



**ASSISTED SUICIDE - BAD FOR HAWAII**  
*Reasons to Oppose Assisted Suicide in Hawaii*

- **OPENING THE DOOR TO ABUSE:** Elder abuse is a major health problem in the United States with federal estimates that one in ten elder persons are abused, most often by a family member. Placing lethal drugs into the hands of abusers generates an additional major risk to older persons. In fact, allowing physicians to cross the line into killing does not stop with willing patients who request it. A greedy heir or an abusive caregiver can pick up the drugs and either coerce a patient to take them or put them in the patient's food. Who would know if the drugs are freely taken since there is no supervision or tracking of the drugs once they leave the pharmacy?
- **SUICIDE IS NOT THE SOLUTION:** In Hawaii, where suicide and depression among teenagers remains high, sending the message that suicide is okay in some circumstances is not the answer. In Oregon, which has allowed assisted suicides for almost 20 years, recent data indicates that suicides in the general population are 40% higher than the national average. Hawaii's teenagers deserve better than mixed messages.
- **DUTY TO DIE:** Escalating health-care costs, coupled with a growing elderly population, set the stage for an American culture eager to embrace alternatives to expensive, long-term medical care. Passage of assisted suicide may soon create a dangerous "duty to die" that pressures older people and those with disabilities or depression into ending their lives. Death may become a reasonable substitute to treatment and care as medical costs continue to rise.
- **SEEK COMPASSIONATE ALTERNATIVES, NOT DEATH:** There are better medical alternatives. Terminally ill patients do not need to suffer a painful death. Today's pain management techniques can lessen pain and treat other symptoms for all patients. Another alternative is palliative care through hospice, which addresses the physical, emotional, and spiritual needs of dying patients and their families.
- **TREAT DEPRESSION:** Assisted suicide ignores what may be a legitimate cry for help. Suicidal thoughts often indicate the presence of severe depression. A study of terminally ill hospice patients found only those diagnosed with depression considered suicide or wished death would come early. Patients who were not depressed did not want to die. Depression can and should be treated. The message to our young people, or our community, should never promote suicide as a solution.
- **DESTRUCTION OF RELATIONSHIP BETWEEN PATIENT AND DOCTOR:** The practice of assisted suicide threatens to destroy the delicate trust relationship between doctor and patient. Every day patients demonstrate their faith in the medical profession by taking medications and agreeing to treatment on the advice of their physicians. Patients trust that the physicians' actions are in their best interest with the goal of protecting life. Assisted suicide endangers this trust relationship.
- **LIFE SAVING TREATMENT DENIED?** In Oregon and California, patients were denied payment for expensive life-saving treatment by governmental entities and insurance companies but were told that much-cheaper lethal drugs would be covered. When faced with this decision, will the provider do the right thing, or the cheap thing?
- **INEXACT SCIENCE:** Predicting death within six months is inexact; patients who could live for many years will be given lethal drugs based on inaccurate information. Patients with conditions like diabetes, certain types of leukemia, and disabilities requiring ventilator support are eligible for lethal drugs since they would die within six months without treatment, as has occurred in Oregon.
- **BROAD COALITION AGAINST ASSISTED DEATH:** In Hawai'i, this coalition includes medical, legal, disability rights and many individuals who care for Hawaii's elderly and dying citizens. On record as being *STRONGLY OPPOSED* to assisted suicide – Not Dead Yet Disability Rights Organization, Disabled Rights Education & Defense Fund (DREDF), American Medical Association, American Psychiatric Association, and the American Nurses Association.