

Promote True Compassion.



Say No on Question 2.

Help stop assisted suicide in the Commonwealth of Massachusetts.

“We are called to comfort the sick not to help them end their lives.”

Compassion to the Terminally Ill

On Election Day, November 6, 2012, the people of Massachusetts will be asked to vote for or against the so-called “Death with Dignity” Act. If passed, it will allow an adult resident of Massachusetts, deemed to have the capacity to make health care decisions, and determined by two physicians to have a disease that will likely result in death within six months, to request & receive a prescription for a lethal drug for the sole purpose of ending his/her life.

What is Physician-Assisted Suicide?

Physician-Assisted Suicide is when a doctor deliberately and intentionally provides an individual with a prescription for a lethal drug that will enable the individual to end his or her life.



Dreamstime: Gina Sanders

In what states is it legal?

In 1994, Oregon voters made assisted suicide into a “medical treatment.” In 2008, voters in Washington did the same. Physician-Assisted Suicide is still a crime in 44 states. More than 25 states have rejected Physician Assisted Suicide either in the legislature or at the ballot box.

How will the Massachusetts law work?

- Two witnesses need to say that the patient is capable, acting voluntarily, and is not being coerced.
- The prescription must be dispensed to the person or his/her agent.
- The law does not require witnesses at the death & states that the person must self-administer the drug.
- When the patient dies, the death certificate must list the cause of death as the underlying illness, not the effect of the lethal drugs.

“We should ensure that the families of people with terminal illnesses will never feel they have been left alone in caring for their needs. The claim that the ‘quick fix’ of an overdose of drugs can substitute for these efforts is an affront to patients, caregivers and the ideals of medicine.”

USCCB: To Live Each Day with Dignity

What are some of the critical flaws Question 2?

- **Doctors agree that terminal diagnoses of 6 months or less are often wrong.** Many with terminal diagnoses live years longer.
- **Patients requesting suicide do not need to be examined by a psychiatrist before receiving a prescription to commit suicide.** Many terminally ill patients suffer from depression.
- **Question 2 does not require a consultation with a palliative care or hospice expert.**
- **No doctor is present when the patient takes the lethal prescription.** This is not a dignified way to die.
- **There is no requirement that the patient notify family members.** Compassionate care at the end of life should involve the loving support of family members.
- **We should be supporting improved hospice and palliative care statewide, not legalized suicide.**

“Our society will be judged by how we treat those who are ill and the infirm. They need our care and protection, not lethal drugs. Suicide is always a tragedy. A vote for assisted suicide would be a vote for suicide.”

Cardinal Seán O’Malley,
Archbishop of Boston.

Why should I oppose Physician-Assisted Suicide?

- The Catholic Church and all major religions have always taught that assisted suicide is wrong because it is contrary to the good of the human person.
- The American Medical Association, the American College of Physicians and the Massachusetts Medical Society all oppose physician-assisted suicide.
- Advances in pain management and palliative and hospice care, make it possible to treat pain and to give the dying patient choices at the end of life.
- The role of the physician is to provide care appropriate to the condition of the patient, not to assist patients in controlling the timing and manner of their death.
- Loss of autonomy and control, not untreated pain, are the reasons given by patients in Oregon for seeking assisted suicide. Medicine has ways of successfully addressing these problems.

How will patient rights and health care change as a result of the legalization of physician-assisted suicide?

- The law will define a class of people for whom suicide should be facilitated rather than prevented on the basis of a terminal diagnosis. In some cases terminal diagnoses are unreliable.
- Concerns about health care costs, plus financial uncertainty, may lead to pressure on patients who are disabled or chronically ill to request lethal drugs. Dutch doctors once limited euthanasia to terminally ill patients; now they provide lethal drugs to people with chronic and mental illness, disabilities, and even to children.
- Allowing doctors to prescribe lethal drugs is a corruption of the healing art and violates the very oath that has guided physicians for millennia: “I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan.”

What Can Be Done to Oppose Physician-Assisted Suicide?

- **JOIN** with other concerned citizens, including disability rights advocates and members of the healing professions, to stand for the dignity of people with serious illnesses and disabilities and to promote life-affirming solutions for their hardships.
- **PRAY** for people who are seriously ill and dying and for their caregivers.
- **VISIT** the sick which is a work of mercy.
- **AVOID** believing the misleading language of the “dignity,” “mercy,” or “compassion” of PAS.
- **WORK TOGETHER** to build a civilization of love—a love which is stronger than death.

