

THE HARMS OF PHYSICIAN-ASSISTED SUICIDE

KEY POINTS:

- **Physician-assisted suicide laws redefine killing as care, eroding the inherent worth of every human life and predictably exposing the elderly, disabled, and depressed to pressure, abuse, and lethal mistakes.** In the Netherlands, what started out as death for only the terminally ill has expanded to include the blind, those with anorexia, phobias, mental illness, and even children, revealing how quickly ‘limits’ disappear once killing is medicalized.”
- **The slippery slope of PAS has led to pressuring the elderly to kill themselves so as not to burden their families.** In the Netherlands, more family members request the death of their elderly loved ones than do patients themselves. The fear is so great that many elderly Dutch residents carry “anti-euthanasia cards” with them so doctors know they want to live.
- **PAS provides a perverse incentive to health insurers, including some state government officials, to deny treatment, but cover the cost of physician-assisted suicide.** Bureaucrats should not be deciding whose life is worth living.
- **Support Pain-Management and Palliative Care. Reject Suicide.** A humane and compassionate society supports pain management and palliative care, helping patients live out their natural lives with real dignity.

OVERVIEW:

Physician-assisted suicide (PAS) laws, more recently called medical aid in dying (MAID) laws—and more accurately called doctor-prescribed death—permit a physician to prescribe a lethal dose of medication to adult patients deemed competent and terminally ill with the intent to end the patient’s life. These laws ultimately devalue human life, turn the ethics of medical care upside down, are ripe for abuse, and endanger the weak and vulnerable. Euphemisms like “Aid-in-Dying” or “MAID” cover up what is truly happening: the prioritization of the killing of patients instead of managing their pain. As of 2023, 12 states and the District of Columbia have legalized PAS. In addition, nine countries have legalized PAS, euthanasia, or both. Euthanasia allows a doctor to administer the deadly drugs, instead of the patients taking the poison themselves.

Despite repeated failures elsewhere, similar legislation continues to be introduced in Pennsylvania under emotionally appealing names that obscure their lethal reality.

Introduced in the 2025-2026 session as: SB 570 (Boscola) “End of Life Options Act” and HB 1109 (Hill-Evans) “Compassionate Aid in Dying.”

Pennsylvania Family Council is committed to opposing any such effort because affirming the worth and dignity of human life requires its protection from its very beginning to its natural end.

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ANALYSIS:

Medicine exists to care for patients through suffering, not to resolve suffering by ending a patient's life. Proponents of PAS legislation contend doctors should be allowed to prescribe lethal medication to terminally ill patients if their pain becomes unbearable. However, as John Paul II teaching fellow, Ryan T. Anderson, Ph.D., rightly argues, “[d]octors should help their patients to die a dignified death of natural causes, not assist in killing. Physicians are always to care, never to kill.”

Modern palliative and hospice care can effectively address pain, fear, and isolation, without crossing the moral line of intentionally causing death. For those for whom death is imminent, hospice care, and when possible, the companionship of family and friends, allow the person to die a dignified death of natural causes. To be sure, affirming the worth and dignity of human life does not require extending life by every possible medical treatment, yet allowing the doctor to actively cause a person's death through lethal medication is altogether different. Legalizing doctor-prescribed death is not the solution.

PHYSICIAN-ASSISTED SUICIDE IN THE U.S.

The pressure is on to legalize doctor-prescribed death in every state, including Pennsylvania. As of 2023, 12 states and the District of Columbia have legalized PAS: Oregon (1994 ballot measure; effective 1997), Washington (2008 ballot measure), Montana (2009 court ruling), Vermont (2013), California (2015), 2016), Colorado (2016 ballot measure), (2018), New Jersey (2019), Maine (2019) and (2021); New York (passed 2025, waiting Governor's signature).

Affirming the worth of human life does not require extending life by every possible medical treatment, yet allowing the doctor to cause a person's death through lethal medication is altogether different. **Legalizing doctor-prescribed death is not the solution.**

PAS legislation varies in each state, but generally allows terminally ill patients (18 years of age or older and residents of the state) to end their life through a voluntary, self-administered, lethal dose of medication prescribed by a physician. Terminally ill is typically defined as an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months.

Experience shows that eligibility criteria widen over time, and what begins with terminal illness often expands to non-terminal suffering and even children and teens. Once physician-assisted suicide is legalized, its use steadily increases year after year. The number of people ending their lives under PAS laws is on the rise. For example, in Oregon, 2,454 died by PAS between 1998 (the first year it was legal) and 2022. Six times as many people in Washington state died by PAS in 2021 as did in the first year it was legal in 2009.

FIVE REASONS TO OPPOSE PHYSICIAN-ASSISTED SUICIDE (PAS) LAWS:

1. PAS Devalues Human Life

PAS reshapes culture by teaching that some lives, especially those marked by illness, disability, or dependence, are less worthy of protection. For example, since Oregon's PAS law became effective, the number of people who have used the law to take their lives has steadily grown: 16 in 1998, 60 in 2008, 168 in 2018, to about 250 in 2020, and 278 in 2022. More troubling yet, the total number of deaths by PAS from 1998 to 2010 was around 700, while the number of deaths from 2011 to 2022 was over 2,800. The change between those time periods represents a 355% increase in PAS deaths, even when adjusting for population. A rapidly growing number of Oregonians are deciding that life is no longer worth living when they lose autonomy, and their quality of life is not what they want it to be.

These countries have **extended the availability of euthanasia beyond terminal illnesses and even to children**, those who are five years of age in the Netherlands, and no age restriction in Belgium.

The societal devaluing of human life is most evident in the Netherlands and Belgium, where PAS and euthanasia (where the physician acts directly to end the patient's life) have been legal since the early 2000s. For example, the reported cases of euthanasia in the Netherlands have skyrocketed from 1,882 in 2002 to 6,091 in 2016, even though the population in the Netherlands only grew by 4% during that time. In 2022, 8,501 people took their lives under the euthanasia laws in the Netherlands. The rise in Belgium has been equally as drastic: 349 in 2004 to 953 in 2010, and doubling in six years to 2,022 in 2016. In 2022, 2,966 deaths were reported. Cumulatively, from 2002-2022, more than 29,000 people have died from PAS in Belgium.

Moreover, these countries have extended the availability of euthanasia beyond terminal illnesses and even to children, those who are five years of age in the Netherlands, and no age restriction in Belgium. These changes have authorized the euthanasia of adults with blindness, chronic anorexia, tinnitus (loud ringing in the ears), molysomphia (fear of dirt or contamination), mental illness, and dementia (if requested when lucid), as well as a nine-year-old with a brain tumor and an eleven-year-old with cystic fibrosis.

Rather than provide "dignity-in-dying," PAS laws undermine human dignity at the societal level. Furthermore, the justifications of autonomy and pain logically lead to an ever-expanding list of lives deemed by some to be not worth living.

2. PAS Is Not About Pain, but Existential Distress

The primary policy argument for allowing PAS is that it is compassionate to help a person end their life when they are experiencing heightened amounts of pain. However, studies have shown that the terminally ill are not requesting lethal medication because of unbearable pain, but rather because of “existential distress” and “psychological suffering.”

3. PAS Turns Medical Care Upside Down

PAS corrupts the medical profession because it contradicts the purpose of medicine, which is to heal, eliminate disease, and alleviate pain. In the summer of 2019, the American Medical Association (AMA), with a 71% vote, reaffirmed its opposition to physician-assisted suicide, in part because PAS “is fundamentally incompatible with the physician’s role as healer.” As the AMA’s Council on Ethical and Judicial Affairs notes in a recent report on the issue, many in the medical profession believe PAS “will compromise the integrity of the [medical] profession, undermine trust, and harm the physicians and other health care professionals who participate.”

The same report also notes that many in the medical community fear “forces outside medicine will unduly influence decisions” if PAS is an option. For example, it would create “perverse incentives for insurance providers and the financing of health care” because PAS will be a more cost-effective measure than further treatment.

More recently, the AMA included opinions both for and against PAS in the association’s code of ethics and continues to study the issue. It states, “Guidance in the AMA Code of Medical Ethics encompasses the irreducible moral tension at stake for physicians with respect for participating in assisted suicide.”

4. PAS Laws Are Ripe for Abuse

PAS statutes supposedly have safeguards to protect the vulnerable, but they have proved illusory.

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Although studies suggest those wanting to end their lives under PAS laws struggle with depression and hopelessness, only 69 out of 1,900 people who received lethal medication under Oregon’s PAS law from 1998-2020 had been given a psychological or psychiatric evaluation. In 2022, only three patients out of the 431 prescriptions written were referred for a psychological or psychiatric evaluation.

Also, the Oregon PAS law requires the patient to make a written request with two witnesses, one of whom is not a relative, meaning it would allow for a family member (who may gain from the

death) and one of the family member's friends to be witnesses. It also allows for patients or "more powerful guardians [to] shop around for a doctor" who would be sympathetic to PAS.

Moreover, according to the Oregon Health Authority's 2022 report, doctors or other medical providers were known to be present during the ingestion of the prescribed lethal drug in only 26% of the time. Meaning that in over one hundred deaths, the Health Authority does not know the circumstances under which the patient ingested the lethal medication. The presence of pressure or coercion is impossible to guard against.

5. PAS Endangers the Weak and Vulnerable

With the increasing cost of health care for the elderly and extremely ill patients, there may be pressure on them to take their lives to alleviate the burden on their families. They may sense a "duty to die." "[S]ocioeconomically disadvantaged patients" would be at even greater risk of being "coerced or encouraged to end their lives."

Although families have a responsibility for disabled and elderly relatives, the option of PAS creates a temptation to view them as burdens. According to the Oregon Health Authority's "Death with Dignity Act" 2022 report, 48% of those who were assisted with suicide cited burden on family, friends, or caregivers as one of the reasons for seeking to end their lives. In the Netherlands, a study of Dutch hospitals found that more requests for euthanasia actually come from families than from patients themselves. The rise of euthanasia in the Netherlands has caused great fear among Dutch seniors, leading many to carry "anti-euthanasia cards" so that treating physicians know they want to live.

In addition, the logic of PAS—that it is compassionate to help patients commit suicide—easily expands to include those too disabled to kill themselves, and even those too disabled to request an end to their perceived suffering, like infants or the demented. Why should the "compassionate act" be limited to those healthy enough to request and self-administer the lethal drugs? This reasoning has taken root in the Netherlands, where "several official, government-sponsored surveys have disclosed both that in thousands of cases, doctors have intentionally administered lethal injections to patients without a request and that in thousands of cases, they have failed to report cases to the authorities," including cases of newborns diagnosed with spina bifida and trisomy 13. History shows that once society accepts killing as compassion, it will not stop with those who can ask for death, but will extend to those who cannot consent.

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