



# New York State Catholic Conference

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Executive Director

## MEMORANDUM OF OPPOSITION

**Re: S.5814 Bonacic / A.5261-A Paulin  
In relation to legalizing physician-assisted suicide**

The above-referenced bill would add a new section of the Public Health Law to allow physicians to prescribe lethal doses of medication for the express purpose of ending a patient's life.

The New York State Catholic Conference **opposes** this bill for the reasons outlined below.

Legalizing physician-assisted suicide would:

- Blur longstanding medical, moral and legal distinctions between withdrawing extraordinary medical assistance and taking active steps to destroy human life. One lets people die a natural death; the other is the deliberate and direct act of hastening death.
- Undermine the physician's role as healer, forever alter the doctor-patient relationship, and lessen the quality of care provided to patients at the end of life. Patients are best served when medical professionals, together with families and loved ones, provide support and care with dignity and respect, not lethal doses of drugs. The American Medical Association holds a policy position against physician-assisted suicide, which they say is "fundamentally incompatible with the physician's role" and would be "difficult or impossible to control."
- Lead to psychological, financial and other pressures for vulnerable persons to end their lives. In today's era of health care rationing and cost-cutting, physician-assisted suicide could easily rise to the level of the most acceptable, and even expected, "treatment" for terminal illness. In 1994, Governor Mario Cuomo's Task Force on Life & the Law released a report unanimously rejecting assisted suicide, and cautioned:

*"No matter how carefully and guidelines are framed, assisted suicide and euthanasia will be practiced through the prism of social inequality and bias that characterizes the delivery of services in all segments of society, including health care. The practices will pose the greatest risks to those who are poor, elderly, members of a minority group or without access to good medical care. The growing concern about health care costs increases the risks. This cost consciousness will not be diminished, and may well be exacerbated, by health care reform."*

Rather than assisting suicide, government should be consistent in its efforts to prevent suicide. It is illogical for the state to promote/facilitate suicide for one group of persons -- calling the suicides of those with a terminal illness and a specific prognosis "dignified and humane," while recognizing

suicide as a serious statewide public health concern in all other circumstances, and spending enormous resources to combat it.

Tremendous strides are being made by our state in suicide prevention, as evidenced by the State Office of Mental Health's suicide prevention projects, anti-bullying campaigns in the schools, suicide awareness training in prisons, and even extra safety precautions on bridges to discourage those feeling hopeless and depressed. These efforts, and their consistent message that "Life Is Worth Living," are undermined by this legislation.

Moreover, the double standard established by this bill is based entirely on disability. Those who are "terminal," predicted to die within six months, either are, or will become, disabled. They will likely lose their ability to do many of the things they formerly did and will need assistance in daily living. Offering this group of persons suicide assistance, rather than suicide prevention, is discrimination based on disability.

We urge the state to remove barriers and improve access to palliative care and hospice care for those in the final stages of terminal illness. Improved education and training of physicians in pain management, together with appropriate diagnosis and treatment for depression, would go a long way toward eliminating calls for suicide among the sick and the dying.

We strongly urge you to oppose this legislation.