

Second Thoughts Massachusetts

Disability Rights Advocates Against Assisted Suicide

Why Massachusetts Must Reject Assisted Suicide

Insurer control. Real “choice” belongs to insurers, who can deny prescribed treatments at will, [even if lifesaving](#). In Oregon, you can [qualify as “terminal”](#) if you can’t afford your treatment, or if treatment stops for any reason. Legalization makes assisted suicide a “medical treatment,” a so-called “benefit” to be extended to ever more people, and that will always be the most profitable and “cost-effective.”

Persuasion → abuse. Everyone is vulnerable to suggestion and persuasion. Nothing prevents self-interested [family members](#) and [medical professionals](#) from pushing for assisted suicide. Meanwhile, it is estimated that 1 in 10 Massachusetts older adults are abused every year, and COVID-19 has only made it worse. Nothing in the law can stop an heir or abusive caregiver from steering someone towards assisted suicide, witnessing the request, picking up the lethal dose, and even administering the drug -- no witnesses are required at the death, so who would know? The Oregon law has invited [every sort of abuse](#).

Misdiagnosis. [Studies](#) show that 12%-15% of people entering hospice with a terminal diagnosis outlive their prognosis. In 23 years in Oregon, 1900 people have been prescribed lethal drugs, but the survival rate past six months is [only 4%](#). This suggests that a substantial number **died by suicide when they were not dying**. [Oregonian Jeanette Hall](#) wrote the Boston Globe in 2011 that after a terminal diagnosis she sought assisted suicide, but her doctor persuaded her to try more treatment. “If my doctor had believed in assisted suicide, I would be dead,” she wrote. She has now lived more than 20 years post diagnosis. Any other elective “treatment” with such deadly results would never be tolerated!

Not pain, but distress about disability. The Oregon reports show the first five “end-of-life concerns” deal with not pain, but [“existential distress”](#) over the disabling aspects of serious illness, from depending on others for care to grief over lost abilities, loss of social status (“dignity”), incontinence, and feeling like a burden. Proponents speak of “quality-of-life.” Leading California prescriber [Lonny Shavelson says](#), “It’s almost never about pain, it’s about dignity and control.” Palliative care expert Ira Byock said that almost all pain is controllable, and that marketing bills as all about pain “is a bait and switch.” In the eyes of the state, everyone must be seen as having equal dignity. We champion fully funded home and community-based services, for a caring society rooted in mutual aid and interdependence.

Disability prejudice. In a recent national survey of practicing US physicians, “82.4 percent reported that people with significant disability have worse quality of life than nondisabled people. . . . [T]hese findings about physicians' perceptions of this population raise questions about ensuring equitable care to people with disability. Potentially biased views among

physicians could contribute to persistent health care disparities affecting people with disability.” [Do Not Resuscitate orders](#) have been placed in patient files against their wishes. Media messages and movies like “Me Before You” and “Million Dollar Baby” promote the mindset of “better dead than disabled.”

Racial Disparities. Medical prejudice and neglect results in racial disparities in diagnosis and treatment of diabetes, cancer, and heart trouble. COVID-19 has killed Black, Indigenous, and People of Color (BIPOC) at a much higher rate than Whites. Assisted suicide legalization makes it more likely that Black patients will be “written off” as better off dead, like Black Texan quadriplegic [Michael Hickson](#).

Social divide: As the voting results from Ballot Question 2 in 2012 show, assisted suicide pits [wealthier, whiter districts against those with poorer people and people of color](#). For long-standing reasons, Black and Latinx people oppose assisted suicide by 2-1 margins. The four most Latinx cities in the Commonwealth – Lawrence, Chelsea, Holyoke, and Springfield – all voted strongly against Question 2. For example, Lawrence, voted 69%-31% no. White working-class and more socially conservative towns also rejected the ballot measure by strong majorities. The state must not adopt one social group’s focus on personal autonomy and status over communities that value above all connection and family.

Depression. Assisted suicide laws lead to the denial of suicide prevention services to seriously ill and disabled people, a violation of the Americans with Disabilities Act’s guarantee of equal program access. Assisted suicide laws redefine depression and feeling like a burden as “rational,” rather than as evidence of impairment or need for intervention. [Suicide contagion](#) is real and assisted suicide laws send the wrong message that suicide is an answer to personal problems.

Alternative of palliative sedation. Anyone dying in discomfort that is not otherwise relievable may legally receive palliative sedation. The patient is sedated to the point where the discomfort is relieved while the dying process takes place. So there’s no need for legalized assisted suicide.

Summary. If Massachusetts legalizes assisted suicide, some people’s lives will be ended without their consent, through insurance denials, medical mistakes and all the various forms of coercion and abuse. No safeguards have ever been enacted, or even proposed, that can prevent this outcome, which can never be undone.

Who We Are. Second Thoughts MA is a grassroots group of disability rights advocates who oppose the legalization of assisted suicide. We demand social justice against laws, policies, and media messages fueled by a “better dead than disabled” mindset. We organized in 2012 to help defeat assisted suicide Ballot Question 2 and are now advocating in the legislature and media against the assisted suicide bill H.2381/S.1384.