



MASSACHUSETTS FAMILY INSTITUTE

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MFI BRIEF

WHY WE OPPOSE PHYSICIAN ASSISTED SUICIDE

HB2505/SB1486
"AN ACT RELATIVE
TO END OF LIFE
OPTIONS"

In 2012, the voters of our Commonwealth rejected physician-assisted suicide in a state-wide referendum. In 2022, the Massachusetts Supreme Court refused to find a right to assisted suicide in our Constitution. Nevertheless, the pro-suicide lobby is again pushing HB2505/SB1486, "An Act relative to end of life options," to legalize assisted suicide in Massachusetts.

Deliberately ending human life as one would a suffering animal is utilitarian and degrading, contrary to the special dignity and unique value of every human life. Here are some of the reasons we oppose this bill:

Built on Myths

Myth 1: Supporters of assisted suicide peddle the myth that it is necessary for those suffering from untreatable pain, but the reality is that there is no evidence that killing a patient is ever necessary to stop pain.

Modern medicine has made incredible strides in pain alleviation treatment for terminally ill patients, and the health care sector should look to continue this trend. Compassion towards those suffering from pain should inspire improved patient care, not a public policy that results in premature death.

Reports from Oregon, where assisted suicide has been legal for years, show that pain is not even the main reason that most people choose assisted suicide. **Only 33% of patients who chose assisted suicide listed "inadequate pain control or concern about pain" as a reason for their choice while the majority listed "burden on family, friends, and caregivers."** This shocking statistic shows that assisted suicide is not about relieving pain; it is about relieving society of the "burden" of taking care of the sick, elderly, and disabled. Legalizing assisted suicide encourages the most vulnerable among us to end their lives because they have become inconvenient to others.

Myth 2: Another dangerous myth that assisted suicide supporters push is that doctors can accurately predict when an illness will be terminal. In

reality, **diagnosing a terminal illness is an inexact science, with lifespan forecasts having an error rate of 30%.** An incorrect diagnosis can rob a patient of years of life.

Open to Abuse

Physician-assisted suicide invites abuse. Since it is always cheaper to give a patient a few pills to commit suicide than to provide real care, insurance companies as well as government-controlled health care will have a financial incentive to recommend death. That is exactly what happened to a cancer patient in Oregon, whose insurance company sent her a letter refusing to pay for her chemotherapy and offering, instead, to pay for suicide pills under Oregon's law.

Creates a Slippery Slope Toward Devaluing Life

Devaluing life for some means devaluing life for all. In Canada, legalizing assisted suicide for terminally-ill patients created a slippery slope that led to the Canadian government now considering legalizing euthanasia for people with depression, including minors. Physician-assisted suicide always perpetuates the perverse lie that to alleviate suffering, we must eliminate the sufferer. Once that mindset takes hold in Massachusetts, there is no telling what dark places it will lead us to.

Physician-assisted suicide is never necessary and always ends a unique and valuable human life. Protect the most vulnerable among us by contacting your legislator to oppose this dangerous and degrading bill.

Visit mafamilly.org/takeaction to learn how to oppose this bill.

P.O. Box 336, Wakefield, MA 01880 | 781.569.0400 | mafamilly.org