe for elder abuse and abuse of people with disabilities** because it can put lethal drugs in the hands of abusers.