

## **A Bill to Legalize Euthanasia**

1 BE IT ENACTED BY THE CONGRESS HERE ASSEMBLED THAT:

2 **SECTION 1.** All Federal laws preventing physician-assisted suicide for patients with  
3 terminal illnesses shall be removed. Terminally ill individuals who seek to  
4 undergo physician-assisted suicide may legally do so as long as they meet  
5 the requirements outlined in Section 2 of this legislation.

6 **SECTION 2.** Individuals who want to undergo PAS must be determined to be mentally  
7 competent by a licensed psychologist. At least two doctors must be  
8 certify that the individual is suffering from a terminal illness. Once these  
9 criteria have been met, a patient will be required to place a written  
10 request with their primary physician and must then wait at least one  
11 week before having that request approved.

12 **SECTION 3.** The Department of Health and Human Services shall be responsible for  
13 the implementation of this legislation.

14 **SECTION 4.** This legislation shall take effect upon passage. .

15 **SECTION 5.** All laws in conflict with this legislation are hereby declared null and void.

*Introduced for Congressional Debate by the National Speech & Debate Association.*

## Research

University of Ottawa, National Center for Biotechnology Information on assisted suicide  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070710/>

San Francisco Gate article on the economics of euthanasia  
<http://www.sfgate.com/opinion/article/Euthanasia-can-be-an-economic-decision-made-early-4888933.php>

Disability and Health Journal article on euthanasia  
[http://dredf.org/assisted\\_suicide/PIIStues.pdf](http://dredf.org/assisted_suicide/PIIStues.pdf)

Center for Bioethics and Humanities, SUNY analysis of the benefits of PAS  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563370/>

Washington v Glucksberg Supreme Court case  
<http://www.law.cornell.edu/supct/html/96-110.ZS.html>

## **Affirmative Arguments**

Claim – This legislation will allow for terminally ill individuals to safely and confidently make the end of life decisions which are in their best interests.

Warrant – The reason for this is because today's legislation provides autonomy to those individuals who need it more than anything else. This, along with the safeguards included in the legislation, ensure that only individuals who are competent and confident about their decision will be able to choose euthanasia over palliative care.

“Opponents of the act predicted that the patients most likely to avail themselves of PAS would be the poor, the ill-educated, and the uninsured who are without access to adequate hospice care. According to the Oregon Department of Human Services, however, which monitors compliance with the DWDA, the overwhelming majority of patients seeking physician assisted suicide are financially well off, highly educated, and have health insurance. On average, 86 per cent of patients using the act are enrolled in hospice care. As a matter of fact, it seems that the legal option of PAS may actually have contributed to the improvement of end of life and hospice care in Oregon. As the Oregon Department of Human Services points out:

While it may be common for patients with a terminal illness to consider physician assisted suicide, a request for a prescription can be an opportunity for a medical provider to explore with patients their fears and wishes around end of life care, and to make patients aware of other options. Often once the provider has addressed patients' concerns, they may choose not to pursue physician assisted suicide. The availability of assisted suicide as an option in Oregon also may have spurred Oregon doctors to address other end of life care options more effectively. In one study Oregon physicians reported that, since the passage of the Death with Dignity Act in 1997, they had made efforts to improve their knowledge of the use of pain medications in the terminally ill, to improve their recognition of psychiatric disorders such as depression, and to refer patients more frequently to hospice” **–Center for Bioethics and Humanities, State University of New York**

Impact – This legislation does more than provide terminally ill patients with a cocktail of drugs which will allow them to end their lives peacefully. This legislation provides them with options, with an opportunity to take earnestly with their doctors and with their families about the end of life. This legislation provides individuals with the peace of mind that comes with knowing that they're still in control of their own lives.

## **Negative Arguments**

Claim – This legislation will lead to non-voluntary euthanasia.

Warrant – The reason for this is because the safeguards provided for in this legislation, as stringent as they may seem at first glance, are very similar to the safeguards which have been enacted and which have failed patients in other countries and jurisdictions which have legalized euthanasia and physician-assisted suicide.

“In all jurisdictions, the request for euthanasia or PAS has to be voluntary, well-considered, informed, and persistent over time. The requesting person must provide explicit written consent and must be competent at the time the request is made. Despite those safeguards, more than 500 people in the Netherlands are euthanized involuntarily every year. In 2005, a total of 2410 deaths by euthanasia or PAS were reported, representing 1.7% of all deaths in the Netherlands. More than 560 people (0.4% of all deaths) were administered lethal substances without having given explicit consent. For every 5 people euthanized, 1 is euthanized without having given explicit consent. *Attempts at bringing those cases to trial have failed, providing evidence that the judicial system has become more tolerant over time of such transgressions*

In Belgium, the rate of involuntary and non-voluntary euthanasia deaths (that is, without explicit consent) is 3 times higher than it is in the Netherlands. (“Involuntary euthanasia” refers to a situation in which a person possesses the capacity but has not provided consent, and “non-voluntary euthanasia,” to a situation in which a person is unable to provide consent for reasons such as severe dementia or coma). A recent study found that in the Flemish part of Belgium, 66 of 208 cases of “euthanasia” (32%) occurred in the absence of request or consent.”

In addition to the mandatory written consent requirement which has proven to be an ineffective safeguard, there are other safeguards including mandatory reporting and consultation with multiple physicians which have proven to be ineffective at preventing non-voluntary euthanasia.

“Reporting is mandatory in all the jurisdictions, but this requirement is often ignored. In Belgium, nearly half of all cases of euthanasia are not reported to the Federal Control and Evaluation Committee. Legal requirements were more frequently not met in unreported cases than in reported cases.

All jurisdictions except for Switzerland require a consultation by a second physician to ensure that all criteria have been met before proceeding with euthanasia or PAS. In Belgium, a third physician has to review the case if the person’s condition is deemed to be non-terminal. The consultant must be independent (not connected with the care of the patient or with the care provider) and must provide an objective assessment. However, there is evidence from Belgium, the Netherlands, and Oregon that this process is not universally applied. In the Netherlands, for example, a consultation was not sought in 35% of cases of involuntary euthanasia. In 1998 in the Netherlands, 25% of patients requesting euthanasia received psychiatric consultation; in 2010 none did. Moreover, non-reporting seems to be associated with a lack of consultation by a second doctor.

In Oregon, a physician member of a pro-assisted-suicide lobby group provided the consultation in 58 of 61 consecutive cases of patients receiving PAS in Oregon. This raises concerns about the objectivity of the process and the safety of the patients, and raises questions about the influence of bias on the part of these physicians on the process.” **–Professor Jose Pereira, University of Ottawa Division of Palliative Care**

Impact – The right to life is one of the most fundamental rights we have and this legislation endangers that fundamental right.